

Ask the Expert

Brooke Oliphant, Straight-Up Sales

Matt Quinn, In Hand Dental





Sometimes when we're adopting a new technology, whether it's the aligner brand or the bracket type or In Hand Dental, a retainer program after treatment, whatever it is, if it gets presented to the patient in a way that's about us and not about them, it doesn't stick in the same way.

Brooke Oliphant is an entrepreneur with 20+ years experience plus an awarded Treatment Coordinator with an annual conversion rate exceeding 90% and same-day conversation rate above 80%. Brooke has a passion for helping others experience their greatness professionally and personally. She equips doctor-owned orthodontic practices with the sales confidence necessary to grow and succeed long-term.

With over 25 years of experience in sales and merchandising across various industries, **Matt Quinn** is a proven leader and innovator in driving growth strategy and revenue generation for businesses. He has received multiple awards and honors for his outstanding performance and results, and he has a passion for building and leading motivated sales teams that exceed all expectations.

As the Chief Revenue Officer at In Hand Dental, Matt is responsible for creating new customers and revenue, generating more revenue from existing customers, providing best of class tools for increased efficiency serving customers, and offering unmatched cutting edge technology for virtual care. He leverages his expertise in dental SAAS, digital marketing, customer experience, and contract negotiations to help dental practices optimize their clear aligner treatment with our patented and groundbreaking AI-enabled technology. Matt's goal is to empower dental professionals to improve their practice revenue, chair time, patient satisfaction, and brand recognition with In Hand Dental's innovative and seamless telehealth solution.

Dustin Burleson:

Welcome everyone. I'm so excited to have Brooke Oliphant back on the program and Matt Quinn. Thank you both for being here.

Brooke Oliphant:

Of course.

Dustin Burleson:

I think everyone has met Brooke either at an event live out in Las Vegas or on a webinar we've done. I'm not sure everyone has met Matt. I think they've met Dr. Hoffman with In Hand Dental. But let's do introductions. Who wants to go first?

Matt Quinn:

Please go ahead, Brooke.

Brooke Oliphant:

Oh, I'll go first.

Dustin Burleson:

Tell us a little bit, yeah, about who you are and how you help orthodontists and for those who may have missed our former initial webinar, yeah.

Brooke Oliphant:

Sounds great. So I'm Brooke Oliphant. I own [Straight-Up Sales Orthodontic Coaching](#). I founded it a few years ago. I've been in ortho and dental for a long time and an entrepreneur for even longer. And so my partnership with orthodontic practices really focuses on sales, how to deliver such an incredible new patient experience that

your same-day commitment goes up, your overall conversion rate, profitability increases by really putting the treatment coordinator in the driver's seat of the sales process. So whether it's the goal of the doctor to incorporate doctor-less or reduce doctor time exams, or if the doctor wants to still stay in every one of the consults, that's fine, but there's things that the treatment coordinator can and should be doing to really guide toward decision making.

So I had the privilege as a treatment coordinator of reinventing that model. I had been trained to do it like everyone else does it, and it earns a 50 to 60% conversion rate. It just simply does. Every time I meet a practice or a treatment coordinator and they're stuck at industry average conversion, but hungry for more, we have to do something different. So that's where I come in. It's a very hands-on partnership. It's really custom to every practice. What's the nature and personality of the business, what are the goals and then what are the things that need to be tweaked to really tap into each individual's unique superpowers?

So it's fun. I love it. The success on the other side, we all get to celebrate together. It's a win-win for everyone.

Dustin Burleson:

That's awesome. Thank you for being here. This is going to be a lot of fun.

Brooke Oliphant:

Of course.

Dustin Burleson:

Cool. Matt, tell us a little bit about you and In Hand Dental.

Matt Quinn:

Absolutely. My name's Matt Quinn. I'm the Chief Revenue Officer of [In Hand Dental](#), and I've been in the dental field for three years. My specialty has been on the entrepreneurial side, but really supply chain management and how products and services are offered to customers. So I was really intrigued with In Hand Dental, I actually invested in the business as well because of the aspect of remote monitoring and teledentistry. I've always been in the chair speaking to the treatment coordinators, speaking to the doctors, and I've always looked at things from the perspective of how can you get more business by communicating with the consumer.

So I look at this from a perspective of what are you doing to meet the patient and their needs and how are you going to get them to agree to follow your protocol? So that's what fascinated me about the remote monitoring, the teledentistry space is this is a rather newer technology for patients, but based on all the studies and the data that I've looked at, it's something that people truly need to embrace from the practice side because that's what patients want. So that's what I'm here to talk a little bit about is how can you implement this in your practice and really meet the patient where they want to be met, which is through technology.



I've always looked at things from the perspective of how can you get more business by communicating with the consumer.

Dustin Burleson:

Let's start there. Brooke, what are you seeing with the treatment coordinators you work with as far as remote monitoring? We know there's other competitors out there. We won't name those, but I mean we're biased. I'm also an investor In Hand Dental. What are you seeing and hearing from your treatment coordinators as it pertains to what consumers want to what Matt just spoke of?

Brooke Oliphant:

So I see kind of a split. I see the treatment coordinators that are resistant to change. They're kind of at the frontline, but when the doctor comes in, "Oh, I have this new idea," there isn't necessarily a confidence or a quick adoption of even how to sell it. So that's one of the things Matt and I have talked about is what's the pain points from the sales side? How do you even figure out what is it that the shopper wants and needs and then sell it that need? So I think sometimes what ends up happening when a practice adopts remote monitoring is that it's pitched to the patient. You have to come into the office fewer times. It's more efficient, it's more convenient. Well, what if this is someone who works from home and wants to come into the office? What if that isn't actually going to be a selling point for them?

So then it feels to them like it's all about you as opposed to about them. So that's where I always go back and say, I think it's a fantastic service. I think it's definitely where the industry is headed. Our millennial shoppers want efficiency. They want answers upfront and they want to be collaborative in the decision-making process. And so we're asking more questions early in the consult. It's where that really comes into play. And then the treatment coordinator can understand, okay, here's your pain points or here's your big goals, here's your timeframe, here's your budget. Now let me tell you the tools or services that we offer that are going to meet those needs.

And then I think it's also confidence, right? So Matt mentioned that I was working in a practice last week and they do remote monitoring, but they were talking about compliance issues. I'm like, well, if you tell a patient that elastics are optional, they're not going to wear them. And if you tell patients that retainers are optional, they're not going to wear them. So if you're presenting remote monitoring as a benefit, but it comes across as optional, then you're going to have adoption issues like either from the team or from the patient. So that's where that confidence and authority from the treatment coordinator and also from the team saying, this is a powerful tool for giving us valuable information about your treatment and having more touch points and getting you to the finish line faster with a better result. Therefore, it's not optional. So a lot of it's just how it's presented.

Dustin Burleson:

That's a great point. I want to get Matt's take on something you mentioned, which is that it's best for the patient, right? I think so many doctors are focused on remote monitoring as a way to boost efficiency. Look how few times the patient had to come into the office. But what's interesting and what Dr. Kurt Hoffman showed is the interactions per month are significantly higher with remote monitoring. That patient's relationship to the practice is so much stronger as opposed to what we've done pre-dental monitoring, I'm sorry, pre-In Hand Dental. There, I said it. Pre-remote monitoring is we would hand the patient 10 or 12 trays and say, "We'll see you in three months." And then our interactions with that patient per month were zero because they would not come in for another three months.

With In Hand Dental, the amount of interactions is five or six per month and I know that Matt, you guys have built some really cool data on the digital footprint of patients, and there is a question in all of this highlighting Brooke's point that we should be listening to what the patient wants. Matt, what are you seeing with In Hand Dental in that ability to grow the relationship and be efficient? Listen, we don't want to ignore efficiency, but we don't want to make it all about us. What have you seen, Matt, that's worked for doctors that say, "I get it, I want to do this in my practice. How do I help the patient see the value to Brooke's point?"

Matt Quinn:

Absolutely. Brooke mentioned compliance. That's a huge piece of this overall puzzle as well as convenience for the

patient. I come from the digital advertising world and when you have access to somebody's phone, that's the holy grail. The communication and the relationship just goes up through the roof. I mean, when patients do come in after they've been using the app, they know the staff much better than they would if they were coming in on their normal schedule. They know personal things about them. So the relationship is so much stronger.

And the other thing that we've done with our technology is gamification. Because when you're having to interact with an app, answering questions, doing protocols, you are really looking to see, okay, am I adhering to what I'm supposed to be doing or not? And you'll quickly know if you're not, and you basically self-discipline yourself saying, wait a minute, I just made this huge investment on clear aligners or sleep apnea and I'm not even following protocols. I'm not going to get the results.

So a lot of times the staff doesn't even need to really get on the patient from a compliance standpoint. The patient does it themselves because they can see what their scorecard is. So from that relationship and just the personal relationship that you establish with the patient, I know it's counterintuitive to a doctor sometimes, but I've seen it in other verticals. Your relationship goes up much higher when you interact through an app versus face-to-face. It just happens that way.

Dustin Burleson:

That's how everyone wants to be communicated with. I can't understand, be like, "I can't get ahold of the patient on the phone." I'm like, yeah, no one answers the phone.

Send them a text message, interact through the app or call them at lunch or call them at dinner. If you have the guts to do that, that's how you get them on the phone and call right back. They don't answer, call right back. The only people that do that are family.

And Brooke, you might've shared that or think actually it was was Kelsey. Eddings at Rock Dental. She's like, I just call and say, "Hey, this is Kelsey from West Rock Orthodontics, I need you to give me a call back about your appointment tomorrow." And that's all she says. If I got a call from my doctor like, "Dustin, I need you to call me about your appointment tomorrow," I would actually call back. So a bit of a tangent, but Matt's right, I feel like, right, Brooke? I feel like the way patients want to communicate with us is so different and it is through either the app or through text messaging. Have you seen that with your treatment coordinators and how they're helping patients convert?

Brooke Oliphant:

Yes. Yes. So beyond really focusing on same day, so let's get more people to just commit while they're in the moment, which is yes, we want to use our great tools and technology and options, but then also whittle it down to here's your one perfect ideal path forward, and then this is the process for getting started and it's nice and simple so that it clears the clutter or noise of all of the options that they walk through the door already knowing that they had, right? So that's that part, but then in the follow-up, the old model of call and then send an email and then call and send an email and we're going to follow up over a three to six month period of time in slow motion. I'm like,

this doesn't work for people anymore. Because again, we want a quick text message and if you see a text in the moment, and maybe it's not a good ideal time or that's a nice reminder to go have that conversation you're supposed to have, send another text tomorrow, the day after.

So I'm a lot of times having to talk with treatment coordinators like, "Hey, they picked to walk through your door. They did research, they completed the paperwork. This is something they want. And they already knew about that before they met you. They also knew it was going to cost before they met you, so you're not bothering them." But the follow-up process isn't a post-sales effort. You need to really make sure that everything that needs to be talked about, face-to-face happens so that the follow-up can be the most effective because either way, you have to know what it is that they really want to be able to even follow up to that point or re-message what it is that they were looking to accomplish.

Dustin Burleson:

Can we talk about something neat I think In Hand does, which is from the very beginning at the initial outset of the relationship, there's the ability to onboard that patient with new patient forms through the app. Matt, can we talk about that? So it's not like, oh, by the way, we have this thing over here. It's built in from the very beginning. Can we talk about that?

Matt Quinn:

Absolutely. Yeah. I mean, you've got to obviously get people in the funnel and if they're not walking in the



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door, you got to figure out a way to get them into the door. And I'm all about analyzing campaigns to see what's effective and what's not effective. And one of the things that we're doing as far as getting people into the funnel is allowing practices to do free consultations. Maybe they're looking at a specific treatment plan and there's some fear of coming in. I mean, we have to acknowledge there is some fear sometimes of people coming in in the first place.

So we have the ability where we can brand our app for a practice. They can put it in their social media campaigns and their printed campaigns and say, "Hey, let's just have a 15-minute conversation about a specific treatment plan." And the patient can download the app, fill in the information, it'll show up as a lead on the dashboard for the practice just to communicate with the patient. And then obviously no different than if they came into the practice. The next step is to get them into the practice to

do the treatment analysis. So we even kind of go back further than them just walking in the door. So I'm all about building your funnel, but I know Brooke's expertise is closing them when they're in the office, but we help with getting the people into the office as well if they're reluctant to come in.

Dustin Burleson:

That's a huge point. We've spoken about this before about online health for dermatology or just simple kind of minute clinic kind of things at CVS. You feel like you've got maybe the flu's coming on or something and you just want to get a quick consultation with a nurse practitioner or even a board certified dermatologist. The ones that say, "Yeah, you can schedule a consultation right now," the data are overwhelming. Those leads go where they have the ability to get an answer. Now, even if that's just, "Hey, let's get you scheduled for Monday morning," but I shared the story with my wife, she had a little rash on her ear, took a picture of it. It's Sunday afternoon, she's texting back and forth with a board certified dermatologist at KU Med, one of the best hospitals in Kansas City, and that's who we went to because that doctor was available. So I think that ahead of the lead cycle is very smart.

I do want to talk about, we could do a whole other webinar just on that topic, on the lead funnel. I do want to talk about conversion, 'cause that is I think, right Brooke, this is the quickest way to grow an orthodontic practice is not to get more new patients, but to convert the ones you've already got. Let's talk about conversion specifically as it relates to In Hand Dental. What have you seen? What are we missing? What should we learn?

Brooke Oliphant:

So I think it just goes back to what we were already talking about, that sometimes when we're adopting a new technology, whether it's the aligner brand or the bracket type or In Hand Dental retainer program after treatment, whatever it is, if it gets presented to the patient in a way that's about us and not about them, it doesn't stick in the same way. So I think that where something In Hand Dental has such a cool opportunity to grow and be a wonderful service to practices and patients is that the treatment coordinator and the doctor need to present it to the patient that it's all about them. And I just see that a lot of the disconnect that ultimately impacts conversion is when the new patient consultation is a pretty one-sided conversation. "Welcome to my office. I can see what's wrong with your teeth because we just took pictures and X-rays. So let me tell you all of the things that you need, give you one or two too many options and then see if you can pick what do you want to do."

Dustin Burleson:

That'd be a test.

Brooke Oliphant:

That doesn't work. So again, it's that sales authority, it's confidence in the treatment planning. It's the way that what you're learning about the patient so that you're connecting their want and need, maybe solving a fear, an anxiety, an embarrassment. But back to what Matt said, I agree there are so many what we know about our shoppers now, and I think also what COVID kind of opened the door for ortho practices and telemedicine, people wanting to fill out a form online and even what we

see in direct to consumer orthodontic treatment tells us that our primary shopper wants to get more information upfront and they want the process really digital and efficient.

And so what I'm seeing in practices even on the lead side is a lot of patients that fill out a website form and then you've got someone at the front desk who's just going to call them every other day a few times and then never call them again. I'm like they filled out an online form, text them, email them. If they wanted to talk to you on the phone, they would've picked up the phone.

So I think how we communicate with people and then putting technologies in place that really give those who aren't the ones to pick up the phone and go through the traditional model of scheduling and coming in and doing the consult. But if we have an option for them to get some information upfront and to earn some of that know, like and trust, maybe alleviate a fear or answer a question, when they do walk through the door, they're a much warmer lead.

So I always look at what are the pushbacks when you get to the end of the console, what are the reasons why people are going home to think about it? What are they going to talk about? If they're comparing between multiple options, how are they going to make a decision? How are they actually going to pick? And then how far back in the process do you need to go to be in front of that road block or hurdle? And a lot of it is the pre-sales and is connecting with people in a more meaningful way prior to them walking through the door, which is not the



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traditional model. Traditionally it was like you even saved the financial conversation for the last 10 minutes of an hour long appointment. But if that's the person's primary concern and you're saving it until the end, they're probably not bought into anything else you have to say leading up to it. Sounds too good, it sounds too expensive, it's not going to work for them. So I think the whole model has an opportunity to shift and be reinvented to really meet the needs of the shoppers. And that's where In Hand Dental and even having the ability to chat with someone ahead of time is huge, and then forming a better connection with people throughout their treatment in the way that people want to be connected with. It's powerful.

Dustin Burleson:

Yeah, I think unfortunately we often reinvent in a way that's most beneficial to us. You touched on that earlier, and so I was talking to Dr. Hoffman who's one of the co-founders and the chief dental officer at In Hand Dental, and I said, most doctors are like, "Okay, let's pick some

easy Invisalign cases, let's put them on the app and let's try to never see the patient." I'm like, that's the wrong, I mean there's nothing wrong with being efficient that way, but why don't we tell the most difficult patients I need, I have to have this app. If you're going to let me try to do an impacted canine with clear aligners and a TAD, I have to see you more frequently. You have to be on the app. And instead of trying to do easy cases more efficiently, let's do hard cases at a higher quality and let's let the patient really engage with my doctor's going to be seeing an update every single week. The app is going to keep my kid engaged.

And so I think there's just sometimes the tendency to go in the wrong direction. Everyone's really excited right now about these 3D printed brackets and we won't say the brand name, but everyone's really excited about... All this money is funneling into this. It's a neat technology, but orthodontists are now figuring out, maybe it's not as efficient as we thought it was because it's very expensive. We're treating the patients the same way. We got really excited like we do about new technology. And I said, if Jeff Bezos had a bracket that was truly more efficient, he would charge \$29.95, so charge less and he would see a thousand new patients a month. And that would test the theory, is this actually more efficient, where most orthodontists are now seeing... They're charging more for this technology that's supposed to be more efficient. So my point here, and there is a point, I always land on the plane eventually. My point is remote monitoring makes every case more efficient because you're seeing the patient more frequently. You're checking in on the care. You know when they should go to the next tray, you know

when a wire is out of the bracket, you know when they're not compliant with their sleep appliance and now you can actually do something about it. Without remote monitoring, I really feel like we're flying in the dark. It's like, "See you in 12 weeks. Hope you're where we thought you were going to be." So patient-centered care, and it goes back, I spoke to Regina Blevins about this at the cafe event, at Align in Raleigh. She said her son had open heart surgery at Mayo Clinic. This is open heart surgery at one of the best places in the world. They kept him for two nights and the rest of the follow-up care was with his iPhone.

The nurse practitioners saying, show me the sutures, show me any swelling. He's taking his phone and doing the exam from home. She's like, if we can do open heart surgery, follow-up with an iPhone, what are we doing in orthodontics? "You've got to be in the office every four weeks or I'm not providing clinical care." Call it a high quality or we're only doing it with the simple cases. We're not embracing this could be a better way to treat more complex cases.

Matt, I'm curious your thoughts on using this as a way where we don't suggest it. We say, if you want me to treat your case, you have to be on the app 'cause I don't believe we're going to get anything better than flying in the dark without it.

Matt Quinn:

I 100% agree. And one thing you mentioned earlier is that people, there's a pattern that happens when we onboard somebody. They generally get about 10 to 15 patients on

the app, but they're all easy cases. So I don't blame them for dipping their toe in and doing that. Our next follow up question to them is, "Okay, so the harder cases, what do you do with those?" "Oh, I just refer them out," and I go, "Why?" And they're like, "Well, I just don't feel I have the expertise to be able to handle that type of a case." And I go, "Well, you realize that you can have a third party help you right through the app on this." And they're like, "What do you mean?" And I go, "Well, you can assign a mentor, a coach to actually peer in, all HIPAA compliant, to the case and assist you from the treatment plan side, from the diagnosis side, whatever you want to do." And they're like, "Wow, I didn't realize that."

And so we're trying to educate people. I mean, because it's almost like you throw so much tools at a practice, they get overwhelmed. So you just got to, it's baby steps with it, but you got to get them to start using it at first, and then when they start using it, they realize, oh, I can expand in other treatment plans. I can expand into harder cases with a mentor. I mean, from Brooke's perspective, from a treatment plan perspective, if they have somebody that comes in and they don't have the confidence to present something to the patient for whatever reason, Brooke could help with that as well. I mean, give them the proper messaging right through the app, possibly even do a video to send to the patient, whatever it may be. So I mean, there's so many options to help, but it's a catch 22 because I don't want to overwhelm people, but they got to use it for much more than just the simple cases. I 100% agree.



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Dustin Burleson:

Yeah, you can't put your toe in the water. I mean you can start, it's a good way to start. I always start just jumping in the deep end, figuring out if I can swim or not, but I don't want to talk about digital homework. This is right in the point when most of these conversations, someone raises their hand and goes, "But I've got so much digital homework. I've got to do all these clin-checks. I just can't be checking in on another app." I always bark back. I say, "All right, give me your phone. Pull up your screen time app. Let's see how long you were on your screen yesterday." And I say this digital homework not only helps patients, but if you want to be a pure capitalist, this digital homework pays for your lakehouse, puts your kids through private school. This is good digital homework and your patients want it from you.

I've found my, I want to say a statement, then the question. My statement is the asynchronous ability to check on patients and to formulate treatment plans and to give a quick feedback of "That looks great," or "Let's wear that tray for a few more days," is so efficient. I can do so much more. The patient didn't have to drive to the office,

didn't have to wait in the waiting room. I didn't have to disinfect a chair, bring out sterile instruments. I can do things very quickly asynchronously through telehealth. I'm curious. That's the statement. The question is, what's your answer for, I've got enough digital homework. I don't need to do any more of this. What do you say to doctors who are concerned about their digital homework?

Matt Quinn:

Go ahead. I'll follow up after you.

Brooke Oliphant:

Oh, I really think that what's important when adopting something like In Hand Dental is that it's for everyone, right? So if there's this tendency to dip your toes in or only do it for the easy cases, you're still putting the treatment coordinator and the doctor in a position of kind of limbo or question mark in that conversation. So well, if we're talking about simplicity and efficiency, it also needs to be this is for everyone. So now we have the team members identified who are going to participate in supporting this, and it's simply how we do business now. But I think where it can become muddy and feel maybe overwhelming is if it's an option or it's pick and choose. And so maybe there's this imbalance still, and so now we're kind of doing this new thing, but we're still doing so much of the other thing that the new thing feels like it's added work, but not really just a true shift in workflow. I have a partner practice that does remote monitoring for 100% of their patients. And what they're seeing now, kind of like having your new patient paperwork completed ahead of time, is that those patients, predominantly kids, who stop scanning, that are being non-compliant, are the

ones who show up to their appointment with three to five broken brackets. And so when you have 100% of your patients doing this and they understand the value for it, then you can start to see that those who are being non-compliant in it become kind of your TLC or your longer chair time in the office patients because they're trying to hide something from you.

So you have the patients who are of course getting this really great high touch experience with the practice and a greater connection because now there's a weekly touch point instead of a once every eight to 12 weeks touchpoint. But then it's another advantage in even pre communicating or reaching out to those patients who aren't using it and saying, "What's going on? What are you hiding from me? Is it appropriate that you're on the schedule for 15 minutes when you come next time or are we going to need an hour? What's going on here?" So I think it's got a double benefit there, but it has to be for everyone.

Dustin Burleson:

I like that.

Brooke Oliphant:

Otherwise, I think that the digital workload can feel overwhelming because it does seem like, oh, we're doing something more on top of what we're already doing most of the time.

Dustin Burleson:

I had this conversation where there's a new coffee store in town and I always like to try new places. Locally owned,

he's a really neat guy. I was talking to the owner and he said, one of the things that drives consumers crazy is it coffee shops change their hours a lot. Well, we're really not busy on Tuesday, so we're going to close at three, but Saturdays are really busy, so we'll stay open until six. He's like, "We're open seven days a week, 7:00 AM to 3:00 PM." He makes these really great homemade biscuits and scones and they sell out early in the morning and he said, "I painted the hours on the door so that we have to live up to them." It's like, this is what we do. It's like Southwest Airlines if they're like, "Well, bags only fly free on Tuesdays when Mary's here. Mary handles the free bags. If it's a Thursday, Mary's not here. That's who does the free bags so you're going to have to pay."

I like that this is for everyone. This is how we do it. This is our system. And that way it's not one person who has the login to In Hand Dental who's out sick this week and the thing falls apart.

Brooke Oliphant:

Yes.

Dustin Burleson:

Matt, what do you have to say about digital homework for docs listening and TCs listening going, "Ah, I don't know about more homework."

Matt Quinn:

Well, I go back to the data. I always look at once somebody's up and utilizing it, what's changing in the practice from a workflow perspective? And it's the light bulb moment where they realize that, oh my goodness,

I'm closing more business now when I discuss this with the patient, they're like, I need to be much more consistent with this. Or they start talking to the patient about maybe it's different treatment plans and it can be used for any one of the treatment plans as far as customizing what the information they want to receive from the patient. So it's a conversation.

I always see these practices, they jump from 30 patients active to 75, and I'll call them, and I say, "What changed?" And it's exactly what Brooke said. It's like, "We offered on every single treatment now. In the past we weren't because we were like, 'We don't want to shove it down the patient's throat,' but you're not. You're basically saying, 'How do you want to communicate with us? What's the best way for communicating with us? What's acceptable, not acceptable to you?'"

So it's just a conversation and I see the treatment coordinator and hygienist and they start realizing that being more assumptive and saying it to the patient saying, this is how we prefer to communicate with our patients. This is what's most convenient that we're hearing from our patients. Would you like to communicate like this with us so we can stay on top of your treatment plan? Totally different conversation than saying, this is how we do it. This is what you're going to do and let's download the app and get going. Totally different conversation. So it's about the conversation, the vernacular that's used with the patient.

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What's important when adopting something like In Hand Dental is that it's for everyone. So now we have the team members identified who are going to participate in supporting this, and it's simply how we do business now. But I think where it can become muddy and feel maybe overwhelming is if it's an option or if it's pick and choose.

Dustin Burleson:

To me, this is a huge value add, particularly for adult patients. And if you follow Gage's quarterly report and Joe Hogan at Align Technology cited it as a reason why their quarterly earnings were off in Q3, that adult treatment is kind of soft. I think it's a huge value add to say, "Hey, this is a thing we have that a lot of offices might not offer that lets you stay in closer contact with us." To your point, Matt, how you want to communicate. I couldn't imagine we get any worse at orthodontics by having more data. It's like having the Fitbit or your Apple Watch giving you feedback on your exercises, swimming or running or biking. I think the more data we see in the app, we're going to get better at treating patients. That attachment seems to work really well. Maybe I'll do that on the next patient.

So I guess the question is, Brooke, what's your recommendation? Let's talk specifically about adult

treatment and adult clear aligner or sleep apnea treatment for airway focused orthodontics and presenting this as a value add. Are there little tips or tricks you're seeing that are working? And then I guess maybe a step before that, have you seen a little softer 2023 at the time of this recording in adult clear aligners or what's your advice in that area?

Brooke Oliphant:

Yes, I definitely have seen less yeses or that it is a much harder sell with adults than it is for kids. And we all know we'll sacrifice to make things happen for our kids, but if we're concerned, but I also see a lot of practices that are still holding on to this, "You have to come in every six weeks or it's comprehensive treatment or nothing." And so I think some of it just goes back, the conversations that I'm having with doctors because that's where it's at. Treatment coordinator needs to be able to sell with great success, whatever it is that the doctor wants to do, kind of parrot the doctor, have that confidence and authority. But where I have doctors who are like, "Everyone needs to finish perfect," it's going to take 18 to 24 months on an adult who's interested in six months max. Then we're sending those people to someone who will treat them, or maybe confusing them or making them believe that they can't even get what they want.

So that's where really asking questions that invite sharing. And sometimes for our adult patients, if they're uncomfortable or timid about the idea of being sold to, then maybe they aren't as open. I think parents are more transparent about needs or fears associated with their children in treatment, but sometimes our adult shoppers,

it's a little bit harder to get under the skin and even understand how are we going to help them. So that's where I talk with my treatment coordinators a lot about even sharing maybe your own vulnerability or sensitivity to kind of help open up that conversation so that they can come back and say, "Yeah, this really does matter to me. This is something that is very embarrassing to me," or "This was what it would mean for me as an adult to fix this."

And then again, whether it's efficiency in time, it's a better treatment experience, it's a quality of treatment, understanding what matters to them is how you sell, then the remote monitoring and the aligners. And so I think where I really lean in with the treatment coordinators' fact finding so that you can equip the doctor with that information so that you're really just solid confident in meeting needs. And that's where I'm seeing in the practices that I work with a much higher conversion rate even in adults than what the industry, like the stats are reporting, and it's where you're getting to the heart of it for them and then providing that clear path forward. And I think sometimes when you discover with an adult that what they really want is just a great smile and the doctor's going, oh, but the bite and this, that and the other, sometimes it can get presented back to the patient like it's lesser. And so that's where I really lean in with the treatment coordinators and say, if this is everything for them, then it's not lesser. So where we might call it limited or compromised treatment, but if it's everything that they're hoping for, then it's their whole, even if we can view it differently than that. So how do you pivot from comprehensive to limited without diminishing what it is

that they want to accomplish for themselves? And that's where you can increase success in conversion.

Dustin Burleson:

Yeah, I mean there's nothing wrong with selling handbuilt cars. Rolls-Royce sells a lot of handbuilt cars to people, but Toyota sells a lot more cars and they're really high quality too, right? One's not right and one isn't wrong, it's just specific to the buyer. It'd be just as stupid for Toyota to start building handbuilt, half million-dollar cars as it would be for Rolls-Royce to lower their price to \$59,000. It's about what the consumer wants and providing quality. Orthodontics all the time get so excited about quality. I say, "Have you ever looked up the definition of quality?" They're like, "No." "It means to spec."

So what's *quality*? Everyone's got a different definition of quality.

If I'm an adult who has their 30th class reunion coming up and I'm just so embarrassed of this one tooth and crossbite, and I said, "Can you get that straight in six months? I don't care about the bite in the back." And every orthodontist for the last 30 years has told that consumer, "Can't get braces here unless you let me build a handbuilt Rolls-Royce." Like what are we doing, right? Because quality means to spec. A Toyota is quality and a Rolls-Royce is *also* quality. They happen to be wildly different prices and wildly different processes to build. The seats are hand stitched in a Rolls-Royce, the engine is built, bored out of aluminum by hand. It's insane. It takes six months to build one. It has to cost a half a million

dollars 'cause it takes 12 guys six months to build one. Toyota can crank them out in 30 minutes probably. So I think this weird twisted idea we have that one thing's quality and one thing isn't. If the patient says, "I want my bite corrected," and you leave them with six millimeters of overjet, you have produced a poor quality result. But if the patient says, "I want my front teeth straight and I'm aware I'm going to have to wear a retainer and I should probably have a bite guard with an anterior bite plate so that the bite doesn't deepen because I still have overjet," that still is quality if the patient is aware of the compromise.

So I think it's interesting, a little bit of a rant there, but I want to shift and get Matt's opinion on kids. I think my experience has been that parents choosing In Hand Dental practices for their kids is a safety net, knowing that their child is going to be more compliant with treatment because they have to check in via the app. That's my experience. I'm curious, Matt, your take on that and anything you have to add.

Matt Quinn:

One hundred percent agree. Obviously, I've been through this myself, with my daughter got Invisalign and she had good outcome but then stopped wearing the retainer and... now she's older now and she's probably going to have to do another treatment. And I'm like, just, it irritated me because it's like I spent all this money on this and you just did not follow through on the protocol. So for me, if I would have, even from the retention monitoring to the aligner monitoring, and I could see a scorecard and I could watch, believe me, I'm going to be knocking on the

door going, "Why are you not uploading the pictures? Why are you not communicating what questions are asked? It's not acceptable." So we hear it from parents all the time saying, "Hey, this is like you said, a safety net. I mean, I'm on my child when they're not compliant and if I'm going to make this investment in their appearance, they need to participate and I'm going to be monitoring it."

So that's a big, big issue. And even on the adult side, because adults get busy. Let's face it, I forget things. I don't do what I'm supposed to do. I get notifications on my phone. But if I go there and I get a nudge from somebody saying, "Hey, just want to let you know you're falling behind or whatever," I'm going to jump right on it because it's out of sight, out of mind sometimes. But if I have somebody just prompting me, I'm going to follow through. So it even works on the adult side too, because we tell practices all the time saying everything's automated, but that doesn't mean you can't interject on a personal level because they're already getting overdue notifications. But you can interject saying, "Listen, I understand that this is important to you and I just wanted to let you know that we're concerned. We're going to have to bring you back into the practice." Hate to say it, but when they're threatened with having to come back into the practice and are already using an app, all of a sudden they comply and it's amazing.

Dustin Burleson:

Magic, magic. Brooke, what tactical advice or scripting that you could share for a parent and an adolescent who are in the new patient room and you're presenting this as

a value add, as a way to help maybe mom and dad are a little concerned about compliance, anything that's working well?

Brooke Oliphant:

I have seen a lot of practices start doing aligners even as part of their phase one. You've got the little girl who's a dancer or athletes. So whether it's phase one or comprehensive treatment for kids when the kid really wants aligners, a lot of time for years as a treatment course, it was always the parent, what if they aren't compliant? What are we going to do if they aren't wearing it? The what if, the what if, the what if. And those things stop decision-making.

Now you've got a kid who wants one thing, a parent who's concerned, they want them to have something else. So now you've got options on the table you can't even control as the treatment coordinator where you can come in as the hero and say, "Parent, I understand your concern. We actually see incredible success in 12, 13, 14 year olds in aligners, more responsible than you'd believe. And because of In Hand Dental, because of the fact that we're going to be checking in weekly, we're going to know what you wouldn't even know as a parent on how they're doing in treatment and can be in more regular communication."

So I think it's a huge value add for alleviating in that scenario. And then I think even with braces, then, if there's a hygiene issue, some swollen gums, if there's broken bracket, those things are going to come up. And now as a practice, you don't have to wait eight weeks until their next appointment to discover this. Because parents,

if they get mad at their kids, it's an investment. But if mom's like, "If you break one more bracket, you're grounded," and then the kid breaks another bracket... Halloween, it happens.

Dustin Burleson:

Matt, we should build that into the app. Like a grounded feature where you turn off the wifi in the house just for the kid, it disables Apple gaming.

Brooke Oliphant:

There you go. What's your favorite game? You're grounded from it.

Dustin Burleson:

Mom and dad can slide it on. Keep going, Brooke. Sorry.

Brooke Oliphant:

Then the kids really wouldn't want... No, but I just think that it gives a lot of confidence, a lot of peace of mind for parents, and I think then it's how does it get presented to the kids that they're excited about it, not feeling like it's just a way to make sure they cleaned underneath the bed.

Dustin Burleson:

Yep. Anything tactically... Yeah, keep going. I'm sorry.

Brooke Oliphant:

Oh no, you're fine.

Dustin Burleson:

We used to always do an office tour with, we used to do an in-office, walk them around the office, kind of show

some features and benefits. Then we started doing as a slideshow. Anything you found that's working either in pre new patient communication with email or maybe just showing a quick slide of a patient or parent using the app, or you just do it verbally? Do you have any recommendation there on what's working well?

Brooke Oliphant:

I like the verbal for guiding. I really believe the treatment coordinator should be like a high-end, a host in a four star restaurant. How do you really welcome someone in and give them the kind of experience that just wows them? We want to create raving fans from day one, especially in custom braces and aligners and remote, if we're going to have them in the office less often, but there's also a delay in actually starting treatment, then how is that first experience so compelling that they would decide as opposed to just shopping around or if they're going to go somewhere else, they have to come back because it was a whole human experience, not just set of teeth and credit cards kind of a thing.

So I think in every touch point, it's guided. It's not just download this app when you get home or when you get around to it or download it, but really let's do it right now and let me show you how to use it, right? Let's do the first to actually put it in your mouth and see what it looks like and how it works and how it feels and answer questions. But then you're able to create enthusiasm around that and make it really personal and about them as opposed to a theory. So I recommend the tour. I know that we can do it electronically, and yes, there's things that should go out

ahead of time to really get people excited to come in because you're faceless until they walk through the door. But even on that tour, making it all about the patient... I mean, I was trained as a treatment coordinator. The tour was about the practice, it was about technology, it was about the office, it was maybe some cool tidbit about the doctor, but it wasn't, "Are you so excited to get started? And as our patient, this is where your future appointments will be. And hey, if you travel a lot, sports, whatever, then we've got some really cool things that we have for you to make this an awesome experience. And let's get started today." Right, like assuming language, enthusiasm and very welcoming. And so I think that in the app, in the demonstration, a financial presentation, it's not like you have this really great conversation with someone and as soon as you get to money, you just hand over an iPad and you're like, now tell me what you want to do. Right? I'm going to hide under my desk. And we have to still be really confident in guiding and offering solution to get to that place of making a decision.

Dustin Burleson:

Cool. I like that. Matt, we kind of brainstormed when Kansas City, when Dr. Hoffman was with the mastermind group and a lot of issues like, well, some of the clinical assistants are really good at getting the patient signed up for a same day start on the app and some are not so great. And first, I love that In Hand Dental allows you to brand the app to your practice, which is very cool and very slick. One idea was, I don't know if we ran this by you yet or not, so we're going to do it here live, was to put a little QR code at every chair, have a little QR code just like bolted to the side unit of the chair and just say, Hey, point your



If there's a hygiene issue, some swollen gums, if there's broken bracket, those things are going to come up. And now as a practice, you don't have to wait eight weeks until their next appointment to discover this.

camera there. The kid has their camera, the parent or the patient has their camera, scan that QR code, and now the assistant is actually to Brooke's point, verbally walking them through, "Here's how you do, go ahead and put in your name, put in your email address, let's get you linked up, and now let's go ahead and do a quick demo."

Any advice on that? And then another thing I want to highlight is a really cool feature that we kind of knew was neat, but I feel like doctors are reporting that it's really more valuable than they thought it would be, and that's the resources inside of the app. So how do you turn an expander key? What do you do if a bracket pops off? What do you do if your aligner doesn't see? You can put PDFs in there, you can upload all sorts of patient resources. So two part, what are your thoughts on a QR code or getting the patient started with the app as opposed to relying on, Mary's the one who's really good at getting people signed up on the app and Susie's like over in the corner cleaning her chair, avoiding getting that patient signed up for the app. What's your advice on that?

Matt Quinn:

I'm a big believer in QR codes. It's funny, this past weekend I saw a live band and nobody was tipping them, but they had the QR code on the inside of the box for the guitar win. Well, I'm thinking, I'm like, I want to tip these guys. And there was literally 200 people there. I walked up, did it, and sat down and tipped them. I'm not kidding. Eight people within three minutes went and did the same exact thing I did, and it was like, good, that's for them. And the musician actually thanked me for it. So I think everybody's visual. There's a lot of people if they see it, then they'll ask, what is that specifically for? Because they may assume it's just your website and say, no, this is actually, you can download our own personal app and communicate with us. That's the starting point of the conversation to get them in. And so I'm a big believer.

One thing I did want to talk a little bit more about too is at the early part of the funnel is I'm looking at this from a business perspective. Look at all the money that was spent educating consumers about the direct to consumer model when it comes to aligners. Millions and millions and millions of dollars million that you don't have to spend to educate that patient about it. If you get more tactical in your conversations and be more direct with patients saying, "Hey, listen, you probably have seen advertisements on television about utilizing an app. I do that personally, it's mine, and I actually will be monitoring the treatment plan." Great, great closing tool. They're going to say, "Really? So you have your own app and we can communicate this way." They're going to resonate with that because they've already seen the advertisements on TVs and they're like, "Wow, you're a really progressive

doctor. I mean, that's really cool.” So again, that goes back to the tactics of getting people to close or getting them into the funnel, but on your second part of the resources side of it, we can send any content you want to a patient. Once they've downloaded the app, you can send personal videos, STL files, any type of resources to educate the patient about the treatment plan. Maybe you already know what the patient's interested in, but they haven't come into the practice yet. You can send them a video about, "Hey, this is what we're going to be discussing. I just wanted to educate you a little bit about it when you come in so you can research a little bit and ask me any questions.”

Back to what Brooke was saying, make it personal with them. Make it a one-to-one conversation and really get them engaged. I mean, that's going to separate you from the pack big time.

Dustin Burleson:

Yeah, it's an A to Z communication tool. So if you want to have a quick video consult with a parent about something that's come up that maybe needs more than a text, right? Something's poking, something's pinching, and you want to do a quick secure HIPAA-compliant video with that mom or that patient, you can do it right inside the app. It's really, really slick.

Matt Quinn:

I mean, you'll get people, I mean people when they're researching, and I know we haven't talked about reviews, but be very candid and open about reviews. Engage with them saying if you've got a negative review and welcome

them to engage with you and explain it, because again, you're not hiding anything. You're being very forthright with the patient. They're going to welcome that and respect that. They really will.

Dustin Burleson:

Yeah, the customer service response on apps. I'm a big fan of the Four Seasons. I love that company. I was over there in London and most of what's going on now is an AI-based app. So from ordering room service to, I ran out of deodorant when I was over there. I said, "Hey, can you guys bring some deodorant into the room?" They dropped it off. It's really amazing that ability for them to quickly resolve an issue or a question from the customer. It's just how we want to communicate. Nobody even wants to pick up the phone in the hotel and call the front desk. So I would send a little message on my way out to the door to the CE meeting I was at, and they would fix whatever was the question while I was away or I'm headed to the gym. I'm like, "Hey, can you have breakfast delivered at 8:30?" They're like, "Absolutely." It's really, really a great way.

If there was a consumer concern, question, complaint, I think if you could get right in front of them on the app, do a quick video call or text the parent, I think you could resolve that complaint much quicker. And I know the data on resolving consumer complaints, the faster you resolve them, the more likely you are to not just resolve the consumer's concern, but to turn them into a raving fan, right? It's like consumers that will tweet out, or I guess it's now called X, they'll tweet or instant message Southwest Airlines where they were having their debacle meltdown last winter while the canceled flights, the consumers want

a response in minutes. And so good luck. If you even remember to ask the parent next time you see them 12 weeks from now, how's everything going? You've missed it by a mile. And this would give you the ability to quickly interact and resolve that complaint.

Matt Quinn:

Absolutely.

Dustin Burleson:

Yeah. I do want to give everyone a chance to learn a little bit about Brooke. I know you've got an exciting event coming up soon. I'm assuming In Hand Dental will be there. If not, I want to make sure everyone can learn how to get to both of you, so I know you can help them grow their practices. I only bring people in front of our members that we've used and that we recommend our clients are using. So both of these individuals have our 100% support.

Brooke, tell us about your next event, and then Matt, tell us if you're going to be there and then if not, how we can find you.

Brooke Oliphant:

Straight-Up Sales does a sales summit. So it's a two-day round table intensive. It has a cap at 20 people. Matt was at the last meeting, and it is very cool. So it's a Friday afternoon and then a half day Saturday. And the amount of sharing and collaboration around the room in addition to great material that I have to present as well as the guest sponsor. So In Hand Dental was there to present and share what they're offering. And I'm very selective in who

is invited into that meeting because I want it to be a great value add for the ortho practice to really align with where I believe the industry is going and what is going to help people to be the most successful and best treat their patients.

So it was awesome to have In Hand at that, and it's definitely my hope that that will continue going forward. So Matt, not to put you on the spot, but hopefully you'll be there. It's January 19th and 20th is the next one, but there are four calendared for 2024. All of those dates are listed on the event website. So if you go to straightupsales.com, you'll get over to the event site and see a video from the last one, kind of a teaser to give an idea of what it looks like inside of that room and then more information about what you expect.

Dustin Burleson:

Cool. We'll make sure we post a link below, and I'm biased, but I believe those sorts of events are where you actually make traction in the business. There's nothing wrong with the huge events. Those are fun as well. I was at AAO in Chicago with thousands of people. It's a big party, but at the end of the day you're like, what did I really learn that I'm going to do differently on Monday? Not a lot. Where in a small group, limited to it said 20 it sounds like is now you actually get to role play. You get to actually have your TC in front of Brooke, listening to how do you feel about this? As opposed to just motivating everyone, right? You actually get specific actionable advice. And my experience has been you can't do that from a stage with thousands of people or even hundreds of people in the room. It's impossible for me to know

what's specifically going on inside of each one of your offices and this smaller group lets you do that. So yeah, we'll post a link over this video. So, cool.

Matt, so it sounds like we've cornered you into being there.

Matt Quinn:

I have to tell you, I really appreciate what Brooke's doing as a business owner. And the reality of the matter is that when you spend a lot of money on marketing, it's a sunk cost. And when that person comes in the door, you need to make every effort you can to engage and make sure that they're going to move forward. And if you can move that percentage of treatment plan close rate by a couple, two to 3%, it does wonders for your business. And I think a lot of dentists don't realize that. They step away from that thinking, well, they're pretty good at what they do. Well, you can always get better and you need tools and you need the ability to communicate with patients in a way that you may not really are comfortable with and you need to exercise that muscle and do it.

So I highly recommend what Brooke's doing, and I'm all about if you move 5%, it's going to have a huge impact on your business. It really is.

Dustin Burleson:

Change your life.

Matt Quinn:

Especially if they're already in the door, you really have to focus on that. Why did that person leave and why did they not move forward and then dig into it even more so.

Dustin Burleson:

Yeah, 5% will change your life more than pay for your trip to Arizona, times a hundred.

Brooke Oliphant:

But I do agree. I think that we can always, I say all the time, we can better our best and we also don't know what we don't know. And I think when you come together in a small group setting and you're able to hear that this is what someone in California is doing that's different than someone in Arizona and Colorado and New York and you're sitting in this space going, oh, we have different pain points. But I love that idea and you have this opportunity to get a little glimpse into how other practices are run. And I think there's so much in orthodontics, it's like it's a secret, and so there's all this reinventing the wheel that is unnecessary. So well, like you said, Dustin, it's fun as a speaker to be in front of a bunch of people. There's kind of a compliment to that, but it's not the vision for the sales summit.

Really what we've discovered is that to a certain level, probably 20 people is a great number where everyone can have the floor and there can be that role playing and an opportunity to just refine skills. I don't want people to just come and get inspired, and that was my experience as a treatment coordinator. I'd go to all of these events, and you come back on this high and then you go back to doing things exactly the way that they were. It was fun, but it didn't accomplish anything. So I want people to go home with a true roadmap and we even kind of finish it by everyone sharing, what are the three things you're going home to do this week? What commitment are you making

to yourself and in front of everyone else that is going to be your action items the moment you step back into work.

Dustin Burleson:

Most CE would be the equivalent of just going to a seminar to watch how golf should be played. "Here's how you should swing," and you're like, "Got it. When are we going to pick up a club and practice some of these things?" Brooke will get you on the range with the launch monitor and she's going to get the clubs out of the bag and let you swing the club, which is really, really how you learn. So, cool.

Thank you both for doing this. I think I kept you a little bit late. That's what happens when I talk to fun people. So I apologize if everyone's running a little behind, but thank you. Thank you. Thank you, Matt. Thank you, Brooke. This was a lot of fun.

Brooke Oliphant:

My pleasure. Thanks for having us.

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