

## Two Secrets to Guaranteed Compliance at Your ROF

We can all recall giving a report of findings (ROF) to a patient knowing we were providing them with vast amounts of information that could change their life and health. We were confident we could help them - their health was not in a good state and we felt they definitely would commit to care.

Why wouldn't they make the commitment? You just showed a patient a problem and you had their solution, so it should have been a slam dunk, right? But the next thing you know, they were walking out the door saying, "I want to get a second opinion" or "I want to think about it." You thought for sure they would commit. How did that happen? Would you agree this is a very frustrating - and far too frequent - occurrence at your ROF?

Restrain the Output, Increase the Listening

Chances are you made the first and most common mistake in communication: You did all the talking. When you do all the talking, you and the patient are experiencing a unidirectional communication flow. In other words, you are talking to them. This is the least effective form of communication to achieve understanding. When people feel they are not acknowledged, they shut down and quit listening.

There are three dynamics of communication flow:

1. What you are saying to them.
2. What they are thinking about what you are saying.
3. What they say back to you.

The most important communication dynamic is #2: What they are thinking. The second most important communication dynamic is #3: What they say back to you. The least important is #1: What you say to them. If you aren't communicating with these rules in mind, it's no wonder you haven't seen the results you wanted in a ROF.

The only way you are going to know what your patients are thinking and feeling is to ask questions. When you ask the right scripted questions, you can begin to handle their objections and inspire your patients to make their health a top priority.

Secret #1: They Have to Say It

What's the first step in a 12-step program for addiction? The addict has to admit they have a problem. Why is admitting they have a problem the first step to breaking addiction? If a person can't accept responsibility for their actions, they can't be empowered to fix them. Once a person accepts responsibility for their condition, they can take the appropriate action to correct things. A patient must tell you they have a problem so you can help them find a solution.

Again, when you have the right scripted questions in your ROF, a patient will be led right into your care because they have accepted responsibility for their health and you have a solution they want.

When you *tell* a patient they have a problem, they might not believe you, based on many varied objections or perceptions. That is communication dynamic #1, the least effective option. When they admit to you they have a problem and you can provide the solution, they know they aren't lying to themselves. Subsequently, they truly believe their own words and health condition, and can make a commitment. This is communication dynamic #2 and #3, the most effective dynamics. They will follow your recommendations right into your program. If *you* say it, they might falter. When *they* say it, they can commit to it.

## Secret #2: Never Give Time and Money on the Same Day

The two most common objections patients have are time and money. Why does a cancer patient mortgage their house or sell off their pension for chemotherapy? Their condition has an emotional hook that causes them to do anything to save their life. I know your patients might not have cancer right now, but they still are buying their condition, whatever it may be.

At the ROF, if you are showing the patient their X-rays (their condition), giving them the recommendations (time) and giving them the cost of your recommendations (money), they will focus on time and money and forget their condition. And yet they are buying their condition, if you think about it. You have just given them too much to think about.

Principles of sales state if a person's perception is that they have received too much information or too many choices, they will not buy anything. Too much information leads to confusion and the typical response, "I want to think about it." In reality, when you hear that response from a patient, they really are telling you, "You just gave me way too much information. Now I'm confused and need time." Those are the words they are not saying (There are ways to handle that objection as well.)

If you want to increase the amount of patients accepting your care, as well as the amount of money they will pay, never give them their condition (X-rays) time (recommendations) and cost (money) on the same day. Feed them information in small bites while you build rapport and trust first.

Give the patient minimal recommendations and little commitment to cost, and then send them to your new-patient workshop in their first week of care. Once they completely understand their condition, you have built trust with a few treatments, they are starting to feel the results and you have educated them on the difference between pain relief and corrective care, then and only then give them the time and money.

If the patient won't buy what you're offering, not only in terms of the money they're willing to spend to correct their condition, but also the time and energy they'll commit to full compliance with your recommendations, you'll lose them. That's lost income from your practice and, more importantly, a patient who won't benefit from your care.

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