

"How to Handle, Answer, and Overcome the Most Common Questions and Objections That You Receive from Patients"

Training & Scripts

Some things before we begin...

#1 Our mission with this training

To equip you with the knowledge, tools, and confidence to overcome the challenges you may encounter while encouraging patients to come into the practice. To put YOU, the PCC, in control of the conversation, while gently steering the patient to their best option.

#2 Format of this training

Through identifying the most common scenarios and objections PCCs hear from patients (current and prospective), we'll give you guidance on how to answer these objections, while offering up a loose script to follow, either on the call or dealing with patients face to face.

#3 Practice makes perfect

A great way to imbed this training would be to choose a practice partner to rehearse common scenarios with. With one of you as the PCC and the other as the patient, you can quickly get into the flow of how you feel you can best respond.

#4 The patient always comes first

Although this training is here to help you get more people into the practice, if at any point during a conversation you feel that a patient is not suitable for us, or us to them, kindly explain and end the conversation.

Everything clear? Let's get started...

"I just don't need to come in. I'm hearing just fine. I'll call you when I'm ready."

When they don't see the need for an appointment

Context:

When a patient who is due a check-up doesn't think he/she needs to come to the practice because they believe everything is fine and it's not worth their time.

Reason for call:

Patient might need their hearing aids checking or cleaning.

Common objection dialogue from patient:

"I just don't need to come in. I'm hearing just fine. I'll call you when I'm ready."

Problem:

Patient feels the service isn't worth their time.

Solution:

Prevent them from feeling this way right at the start of the phone call by flipping the incentive on them and drill in the benefits.

Script:

"Good morning/afternoon, [PATIENTNAME], it's [NAME] from [CLINIC]. Just a friendly check-in call to see if your hearing aids are working the way they should be?"

[RESPOND EITHER YES/NO]

"One of the things that many people don't realize is that there are dozens of moving parts inside of their hearing device and therefore many ways that wax guards, filters, etc. could get blocked up and prevent them working to maximum efficiency.

"In order for you to ensure your manufacturer warranty is intact and to ensure your hearing aids are actually delivering upon the promise that was made to you the day you chose us, then one of the huge benefits you get from choosing us is that we take care of your routine maintenance so you don't have to.

"We're now at that point where it would be a good time for us to stay ahead to ensure there are no challenges with your devices.

"So, in order to do this, let's find a window that would suit you and get you scheduled in to see our hearing care practitioner within the next 7-14 days. During your visit, we'll take great care of your devices and make sure everything's ship shape and working its best for you."

"I think everything's in order,
so there's no need for me to come."

Knowing how to offer an annual test

Context:

Part of a patient's hearing aid care package includes an annual test. However, it's sometimes hard to get patients to come back to the practice to receive it.

Reason for call:

Get the patient to come into the practice for their annual test.

Common objection dialogue from patient:

"I think everything's in order, so there's no need for me to come."

Problem:

In some cases, PCCs use of the word "free" – which devalues the service and patients may think they're going to be sold something else

Solution:

Explain that the annual check-up is something they've actually paid for and is a huge benefit of the hearing aid care package. Avoid using the word "free" at all costs.

Script:

"Good morning/afternoon, [PATIENTNAME], it's [NAME] from [PRACTICE].
Just a friendly call to remind you that your annual test, which you have already purchased as part of your hearing aid care package, is now available to you.

"As you're aware, this annual test is one of the major benefits of our continuous maintenance program and isn't available outside of it. Therefore, it's in your best interest to jump on this opening at your earliest convenience, so we can ensure everything's working as it should be."

"Oh no, I'm hearing just fine,
I don't need to be tested again."

Getting people back through your door who were tested

Context:

When people come into the practice for a hearing test, there's a need for hearing aids, they're presented with the price, but didn't go for it. Or, they had their hearing test and the results showed nothing was wrong.

Reason for call:

To check if they still have a need for the hearing aids and get them to come back in for a consultation.

Common objection dialogue from patient:

"Oh no, I'm hearing just fine, I don't need to be tested again."

Problem:

Either the patient had no loss before and doesn't see the need to be tested again, or they don't remember coming into the practice.

Solution:

3-step formula to opening any difficult conversation.

1 = polite opening

2 = agreeable fact

3 = easy to answer question

Script:

"Good morning/afternoon, [PATIENTNAME], it's [NAME] from [PRACTICE]. Just a friendly call. Based on my records here, it tells me that you came in for a hearing evaluation back in [DATE]. We're updating our records and I'm wondering when was the last time you had a hearing test?"

[PATIENT CAN EITHER SAY THEY HAVEN'T, OR THEY NOW HAVE HEARING AIDS]

"One of the things that really frustrates us here at [PRACTICE] is that people regularly check their eyes and their blood pressure, but fail to regularly check their hearing. Your hearing is something that is continually changing, which means it's something we all need to keep on top of.

"If you could get the peace of mind that everything was working as it should be, or catch any changes in their tracks, would you agree that would be a good use of your time?"

"In that case, it's in your best interest for you to come back to get a hearing evaluation. This is all at no out-of-pocket expense to yourself. I'm just calling today to get that scheduled in. Is there a day of the week that would be particularly good for you?"

"But I don't need it. My hearing's fine.
Nothing's changed."

Patient certain nothing has changed

Context:

Patient doesn't think there's a need to come in for a check-up because they're certain nothing's changed with their hearing.

Reason for call:

Want to get them booked in for an annual test.

Common objection dialogue from patient:

"But I don't need it. My hearing's fine. Nothing's changed."

Problem:

The patient hasn't considered that there could be small changes going on that could get bigger.

Solution:

Push back and challenge them by asking how do they know that for sure.

Script:

"Good morning/afternoon, [PATIENTNAME], it's [NAME] from [PRACTICE].
Just a friendly call to see if you have experienced any changes to the quality
of your hearing lately?"

[PATIENT LIKELY TO RESPOND NO]

"How certain are you that nothing's changed?"

[PATIENT LIKELY TO SAY NOT CERTAIN]

"So, wouldn't it make sense that we can at least confirm that suspicion with
your annual hearing evaluation to find out where things are actually at?"

Bonus phraseology lesson

Context:

We want our patients to stay with us for life, which means we need to subliminally get them to think that too. When emphasizing the importance of making their annual tests, we need to drill in the realization that to keep their hearing in order, it's their responsibility to make their routine annual tests. This can be achieved through the tiniest of changes to how we phrase questions. Such as:

Instead of saying:

"How long do you plan on wearing your hearing aids?"

Say:

"How long do you see yourself wearing your hearing aids?"

The difference between these two questions is this:

The former is making the hearing aids the star, whereas the latter is making the patient the star and the one in control. It subliminally shifts the emphasis on who is responsible for the actions that then follow.

The answer to this question, of course, should be "forever."

This, of course, lends itself to the importance of getting the right quality of hearing aids, which is a fabulous USP when selling the best on offer.

[PATIENT LIKELY TO SAY NOT CERTAIN]

"So, wouldn't it make sense that we can at least confirm that suspicion with your annual hearing evaluation to find out where things are actually at?"

Bonus phraseology lesson

Context:

Through no fault of their own, a patient can be ignorant to the long-term damage of neglected hearing care. So as to not patronize or force a patient to get a hearing test, we need to gently guide them into coming to that conclusion themselves.

Instead of saying:

"We need to see you in case there's been a change to your hearing."

Say:

"What do you understand about the impact of untreated hearing loss?"

Further explanation: "See, the mistake that many people make is they wait too long til it's really bad before they ask for help, which usually results in irreversible symptoms. The smart people who act sooner are the ones who decide to act quickly while the symptoms are mild or moderate, resulting in them keeping their natural hearing for much longer."

"I think I'll just go for the cheapest ones.
They all do the same thing, don't they?"
Patient not willing to spend the money (up-sell lesson)

Context:

When a patient knows they need hearing aids but can't see the benefit of investing more in the best tech, it's our job to gently help them realize that hearing aids are an investment for life.

Common objection dialogue from patient:

"I think I'll just go for the cheapest ones. They all do the same thing, don't they?"

Problem:

The patient doesn't understand the worth of the better tech; they don't see the value in spending more because the benefits haven't been clearly communicated to them.

Solution:

Gently help them realize that the better quality of tech equals better quality of hearing, and ultimately better quality of life by getting them to sit down with a HCP.

Script:

"Just like everything in this world, the difference in quality of a product invented to do the same thing varies dramatically. With televisions, it's not life-changing, but with pace-makers and hearing aids, it is.

"What we have been doing for over [X] years is helping make sure that people who have lived good lives continue to live good lives, and the one big thing that makes us different here at [PRACTICE] is we're not in the business of selling hearing aids. We're in the business of delivering hearing care, and ultimately our patients' improved quality of life.

"From our experience, this has been achieved when a patient gets the best possible hearing aid..."

"How Much Are Your Hearing Aids?"

How to answer THAT price question

Context:

The difficult question that we often shy away from yet the patient has every right in the world to ask – this will help you to be able to confidently share the reason why you offer tremendous value and the difference between working with you rather than just buying a hearing aid.

Interaction

Face-to-face or via the phone

Common objection dialogue from patient:

"How much are hearing aids?" or "Why are hearing aids so expensive?"

Problem:

The patient doesn't understand your value in the transaction and similarly sees advertisements for much cheaper hearing aids, raising the question of how much your hearing aids are or why you're expensive compared to others.

Solution:

For the patient to understand your value and why they need you. In the same way that to win a race, you need a great car and a great driver and the driver is much higher paid than the mechanic, you need to show why you're the driver and your care is a critical part of their journey to better hearing.

Script:

"What we provide at [CLINIC] is different to most, as we provide a comprehensive level of care alongside hearing devices that means that not only do you get the best available technology in class right now – what else you get is a lifetime of service that means in year one you do [THIS], year two, you do [THIS], year three you do [THIS], and year four you do [THIS] ... and alongside that, if your devices are lost or damaged, then we'll replace them immediately and we'll personally manage the warranty process, with no further out of pocket expense, and we do all of that for you for [\$XXX]."

How to send a voicemail that gets people to respond

Context:

PCCs are tasked with calling people from a miscellaneous list that includes people from all different avenues to the practice. Lunch and learns, people who once showed interest, etc. The trouble is, when they get through to voicemail, they don't know what to say to get them to respond, and oftentimes they don't respond at all.

Interaction:

Voicemail

Common action of patient:

They don't pick up or don't respond to the voicemail.

Problem:

Just leaving a voicemail switches the power to the patient and gives them every opportunity not to call back.

Solution:

Multiple calls BEFORE leaving the voicemail. Once in the morning, once in the afternoon, and once in the evening. If still no response, leave two days and then call back. If still no response, then and only then leave a voicemail using the 3-step formula from before: polite intro, mutually agreeable fact, and, finally, easy question.

Script:

"Good morning/afternoon, [PATIENTNAME], it's [NAME] from [PRACTICE]. I've been trying to reach you to schedule your annual hearing evaluation. It's clear now is not a good time for you, so I'm going to try you again at [TIME] on [DATE] when I arrive into the office. If that time and date is not good for you, please call me back at [NUMBER]."

Then, when the time comes to call back and you get voicemail again, say...

"Hi again, it's [NAME] from [PRACTICE]. I'm just calling back as promised. My guess is that you didn't pick up my previous messages. I've been trying to reach you to schedule your annual hearing evaluation, and I'm wondering: A: If we've got the wrong number, or B: That you've just been too busy to respond to my message. Just let me know which it is by calling back at [NUMBER]."

Parting Wisdom

Ultimately, our goal is to make our patients feel like we care for their individual needs. To do that we have to ensure they feel like they're the star of the show, not the hearing aids. Think of it like this...

The Harry Potter analogy

In the Harry Potter movies, Harry is the hero. So, let's consider each patient to be our Harry – our hero. The hearing aid is the wand, which helps our Harry navigate through the journey to better hearing. Without the Harry, the wand is useless. [PRACTICE] is Dumbledore. Dumbledore is the gentle guide that shows Harry how to use his wand to get what he wants.

I often find that every challenge can be related to a Harry Potter analogy!

