



Strategies and Scripts for 4 Common Objections

By Karen Zupko

After decades of educating and advising aesthetic practices, I can tell you that the topic of how to handle objections is as de rigueur today as it was twenty years ago. Whether you are a new patient care coordinator (PCC), a seasoned aesthetic surgeon, or a patient services team manager with ten years of experience, refreshers and new ideas for handling objections are always in style.

During our firm's regional workshops, attendees work in groups and interact as patient and PCC to practice new ways of responding to patient objections. This article covers five that generate a lot of enthusiastic conversation around the table.

Before we get to the specific strategies and script ideas, there are two foundational conversation techniques that practice teams must adopt. Each is essential to handling objections.

The first is, *talk less and listen more*. The best patient care coordinators we observe during the fee quote discussion don't go into "tell mode." They let patients talk. And the more patients talk the more your staff will learn about their situation, their needs, and the issues that are leading them to push back.

The second is, *ask open-ended questions*. These are questions that can't be answered with a "yes" or "no." Open-ended questions



start with what, who, where, why, or how and they get patients talking and sharing in ways you can't get at if you ask yes/no questions. You'll notice that all the suggested scripts that follow are open-ended questions.

Combining these two conversation techniques with the following strategies and scripts for handling objections will result in tailored conversations that get more patients to say yes and schedule.

Objection 1: "Let me ask you something... I really want to schedule. And I will if you give me a 15% discount."

This is an objection disguised as a faux yes. Before handing out a rash discount to book the case, staff needs to understand the patient's real budget. Here's a good technique:

"Holly, are you saying the \$10,000 fee is too expensive for the three procedures, or that you don't want to spend more than \$8,500?"

This question gets at the patient's motivation. Does she really understand the value of the proposal, or can she not afford \$10,000? If it's the former, the PCC should reiterate the surgeon's skills and the benefit of doing the three procedures together - which saves her both financially and in recovery time. Reviewing the before and after photos again may help. The PCC can add this question to that conversation:

"What needs to happen, Holly, to show you the value of the surgery price I quoted you?"

If the patient doesn't want or truly can't afford to spend more than \$8,500, consider

reducing the surgical plan or offer financing options such as deferred interest programs with CareCredit.

If the patient isn't satisfied with any of these options, and you offer a seasonal discount during slower months, ask if the patient's schedule is flexible to accommodate waiting until then.

Objection 2: "It costs too much."

The first thing to do after hearing this one is: pause. Then stay silent for three to five seconds. There are two effective questions a savvy PCC can then try:

"I appreciate you sharing that, Bonnie. How 'too much' are we?"

"Ben, what were you planning on investing in your procedure?"

After asking each question, the PCC should pause. Remember the conversation technique of talk less, listen more. Use the power of silence. Patients will want to fill the conversational void. And it's surprising the type of honest feedback they provide.

Once you drill down to the real objection—which may not be cost, even when the patient leads with that—you've got something to work with. Fine-tune the conversation around that to solve the patient's real issue. Using finances as an objection is a graceful way for a patient who may not have liked the doctor, to leave.

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Meet Karen Zupko at The Aesthetic Meeting 2019

Karen is teaching six staff sessions at the Aesthetic Meeting in New Orleans. Her all-day, **Saturday, May 18**, session, **Skills for Successful Patient Coordinators (S12)** covers strategies for handling objections in an interactive and fun way. On **Monday May 20**, Karen will also be presenting in the Practice Solutions Sessions.

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Objection 3: “What if he only does fat grafting in two areas? Would that bring the price down?”

Many patients don't understand that picking and choosing certain elements of the surgical plan is not like picking and choosing options on a new car. It's the surgeon and staff's job to educate the patient so he or she can make an informed decision.

Here's a question your team might use for that.

“Jill, we can't graft two areas and achieve the facial symmetry that is so important. Let me show you how Dr. Nice achieves that in these photos...”

Once a patient understands which procedures cannot be subtracted from the plan, and they are still uncertain about the price, patient financing might serve their needs.

“Perhaps using CareCredit can help you feel better about making the investment in the look you want.”

Objection 4: “Ok, well I just want to think about it.”

When you hear this one, you probably haven't drilled down to the real objection yet. The patient is still harboring something. Only when you know the reason the patient wants to “think about it” can you strategize about what to do next. Here are two scripts for digging a bit deeper:

“Having surgery is a big deal. I'm glad you are taking this seriously and want to make a careful decision. Sometimes there are questions that patients hesitate to bring up. Can you tell me which aspects of moving forward you need to think more about?”

“Sometimes when patients tell me that, they need to talk over the surgical plan with someone. Is this true in your case?”

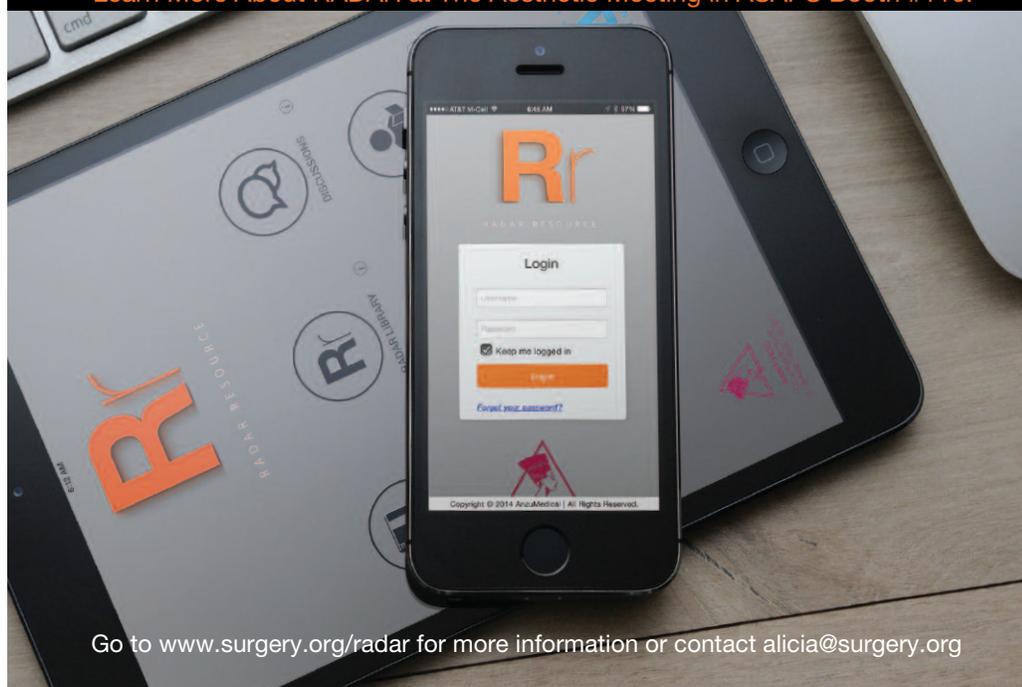
Discuss these ideas in an upcoming staff meeting and adapt them to your practice culture and style. Ask staff to list other common objections they hear and create specific scripts and strategies for handling them. Conduct role-playing with your team before implementing these, to review what works well and what doesn't, and fine-tune the conversation points.

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