

ANTICIPATING MEETING AND EXCEEDING NEEDS AND DESIRES

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There is a friend of mine that told me of a recent experience he had with his Orthodontist. My friend told me he was pleased with the results of 18 months of being in braces. He was given his tooth positioner and wore it religiously. However, he lost it. Because of his work and travel schedule, he could not see the Orthodontist for two weeks. His teeth started to shift. He did not like that at all. Once he was able to finally get into the office, two Assistants had to remove his bonded retainer, wrap a wire around two of his teeth that had started to migrate away from each other, and pull them together as if they (the Assistants) were playing tug-of-war with the teeth. (One assistant on one side of him and one on the other side of him pulling the wire that was wrapped around the two teeth.)

My friend went on to say that in successive visits to his General Practitioner, the GP would ask questions like, "Has the Orthodontists taken a look at the tooth that seems to be blocking your ability to slide your teeth sideways smoothly?" My friend answered, "No." Over the course of time, there were more questions like this that my friend had no answer for.

My friend asked me why the GP was questioning him about this rather than of the Orthodontist. My friend did find out that the GP and the Orthodontist had engaged in several discussions about the GP's concerns, but nothing had been decided.

Then, the GP suggested that the Orthodontist take a look at removing the upper bonded retainer so that the tooth positioner could move the offending tooth. The GP even suggested to my friend that there may not be a need to continue in a bonded retainer once the goal of moving the tooth was reached. My friend mentioned this to his Orthodontist during one visit, to which the Orthodontist replied, "Well, I'm sure Dr. (blank) means well, but his knowledge of orthodontia is limited."

So what's the point? The point is that you are probably reading this story and assessing the technical merits of this case. The problem, though, does not lie in the technical aspects of the story but in the emotional aspects. What do I mean? My friend was not at all assessing how technically sound any of the decisions were. Rather, he told me he was not at all comfortable that these two practitioners did not seem to be taking openly to each other. My friend did not at all appreciate the well-meaning, but inappropriate comment made by the Orthodontist about the GP. My friend decided that he is not going back to that Orthodontist. He has not, nor does he intend to tell the Orthodontist. He says he simply will not go back there.

So what's really going on? Unfortunately, the two practitioners have lost sight of the single, most important aspect their work. They have lost sight of the fact that they – you – are in a service industry. How well you place Damon brackets does not mean anything to your customer – the patient. How advanced you are in the latest technology does not

matter to the patient if it is at the expense of anticipating, meeting and exceeding their needs and desires.

So how do you do that, especially in a busy practice, especially given the fact that the GP is also your customer? You do it by individual interactions. You do it by requiring that each member of your Team anticipates, meets and exceeds the needs and desires of the customer. Let's look at each of these separately.

First, **anticipate**. How does one anticipate needs? There is a saying that goes, "There is no such thing as a neutral impression." Therefore, no matter how many times a given patient has been to your practice, today, this visit, requires that you act as if it was the first time. Anticipating means aggressively fighting against the propensity to take your customer for granted. You can tell when this is starting to happen because staff members and the doctor start talking as though they know what Mrs. Jones' likes and dislikes. What helps you to avoid this is to treat every interaction with Mrs. Jones as if it were the first. You hold onto the things you have learned from previous experiences with Mrs. Jones. You do not ask her all over again about her family, but you ACT as if she is there for the first time.

Imagine that Mr. Walters just walked in on a cold day. He seems to be shivering. The person at the front might ask, "Would you like some coffee or tea, Mr. Walters?" That would be appropriate. Yet, anticipation says you recall that a couple of times Mr. Walters did take some tea. So, using your previously learned knowledge, you treat Mr. Walters as if he is there for the first time by bringing it to him without asking. Or, you say something like, "You still take cream in your tea right, Mr. Walters? I'll bring that right out to you."

Imagine that Ms. Simpson has come in. The Assistant greeting her, rather than standing at the door, moves into the Reception area and walks up to Ms. Simpson and extends her hand, greeting her warmly and inviting her to come in. The additional 30 seconds it took to make a personal connection with Ms. Simpson will be well worth it.

Next, let's look at **meeting** needs and desires. It has become cliché in today's world to say that you want to meet the needs of the customer. It is important to define exactly what a customer is. A customer is someone who "buys" from you regularly. That means they come back. My friend is no longer a customer of the Orthodontist. Since meeting needs has become so cliché, meeting needs is now the minimum expectation of patients. If you are meeting needs, you are only doing the minimum expected. If you and your staff find yourselves talking about how well you meet needs, recognize that this is not necessarily something should use as a selling point. Your competition also does this. Rather, your minimum expectation is to meet needs.

Now, for **exceeding** needs. This goes hand-in-hand with anticipating needs. Recall the scenario with Mr. Walters. It is meeting needs to offer him something warm to drink on a cold day. It is anticipating and exceeding needs to remember what he had previously

and being prepared to bring it to him upon his arrival. It is meeting needs to stand at the door and call Ms. Simpson's name and invite her in. It is anticipating and exceeding needs to walk up to her, give her a warm handshake and a smile and offer her an invitation to join you. It's funny how attention to those emotional triggers makes your technical ability seem enhanced in the mind of the customer.

What is the difference between needs and desires? Needs are the things I must have in order to do, or to continue to do business with you. Desires are those things I would like to have, but which may or may not effect my decision to do business with you if I don't get them. Here is a simple example. I like caffeine-free diet Pepsi. Let's say I go to the store to buy some, but the store is out of it. They have caffeine-free diet Coke, but I want caffeine-free diet Pepsi. If my wanting caffeine-free diet Pepsi is at the level of need, I will choose to go elsewhere rather than buy a caffeine-free diet Coke. If, however, I decided it was no big deal, and I buy the caffeine-free diet Coke, then it is at the level of desire. I prefer caffeine-free diet Pepsi, but, for that moment, I will take caffeine-free diet Coke.

For my friend, effective communication between the Orthodontist and the GP was a need for him. Because he perceived that it was not happening, he chose not to continue giving his business to that Orthodontist. Needs and desires, many times, are not logical. Emotion never is. Trying to understand the emotional choices that human beings make can lead to frustration. However, understanding that they exist, and taking the time to uncover them can lead to a gold mine of delighted customers.

It is possible that you may object to my use of the word "customer" instead of patient. The fact that they are patients is important only to you. We who are the buyers of your services are more interested in having our needs and desires anticipated, met and exceeded than we are in the semantics of what we are called.

So here are your action steps. Begin asking your patients what their needs are, what they feel they must have from you in order to continue seeing you? Begin strategizing in staff meetings about how you can make sure that every staff member is aware of those needs and desires, and how you will anticipate, meet and exceed them. Do this for your best customers first. Require that all doctors and staff do this and hold them accountable for it. Then stand back and watch the fruits of your labor grow.