

Dr. Griffin's Guide to the

Completely Utilized

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Workday
for Dentists



Go Delta Devils! By Chris Griffin

Brace yourselves. You are about to be subjected to another attempt of mine to compare everything possible to sports in one way or another. Let me explain my headline. There is a university here in Mississippi called Mississippi Valley State. If you keep up with football at all, you have heard of their most famous alumnus, Jerry Rice. Rice is from tiny Crawford, MS, and played for Valley in the eighties before going to San Francisco to set all kinds of records with Joe Montana and the rest of their dominant team during that time frame. Jerry set all the records possible when he played for MVSU as well. During those days, Mississippi Valley was so good, that even though they weren't in the same Division class of the NCAA as all the "big boys," announcers openly questioned whether or not their tiny school should be allowed an exemption to play in a Division 1 bowl game to find out just how good they were. What was their mascot you ask? The Delta Devils.

Most dentists would say that those two words go well together. Delta Dental is one of the biggest players in the dental insurance and managed care world, and "devil" is probably one of the kinder words you will hear describing it from most platforms speaking to dentists. I am not here today to say that dental insurance is either good or bad. Nor am I saying that Delta Dental is all good or all bad. I think I have seen this thing from both sides of the road and I thought I would share what I have seen. And maybe explore some good old hard facts.

Let me take you back about ten years with my own personal experience. When I first got out on my own, I signed up with Delta Premiere. That is the branch of Delta Dental that allows you to submit your fees for review. They do make their members give some discount to patients, but the fees are pretty close to what you would have been getting in most cases anyway. I hadn't been on Delta very long before I went to a famous institute to learn how to do "real" dentistry. While there I became intoxicated with all the information and the great presentations. I have to admit that I learned a lot about my clinical techniques from this place. The main speaker was very charismatic about everything. One of

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BACK COVER If you aren't already doing this in your practice, you probably don't know the answer to *KEY* questions. If you are doing it, read this anyway.

the days of lecture, he did an entire lecture about how terrible PPOs were. He went to great lengths to explain his position about how bad they all were, but he especially singled out Delta Dental. He even had a funny cartoon showing a monster that represented Delta that had everyone in the room laughing.

I have to admit that I fell for his spiel hook line and sinker. I came home and, among other things like raising my prices, dropped Delta from my list of plans with which I was signed up. At the time I didn't have too many. Only one of the big factories in town had Delta as their carrier and I had 95 of those as patients. I didn't just willy nilly drop all of these. I thought I was being smart about all of it. I researched what other dentists were doing about stuff like this and found that it was all the rage to write a letter to the patient explaining myself. I wrote up the best letter I could come up with at the time. I told my patients just how much quality I had learned to deliver to my patients. I made the case that I just couldn't give them the attention they deserved if I accepted the fees that their insurance allowed. I tried to lay all the blame for this at the feet of the insurance company and also at the feet of the employers. These were employers who were obviously just looking *continued on page 5*

continued from page 6 will hopefully help you satisfy those people who came to you because of the Social Proof. I must say that I believe in this principle wholeheartedly since I have gained it in my community. The radio get out of debt guru, Dave Ramsey, talks about a debt snowball and how it gets bigger as it rolls downhill. I believe in a new patient snowball. As more and more new patients flood your practice, more people want to come to you to see what's going on. It creates a lot of problems, but they are good problems to have.

Fourth, Liking. I think humans in general understand this one. People want to do business with other people they like. I think every dentist has to figure this one out on their own. Obviously, you are a doctor. Everyone knows that it is hard work becoming a doctor. You must possess a certain amount of skill to be a dentist. Surely you know that you own all that power without ever having to say a word. Nobody likes a temperamental dentist with a "my way or the highway" attitude. Also, your staff needs to be super nice, not just okay nice. New word, "stuckupness" has no place in the dental office. A bad attitude will wreck all your other good work if you don't watch it.

Fifth, Authority. People want to obey authority. Like I said in the previous paragraph, you own a lot of authority as soon as you walk in the room. Try to protect that authority at all costs. I have to admit that I hate to wear nice clothes to work in. I used to wear scrubs for years. Nothing especially wrong with scrubs in this day of cool doctor shows, like *Gross Anatomy* and *ER*, but you need to look like a doctor to gain control of the Authority principle as much as possible. Jay Geier says that the closer you look like Marcus Welby, M.D., the better your case acceptance will be. I haven't gone that far, but I did compromise with slacks and a shirt that has my name, Dr. Chris Griffin, on it.

Sixth, Scarcity. This is the principle that when there is a limited supply for something and people want it, there will be a greater demand for the thing. This works great in retail stores when they throw out big deals on stuff on a first come, first serve basis. Dentistry is a little different. It's hard to say, "Come on down and the first 5 people here get a free crown when they buy a bridge." I'll tell you how I institute this a little bit. Our schedule used to be wide open before we went to 3 days. Now, the place is bursting with people basically all the time. When I have a patient in the chair and they need some dental work that they are really needing but are having some trouble deciding on, I will say something like, "You know, I can work you in right now, but if we don't do it today, it may be awhile." This is always a true statement, but I think it also enacts this principle. The people can see that you are busy and they feel like they are really getting something if you offer them the appointment today, as opposed to a future possible appointment. Also, something I have been surprised by has been the ability to fill hygiene appointments better on the 3 day schedule. In reality, we have the same total amounts of appointments to offer as we used to on a 4 day schedule, but people keep those mid-morning and mid-day appointments better than they used to. I wonder if they don't see that parking lot full and say to themselves that they had better keep their appointment or they might not get another one any time soon. I guess that would be a combo with the Social Proof weapon.

Lots of these can be enacted either solo or in conjunction with another principle. I say use as many as you can all the time. Oh, and while you are at it, go ahead and read the book, Dr. Cialdini explains things a lot better than I ever could.

continued on page 4 There are a number of times I've heard a suggestion I immediately reacted negatively to, because it did not fit, but by letting it roll around in my subconscious for a day or night or a few days and nights, I found merit. In a few cases, this has produced a great deal of money. You've probably had such an experience too. But you have to wonder, how many times *haven't* you had this experience when you might have, due to such an instantaneous "doesn't fit" reaction that the idea never had a chance? Gotta give 'em all a *chance*.

It happens all the time in coaching group settings and when I'm consulting privately; my suggestion or someone else's get swatted away without even having a chance. Most of the time I no longer fight it. I'm just not up for the fight. But this time I did. And I'll tell you the same thing I told the group: try catching yourself at this. Be *consciously* aware. Make a point of writing down *every* idea and every suggestion *before* "crossing it off".

By the way, at that same meeting, another Member was clearly tempted to instantly reject an apparently impractical suggestion – but fought back the urge and instead *explored* it. At last count, he was over \$200,000.00 ahead.

Stop. Listen. Write. Explore.

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continued from page 5 nearly 125,000 dentists are members. Kinda doubt they are all either committing fraud or going broke, huh? Guess how many people are covered by their plans, over 50 million. And PPOs in general, they provide insurance for over 160 million Americans.

We kind of go to talking about the impact that has on the country as we know it. Now, I know that the insurance company has its best interests at heart and dentists have theirs, but have you stopped to consider what would happen to us if all these people covered by PPOs suddenly didn't have any coverage? Well, I think it is highly likely that the people would outcry much worse than they are even doing now. The current political climate is certainly one friendly with all manner of governmental interferences. Put these things together and I'm afraid that the push to Universal Healthcare, including dentistry, would be much more broadly supported. Can you say Socialism, anyone?

Now, once again, I'm not saying to join a PPO if you don't want to. Note the paragraph above; it's still a free country. I'm also not saying that insurance companies don't give good dentists a hard time sometimes. Mr. Album did concede that with the sheer number of insurance claims they process, 73 million in 2006, there would be the occasional mistake. However, he assured me that there is always a process of appeals and a grievance process for the dentist if he/she wants to pursue it. Once again, better than Socialism.

I will say that I want dentists who accept Delta and other PPOs to be able to walk around a dental conference or meeting without feeling like they have a giant, scarlet "P" on their chest. I want to continue in a country where a dentist can make a business decision as to whether or not he can make a living accepting some portion of his patients with a reduced fee. I see my fee reduction as nothing more than a marketing cost. When that marketing cost gets too high, I'll simply drop the plan. Luckily, I'm free to do that.

In the end if I consider what I learned about Delta Dental specifically, I came away believing they are not devils, they are not angels, they are just Delta. And I like the fact that I can choose to participate with them, or not. **3**

continued from Back Cover more and more distance between those meetings and our numbers keep getting better and better. Heck, eventually we may only look at them once a year or never, but they are always there, recorded if I need them. I do tend to look at our wall of graphs a few times a month. I love to try to spot trends in those graph lines and figure out what events prompted the changes. There is a good book about statistics and graphs called Speaking from Experience. It is based on the business and management works of L. Ron Hubbard. Now, before you get all excited about the mere mention of his name, let me say that this book is all business as far as I can see. Nothing in there about religion, Scientology, or Tom Cruise. He did do a good job describing ways to look to your stats to find ways to help your business.

If you don't currently keep practice stats, get on the bus. If you keep them already, congratulations. I'll bet you can still do a better job of managing from them. I know I can. If nothing else, at least put a few key stats on a graph on the wall. I personally think they look better than photos and paintings anyway. **3**

the head until you *continued from page 7* think that's a bad idea." I was speechless. A guy whose ideas and methods I really respected had just flatly rejected my train of thinking. He talked me into abandoning the satellite concept and fully concentrating on my Mississippi office. That included expansion and the addition of 6 more ops to my 3 op office.

Looking back he was exactly right. Somewhere my brain had taken a wrong turn and I had traveled a "fur piece" down the wrong path. For those of you not from around here, that's a long way. Greg helped me get my head on straight and I owe Woody for that, too. If it weren't for his hard work in putting on the amazing seminar every year, I wouldn't have really known who to call for advice.

After the teleseminar Woody booked me for the Spring Break seminar next year, 2010. I am totally honored to be asked to a stage so big and I hope I don't let anyone down. Who knows, maybe I can give some straight shooting, poignant advice to some young upstart and save him some trouble along the way. Maybe I can come up with something, but I doubt it will be as good as the advice Greg gave me. **3**

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THE HUGE MISTAKE

Based on a discussion @ Gold/VIP-Millionaires Group 2006

The specifics of the discussion are not important, but here's what happened: one Member was on the "hot seat", talking about his business, past, present and future, and at one point, another Member piped up and suggested an idea, quickly, briefly. The Member on the hot seat acknowledged him but brushed it off and continued talking about what he next planned to do. I let it pass at the moment, but thought better of it later, and interrupted our meeting to talk about what had happened.

Unfortunately, the incident is very, very, very common. Even smart and successful businesspeople are too often "knee jerk reaction" quick to judge an idea they read or hear or a suggestion given them as inappropriate to their business. **Our focus can be our downfall.** The smarter reaction, in this case, and in many, is to make a written note of the suggestion or idea, make sure you understand it, and if you don't want to be de-railed, set it aside to think about later. But by all means, return to *actually think* about it.

Every idea or suggestion attempting to enter your environment, for your consideration, runs up against a line of guards, a pre-set array of defenses, built from your present "picture" of your business, your beliefs about how it works and what it is and where it's going – so that anything that doesn't easily match up with what's already there is swatted away automatically, *thoughtlessly*.

McDonalds Corporation fought a few renegade franchisees tooth and nail, very stubbornly, for an extended time period before grudgingly giving in to their insistent wish to be in the breakfast business. For years, McD's restaurants all opened at 11:00 AM, not before. They were, after all, in the hamburger business. The very idea of "breakfast" had no place to land. Of course, now, it's about 1/3rd of the gross and I'd guess an even higher percentage of net. But few ideas are so persistent.

What's worst, though, is when you deliberately put yourself into an environment to get new and different ideas and suggestions, but still keep your defenses up, still let those that don't fit be swatted away instantly. Why come to a mastermind meeting and operate this way? I see people at seminars, conferences and in these mastermind meetings paying attention to people they view as "like them" and in "similar" businesses, then letting their attention wander to other things when someone in a different and "unrelated" business is talking. All this does is reinforce business and marketing incest. It's re-circulation of similar thought and experience, like the (toxic) re-circulated air in airplanes (ever since they outlawed smoking and no longer need fresh air added during flight). The whole point of participating in a mastermind environment is to find and consider FRESH ideas. As a result, incidentally, I've decided to outlaw laptops in my coaching group meetings in 2007. I realize people use them to take notes, but I also see the computers acting as a giant distraction...people "playing", going to sites, checking e-mail, etc., when they should be fully engaged in the meetings. So, for 07, there will be no cell phones, no Blackberrys, no Blueberrys and no laptops permitted inside my meetings. If somebody finds that untenable, they need not join.

Back to "**The Idea That Doesn't Fit**": the McDonalds example is only one of hundreds I personally know of, and, I'm sure, tens of thousands I don't. So one thing to keep in mind is that it is, more often than not, The Idea That Doesn't Fit that turns out to be the real breakthrough in a business. Beyond that, remember that business is about change of two kinds; evolution and revolution. Your business is a living, breathing, changing organism in a fast changing marketplace. What didn't fit five years or five months ago might be the perfect fit now. Or might be five months down the road.

This does not mean I advocate embracing every wild hair idea that comes along or every suggestion anyone makes – even a bona fide expert. I don't even advocate embracing every truly good idea, every viable opportunity. The more successful you are, the less new stuff you can embrace, or you'll drown in too much opportunity or be paralyzed by too many ideas. Just because it can be done in your type of business doesn't necessarily mean it should be done in *your* business. There are many considerations other than practicality and profit, including your own personal preferences, comparative size and value of each opportunity, degree of difficulty, etc. But too quickly, easily, cavalierly, thoughtlessly say "that does not compute" is The Huge Mistake.

As a matter of fact, most people don't actually reject The Idea That Doesn't Fit. They don't hear it at all. In our meeting, when I returned to this an hour or so after the incident, the recipient of the suggestion couldn't even tell me what the suggestion was that had been made, that he'd brushed off. He knew he'd done it. But he didn't know what he'd rejected. Truth is, he never really heard it. What happened was more like the old game "name that tune"; he'd only heard the first few bars before swatting it away. *continued on page 2*

continued from Front Page the cheapest possible plan and not considering getting their employees the best dentistry available. I was so proud of my letter. I mailed them out on the best stationery I owned. Then I waited. Of course, you know how it goes. The letters didn't make much of an immediate impact. Instead, slowly as people's recare and prophylaxis appointments came up, they quietly slipped off the schedule and out of the practice. This happened so subtly that I really didn't know how to evaluate it for awhile. About a year later, when I looked to all the patients to whom I had sent my little letter, I was astonished. *Out of the 95 patients with Delta Dental who received the letter, only 3 were still in the practice.* It hurts my stomach too bad to even figure out that percentage. I would have thought that with all the TLC I gave my patients, at least half would have stayed. I made a terrible misjudgment.

While I had believed that patients valued their relationship with their dentist above all else, my reality showed something very different. It would seem that most of my patients might like me well enough, but they also valued the discounts they were receiving from their insurance plans. They probably felt like they should be proud of anything they were getting from their employers. They *probably* took it as an insult when I dissed their plan. I'm sure they told their friends and families that I thought I was too good to work for discounted fees. Fees, mind you, which they probably considered pretty high even after the discount.

I struggled with the practice makeover thing for a couple of years before I saw the light. Sure, I hate having to cut my price for an insurance plan. I would love it if I only got Fee For Service patients in the same quantity as my PPO patients. Let me explain what happened that led me back to the path of practice growth. I had begun to venture out into lots of CE to try to compensate for the lack of new patients I was experiencing in my FFS practice. One day on the way to Atlanta for one of the many weekend sessions with my straight-wire ortho class, I popped in a CD from one of the consulting companies I worked with. On that CD was a Doctor Vince Monticciolo from Tampa, Florida. He was very convincing about his model of patient care, which included participation in almost every plan you can think of. I went to visit him and observe this in practice. I certainly didn't expect what I saw. Vince had a tremendous practice. It certainly wasn't run like a "mill," or whatever other adjective you have heard describing big PPO practices. From there I still wasn't convinced to change my ways, but I was going to do more research no matter what. I found out that a good friend of Dr. Monticciolo's was in a climate much more like my own. I then sought out and visited Dr. Gary Cameron in Asheboro, North Carolina. Gary's town had a main industry like Ripley, furniture manufacturing. Furniture had been in decline there as well as here, yet Dr. Cameron had experienced tremendous growth there with a model very similar to the one I saw in Tampa. Once again, I didn't find a dental factory; I found a very high volume, high production, well run dental office.

I came home and made the move. I immediately joined 3 more PPOs and I also rejoined Delta. Not just Delta Premiere, but the **bad Delta**, the PPO. It has been a few years now with this experiment and the sky hasn't fallen, the earth hasn't shaken, and the world hasn't ended yet.

I had just about forgotten all the advice that nearly wrecked the practice so many years ago when I read a recent article about how bad PPOs were. I know, that is certainly not an unusual position to hear these days. It was really not that unusual of an opinion to hear for the last few years. What made this one special? Well, the doctor writing this one went pretty far. Yes, I understand that he had a bad experience with PPOs in his own practice, but he made some big time statements. The worst of which was the assertion that it was very difficult to treat PPO patients without either going broke, or cheating. By cheating, I mean breaking the law, FRAUD. Now, I'm sure that there are a few people out there doing that, but it was a pretty broad sweeping statement. I certainly took umbrage to it. There are just too many good dentists out there accepting PPOs to believe that they are all committing fraud just to stay afloat. The more I thought about it, the more it bothered me. So, I decided to do something about it. I decided to call Delta Dental and see if they could give me some good info as to why they weren't the "devil" they had been made out to be. This is all easier than it sounds. It's not like you can just look up Delta Dental in the phone book and call the President of the company. First, I Googled Delta. I found that there were many different Deltas out there. Lots of states have one of their own Deltas, and then some don't and are covered by a different state or something called Delta USA. Finally I dug up a company called Delta Dental Insurance Company in Alpharetta, Georgia. From there I called the office of the President, Mr. Gary Radine and got to speak to his personal assistant. She listened to me and didn't let me speak to Mr. Radine, but did give me the number to Mr. Jeff Album, Director of Public and Government Affairs of the company.

I called Mr. Album and found someone who really loves his job. He spoke to me for a good thirty minutes one day about all kinds of things going on in the insurance industry and Delta in particular. A few things about Delta the I didn't know before calling Mr. Album. First, Delta Dental is non-profit. I guess I just assumed that it was a for-profit entity like so many other insurance companies. Of course, I know non-profits can do bad things, too, but that explains why Delta is always putting their name on stuff at dental schools and sponsorships. Mr. Album explained that they have to be so philanthropic just to retain the non-profit status. He then said that 3 out of 4 dentists in America is a member of Delta. Again, a number much bigger than I could have expected. That means that *continued on page 3*

Book Report

Influence: The Psychology of Persuasion by Robert Cialdini

I begin the writing of this by admitting that everyone and their dog has paid homage to Dr. Cialdini and the brilliance of his book. Well, let me tell you.....It is brilliant. As much as I love to go against the grain and be a contrarian, I have to admit that Influence deserves all the accolades it has been given. It gives some insight into the reasons that some things we observe in the dental office work and why other things don't. I was certainly an eye opener for me the first time I read the book. It had been recommended by Greg Stanley at a seminar and I had drug my feet about buying it because I didn't want to read a "non-dental" book. I was in my technical clinician phase at the time and was burying myself in occlusion, trying to figure that out. Guess what, I still haven't figured occlusion out. But, I do realize that I have face to face interaction everyday with people (patients).

Dr. Cialdini lays out 6 Weapons of Influence. These are the things that help us deal with the fixed, automatic actions and reactions of people when they are confronted with different situations. He theorized that people have instincts that are natural to certain, given situations and we can exercise some influence over people if we understand and work with those tendencies.

The 6 Weapons he lists are: Reciprocation, Commitment and Consistency, Social Proof, Liking, Authority, and Scarcity. I'll try to describe how these relate to us; dentists, as well as I understand it.

First, Reciprocation. This is basically the theory that if you are given a gift by someone, you are more likely to give that person something back. You are trying to stay even and remove your feelings of obligation toward the gifter. In our office, we do a lot of gifting. We give gifts to new patients when they first arrive at the office. We give gifts to them during their appointments. Sometimes we just give them gifts for no reason. I believe in gifting as a way to make the patients feel good about their decision to stay with you. Of course you have to make sure you don't go overboard. Make sure you include these gifts in your marketing budget as internal marketing. Make sure you have a marketing budget percentage that someone is responsible for keeping up with and that you stay within your goal. However, don't be scared to give folks stuff. It makes them feel good and, according to Dr. Cialdini, it evokes the law of Reciprocation.

Second, Commitment and Consistency. This law explains a lot. I say that once a person has made a decision, they are much more likely to feel good about the decision and follow through with its course of action. **This is exactly why large treatment plans on first time patients result in low case acceptance.** You see, I didn't know that big treatment plans were a bad idea with new patients; I just knew they didn't work. Now, when I say they didn't work, I am oversimplifying. Of course, some small percentage of people would accept your treatment recommendations. You might even be more skilled than most in your presentation. You could possibly have a good practice doing big cases. Some do. I'm just saying, face the facts. If you choose to present big treatment to new patients on a consistent basis, you are fighting an uphill battle. However, if you break your treatment down into bite sized chunks the patient can swallow, you will have an easier time of things. You don't have to sacrifice your integrity or diagnosis to do this, either. Just make the first phase of treatment something easy for the patient to say "yes" to. Most of the time in my office, I try to treat the chief complaint first. You have an advantage during this appointment of which most dentists fail to capitalize. The patient **needs** something or they wouldn't be there. If you can find a way to get them out of pain or whatever in a way they can say "yes" to, you will find the sledding easier for the next step of your treatment. They will want to continue with what they started. Commitment and Consistency.

Third, Social Proof. This one is pretty self explanatory. People want to go where they see other people going. At your dental office, a full parking lot and a full waiting room are good problems to have because it means you have already established social proof. Once you get to this point, you need other plans to deal with the huge demand you have built up. That's the main reason I created Capacity College. There is a fine line between Social Proof and losing patients to the other guy down the street. Capacity College
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4th Day Clubhouse

Last week I had a teleseminar with Woody Oakes. It was one of his 6 big teleseminars of the year. Even though I have recently begun to speak at events and conferences, I have to admit I was really nervous before the call. I guess it was a mixture of a lot of things. Of course, speaking before any group of dentists is always nerve wracking because of the audience, itself. I mean, dentists are notorious for shooting arrows into any of their own who dare to step out of the larger group and voice their opinions. Not that the opinions are shunned, mind you, just that a “good” dentist should always keep his opinions to himself. At least that is the feeling I have always gotten from most associations, especially those populated primarily with the old guard. Another reason I was nervous was, I think, because I really wanted to do good for Woody. Woody’s newsletter, *The Profitable Dentist*, has been such a tremendous influence on me for several years. For whatever reason, when I was out on my own those first few months with a pregnant wife and no real prospects of income any time soon, I picked up his magazine and found comfort within its pages.

Woody’s magazine has changed a whole lot in the last few years. It has gone from a monthly paid subscription when I started reading it, to a quarterly free publication. It also has gone from simple black and white articles without photos (sound familiar) to a real snazzy, first-class job. Of course, with the free price tag comes the addition of advertisers, but I think Woody does a real good job of forming relationships with good companies. Anyway, I certainly considered it an honor to be asked by Woody and I didn’t want to let him down. To give a little more history, it really was my relationship, albeit purely publisher/customer at the time, with Woody’s organization that led me down the path I have currently taken. It was cassettes from the *Driving Dentist Series* that introduced me to the idea of Same Day Dentistry (thank you Roy Smith) and clinical efficiency (ditto Scott Perkins). It was the Destin Spring Break seminar that allowed me to see some of the people I had been reading about in real life, like Greg Stanley, Roy, Scott, and many, many others. I took little tidbits from lots and lots of them. Almost every good decision I have made in my career, I can look back down the family tree and find Woody squarely planted in the middle. Heck, even my impression technique was based on the H&H technique that I first saw at a Destin workshop by Doctor Jeffrey Hoos. I avoided one of the biggest mistakes a young dentist could make by the advice of Greg Stanley, whom I first heard in Destin.

That colossal *might have been* mistake was this; I live close to the Tennessee state line, about 20 miles. I had gone to Tennessee for dental school and had gotten a Tennessee license during my senior year. Of course I only really needed my Mississippi license, I held onto the other one just in case. A small town on the state line wasn’t really growing, but it only had one part-time dentist for less than 3 days a week. Even though it was close by, the fees up there were significantly higher with all the PPOs. For example, the reimbursement for a PFM with Delta Dental was 100 dollars higher just because it was Tennessee. I had been plateaued at about 50,000 a month for a while and just couldn’t imagine myself growing anymore in my Mississippi hometown. I decided to do a start up in the small Tennessee town as a satellite office. I found a property and made an offer on it. I got the ball rolling on buying equipment and remodeling. I even began scheming about how to make a schedule work between the 2 offices for myself. I honestly believed the way to grow my patient base was to place a brand new dental office 20 miles from my current office, even though I was far from reaching capacity at home.

After all the blunders in my thinking process along the way, I finally made a good decision. I decided to call Greg Stanley. I had signed up with his most inexpensive coaching option after hearing him speak in Destin the year before. I called and scheduled a consulting phone call. After a brief introduction I spilled all the beans about my problems growing and my idea that the best way to grow was to work at 2 separate offices in 2 towns, 20 miles apart. Greg said something to me I’ll never forget. He said, “Chris, I want you to get a gun and shoot yourself in *continued on page 3*

Questions? Email your questions to Chris@3daydentist.com or FAX them to (662) 837-8199

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Action Key 1.5b Statistics

Every practice has them, tons of them. Only a few keep up with them and even fewer keep up with more than production and collection. I can count myself in the group that keeps a bunch, but it hasn't always been that way. For years the only stats I kept on my practice were the big 2. That's surprising really since I have loved sports statistics since I was a little kid. I used to keep up with a scoring chart for every Ole Miss basketball game from age 6 to age 12. For some reason I never translated that into a love for business statistics until recently. About 4 years ago I hired a consultant, Sandy Pardue, who forced me to not only keep 14 different sets of statistics from my practice, but graph them also. Actually, I made my staff graph them, but it was still a serious shock to the system after all the years of not keeping them. Sandy's boss, Dr. Bob Westerman is an amazingly organized dentist and man in general. The walls of his staff room are lined with graphs of different office statistics. I'll bet he keeps up with 30 different things. I strictly adhered to the program while Dr. Westerman was my consultant, but after leaving that program, I whittled my stat keeping down a little bit.

We still graph the things I think are most important, but now we only have 7 sheets on the wall of our meeting room. We keep the big 2, production and collections, but we have some other ones I consider key. Doctor's percentage time filled and hygiene percentage time filled are important to me. The Doc's time filled tells me how utilized I am. I know that if we are consistent with keeping up with units of time that I require for my procedures, I can see when the time is right for an associate. I'll also be able to see if I think I can squeeze out a little more production before the hunt for Doc #2 becomes ultra important. In my case I know that 100 percent time filled is impossible and not really wanted. 90 percent time filled for the Doc is pretty utilized. Hygiene time filled can get a little bit higher than 90 percent before I feel like the second hygienist is needed, but when you cross over 90 percent it is certainly time to start looking.

One stat I keep that is kind of unique is crowns vs. fillings. I will tell you why I like this stat. About 35 percent of my practice is crown and bridge. It is far and away that biggest money maker in the office. Most of the time when I diagnose a crown, I have the inevitable confrontation with the patient over whether or not a filling would work just fine instead. I think we all battle this daily. Well, the sweet spot ratio I have come up with in my practice is 2.5 to 1. That means that for every crown unit we prep, we do 2 and a half fillings. When the ratio goes down from 2.5, it probably means that I have been pushing my opinion on people too strongly and running people off who might have remained active patients if I had either been more persuasive or less rigid with my treatment plan. If the ratio number goes above 2.5, it probably means that I have been too much of a pushover and have let the patients talk me into big fillings more often than I should have. June and July are months where this rule of thumb doesn't hold up in my practice because of the sheer number of children we see in those two months. We definitely see a bigger spread in the ratio in the summer. In those months we will routinely do North of 200 fillings. Have I mentioned how bad I hate doing fillings?

Probably my favorite statistics and graphs to look at are about the new patients. We keep a graph that shows total new patients, direct patient referrals, and staff referrals all on the same sheet in different colors. I like to see those graph lines going up. I especially like to see the direct referral and staff referral lines going up. To me that says that people believe you are doing a good job. Just think about it, people don't tell their friends, "Hey, you know that root canal Dr. Griffin did was awesome. I hope I get another abscess so I can go back." They probably won't shout your name from the rooftops, but when their friends and families get toothaches, they hopefully will share their good experience with you. As for staff referrals, increases in those areas tell me that the staff care enough about their jobs and feel enough confidence in the work the doctor does to share with their inner circles and anyone who might ask them about their workplace. One thing we do to increase staff referral is to have the staff wear their logowear that is anything with our logo, out into the public any chance they get. They also keep a stack of cards in their pockets so that whenever someone mentions the logo on their jacket or shirt, they can whip one out and give it to the person questioning. They then ask the person to come in for a complimentary set of x-rays and an exam. We have seen good increases in this area since instituting this for our people.

We also keep a handful of other statistics which are recorded into a big 3 ring binder monthly. I go over these stats with my 2 team leaders on a quarterly basis. We used to go over these bi-monthly, but we keep putting *continued on page 3*

Next Month: Hopefully I can bring back some insights from the big Excellence In Dentistry Spring Break seminar in Destin. The speakers are great this year, as always. I am on the book for the 2010 event, tentatively. I am already getting nervous and it is only 2009. I will start answering some of the questions and emails that I have been storing away in the vault. A supreme book from outside our world that gives great ideas that you and I can use. As always a trip to the Clubhouse keeps us grounded in the way we see things. Don't miss it!