Never go to Vegas with Me or Dr. X

Training a new staff member

Advice for a mid-career dentist
Are You Better Off Than You Were 5 Years Ago
By Chris Griffin

As the 3rd quarter of this year comes to a close I got to thinking about how thankful I am that my practice has not fallen victim to some of the down trends that many of our brethren have experienced over the past 5 years.

We have all heard by now about the ADA reports about the decline in income for general dentists over these last few years. So, I wondered what it was about my practice that has allowed me to remain healthy.

My first thoughts were that I was probably doing lots more fillings and extractions than back in 2008. It sure seems to my back that I am doing many more of these labor intensive procedures than in years past. Thankfully, at least as far as my back is concerned, those tough procedures are limited to 3 days a week.

However, I think we all know that sometimes we have these ideas about our perceived truths and then with a little light on the subject, we are faced with facts that directly dispute our ideas.

I challenge you to follow along with this exercise. It will be very informative for your own practice management.

List the 5 areas of your practice that you think were the best in your practice in order from greatest to least. (i.e. 1. Fixed Pros. 2. Preventive 3. Implants etc.) in 2008.

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

Now, list the 5 areas of your practice that you think are the best now, year-to-date.

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________

Then, either go into your practice management software and run the appropriate report to find out the truth about both 2008 and 2012 to date.

Note: in Dentrix this report is called “Practice Analysis-Production Summary by Category.”

Continued on Page 3
I had suspected that I did many more crowns in 2008 than 2012.
I suspected that I did many more fillings and extractions in 2012.
I figured that most everything else was the same.
Let me share what I found out with you.
Griffin Dental Procedures by Percentage in 2008
1. Fixed Pros = 33%
2. Preventative and Diagnostic = 24%
3. Restorative = 19%
4. Endodontics = 10%
5. Oral Surgery = 5.25%
(Total of Top 5 Areas = 91.25%)

I wasn't that surprised, but I certainly suspected that 33 percent crowns and bridges wasn't sustainable. In fact, that was probably an anomaly. I want to probe into that year and see why we were so high in crowns that year. As an aside, 2008 was the year that we went to 3 days a week and the year that we had our first year over 1.5 million, a long-time goal of mine. Then, I compared 2012.
Griffin Dental Procedures by Percentage in 2012
1. Preventative and Diagnostic = 31%
2. Fixed Pros = 27.5%
3. Restorative = 15.5%
4. Endodontics = 8%
5. Oral Surgery = 6%
(Total of Top 5 Areas = 88%)

Boy, was I wrong about fillings. I am way down on fillings per month. I would have bet that wasn't the case. After digging around about that number, I discovered that we are diagnosing as many fillings as ever, even more in fact. However, people just aren't scheduling for routine fillings for themselves, even their kids, the way they did back in 2008. Hmmm. Didn't see that one coming.
How about extractions. Yes, we are up in that area, but not to the extent I had thought. Only pulling about 5 more teeth per month. That’s not earth shattering. I guess maybe people are even putting off getting teeth pulled that aren’t hurting. That could be good. As you can see, we are way down in endo 5 years later. I am assuming that a lot of those people who are refusing root canals may wait long enough to pull those teeth that we’ll have another chance to convince them to keep their teeth.

Before I dive into the biggest revelation, let me also say that I think that one thing that has kept us propped up and in good shape has been the addition of those High Value Practice within a Practice procedures that I always recommend you pursue as a “just in case it’s good to be able to offer it” insurance policy.

We now have 3.5% of our practice as implants and that was zero in 2008. We have over 1% in braces work. We are now up to 5% in dentures (Yuck. I know). Those things added together have filled in the cracks that we might have experienced if we hadn’t incorporated them into our practices.

Now, the big elephant in the room. Hygiene was our biggest winner.

I know, I have made hygienists the brunt of many of my jokes and they have been a regular “whipping boy” of our practice since 1999. It’s just too easy to make fun of their idiosyncrasies.

To name a few commonly thrown around ideas I have heard from others over the years:

1. Hygienists are all prima donnas. They think they are better than anyone in the office and they won’t help out as much as other staff members.
2. Hygienists are all stubborn. They want to do things their way and they aren’t willing to change easily.
3. Hygienists are lazy. You are far more likely to see them sitting around in the break room sipping on a Diet Coke when they have a cancellation than calling an overdue list to try to get someone in the office to fill in at that broken appointment.
4. Hygienists are demanding. About their pay and about any condition in the office they want changed. They have the reputation of being that “difficult” employee.
5. Hygienists are greedy. If you pay them on commission, their integrity will go out the window and they’ll be shooting pans on everyone and their dog. They are too money hungry to trust in this kind of scenario.
6. Hygienists are snobbish. They usually have more education than anyone on the team other than the doctor and they let their fellow teammates know about it. Heck, they probably think they are better than the doctor, they just can’t afford to say it.

This list is incomplete and dentists have had fun talking about their hygienists ever since the first one was created so many years ago.
Continued from Page 4

Yet, it would seem that the hygiene department here at Griffin Dental has saved our bacon over the last 5 years. After I picked my jaw up off the floor, I tried to analyze my data better.

It would seem that at the 3/4ths mark of 2012, we have already surpassed our entire number of prophies from 2008. We have also already surpassed our hygiene production from that year with a fourth of the year left! Wow. Who would have thunk it?

I have to admit that giving the aggravating hygiene department credit for keeping us not only afloat, but on the verge of our very best year ever while the trend around the country is in the other direction is giving me a headache. However, I’m a man of truth and facts, and the hard facts say that our hygiene department has been a savior of our practice.

Our hygienists deserve a lot of credit. Also, some credit has to be given to our scheduler, Kim. She has worked very hard over these last 5 years to develop cutting edge ways of getting patients in to fill our empty slots from broken slots and cancellations. She also has worked hard to develop new and innovative pools from which to draw upon late broken appointments. For example, if you saw our Ready to Go piece last month, she was instrumental in building our Facebook Fanpage up to over 1000 Fans. This is a great place to go fishing every now and then. Not to mention the never ending lists of “late notice” people that she meticulously keeps.

I have to make a concerted effort to figure out exactly what we have done to keep our hygiene practice booming and I promise to deliver the goods to you as soon as I figure it out.

Now, I need to work on my apology to my hygienists for all those years of jokes at their expense. On second thought, they probably deserved it :)
Dr. Griffin: I have to totally disagree with you on one point. I think what we do is ever bit as life changing as anything that any other doc does, with a few life-saving exceptions.

I will guarantee that most any person will tell you that a toothache is one of the most severe pains anyone can have. I know you and I have both had patients tell us that they would rather have another baby or kidney stones than a toothache after they’ve had a bad one.

Who else is better equipped to get rid of that terrible pain, or prevent it for that matter, than us. Not even specialists are on the ground with the chance to either relieve or prevent one of the worst pains in the entire world the way we are.

I start each practice day with a team prayer the chance to both help people and earn a time. Who else can say that?! Not many.

Also, as generalists no one is doing those changing implants,

It’s like we get get to prevent making those we get to who need a new enjoy eating.

How could it get any better?

Sorry for the ramble, I’m just really passionate about this and I fear that too few of us realize how great a position we are in.

I say, ramp up your efficiency, get a good flow of patients coming in that you can treat quicker than those around you. You know, time is more important to most patients now than ever before. And, make your foundational practice stronger than those around you who don’t understand that the proficient generalist may have it better in the next 10 years than anyone else in medicine.

Did that answer your question?

Hope all is well.

-Chris Griffin

Continued on Page 7
Dr. A: Dear Chris, Thanks for the quick response 😊 and the Paradigm Shift. I needed that! Now to get a steady stream of new patients. Got to grow my practice and serve people well and expediently. I have noticed time pressures with patients a lot more lately. Any suggestions on getting faster (I am studying your system of room set up/turnover). I have Dr. Scott Perkin’s videos on 15 min endo and crown prep. And I have to incorporate the Safesiders and reciprocating hand piece. By the way, Thank You for sending the Dan Kennedy book on Pricing, I am in a predominantly insurance driven practice so I have been slightly programmed, but enjoyed his amazing knowledge and expertise. I have been an associate dentist for ten of my sixteen years in practice so I need all the help I can get to transition from wimp to leader. I’d be honored if you used your answer to my question in the newsletter.

All The Best, A.

Dr. Griffin: As far as the time pressures go. I think one of the main things you can do is make sure you eliminate all wasted time. (Room Setup/Turnover, and using checklists before you actually get in the room). Then, just trust your clinical skills and don’t second guess yourself.

When I put docs to drilling on the mannequin head here in Ripley, I invariably see one of two things.

1. They are actually pretty fast clinically, but their assistants are holding them back + they may use too many instruments (easy to fix), or
2. They drill a little, stop, check, drill, stop, check. Etc. etc.

I see no reason whatsoever to stop so many times. Trust your skills and charge forward.

Pull your staff along with you if you have to. Force them to time themselves and set time goals for all your major procedures.

If you measure your times, you will mentally force yourself to find the cracks that are leaking all that wasted time.

All The Best,

Chris
Training, why is this word so intimidating? If we go back several years when new staff members came into our office, training was a very grueling task. You had to show that person what she needed to do in much detail, spending extreme amounts of time with them in the process. Sometimes even neglecting your own duties. In return making our days less and less productive. Why? I thought hiring new much needed staff members was supposed to help and make our days easier.

One day as we spent even more time training, Dr. Griffin came to us and said that we were going to try some new “systems”. My initial thought was to run and run fast; all I was seeing was more work I had to do.

The first system we ever tried was The Route Board. As he presented the idea to us, I wasn’t clear at first if it was something that was going to work but it sounded great. I had some fears about it but being a team leader I couldn’t show it; I had to set the example. We committed to trying it out for two months.

Dr. Griffin put the white board in the middle of the hallway and so it began. In the two months we said we were going to try it out, we learned a lot, we made mistakes and figured out what worked. At the end of the two months, everyone in the office was used to the board, and to everyone’s surprise it was making our days easier and less stressful. Now, if someone took the board down, I don’t think any of us would be able to function. It is truly that necessary.

Like the Route Board, we began to implement many systems, and one by one made our days smoother. Especially training.

A few weeks ago we added a new staff member, Michelle. She is energetic, hard working and willing to learn. She didn’t have any dental experience. Her first week I told her I was going to let her observe the other assistants so she could get an idea of what would be expected of her. The first day came and went and she was a bit scared but excited to learn. It was a few days before our big event in Dallas so I didn’t have much time to spend with her. The second day I told her to keep observing the assistants, she asked me if she could start helping the girls out. Later that day I was walking through the hallway and saw her setting a procedure up. I stopped in the hallway and just watched her; she was doing a good job. I was amazed and proud. She was using our templates. She didn’t know what most of the things were or what they are used for, but the templates guided her on where they belonged.

Second Day! Michelle is setting procedure rooms up! That Thursday we had a brief staff meeting. It was the first time I was able to sit down and actually do some training with her. She had a lot of questions but had a good idea of what an assistant’s job is. We decided to set goals for her, giving her something new to concentrate on each week until she was ready to be “thrown in”.

Continued on Page 9
Continued from Page 8

While in Dallas, we got the news that one of our main assistants had gone into premature labor and was going to be out for a while. When we got home, I talked to Michelle and explained to her what was happening and told her we were going to have to speed her training. I started assisting more at that time to give Michelle and Amber some help. I noticed that Michelle was doing great and leaning fast. I realized that setting clear goals and expectations was helping some, but the majority of her success was based on the way we do things. Systems.

It has been two months since her first week, and although there is still many things for her to learn, training her has been a breeze. All I can do is say Thank You Dr. Griffin for all those “systems”.

Questions? Email your questions to chrisgriffin@thecapacityacademy.com or FAX them to (662)837-8199. This newsletter is available in packages on the website at www.thecapacityacademy.com

Dr. Keith Shrum and his wife Sandy exhausted but happy and excited to get back and implement after their Navy SEAL Day
Those of you who were in Dallas for BB12 this August got to meet my good friend, superstar, solo producer, Dr. Steve DeLoach. (Previously known as Dr. X)

Some of you already know that Steve hosts one of the 2 Dentistry With A Heart events that I frequent each year. His is always on the first of Fall in the South.

I arrived in Dickson, Tennessee, on Friday night with my oldest son for our pre-event dinner at Lugo’s, the nicest Italian restaurant West of Nashville.

It was interesting. Besides dinner being its usually fun affair and a great time to catch up with Dr. Steve and several of the Dickson regulars, it was a stormy night. One of the first big cold fronts of the year was swinging down from the Midwest and as we enjoyed swapping stories and making fun of each other, the weather outside turned windy and rainy.

Dr. Steve and I commented that since he hadn’t done nearly as much advertising this year, the annual attendance had been steadily dropping down, and now the weather was sure to present frigid morning temps with a drizzling rain, that we didn’t expect much of a turnout.

That might even be a good thing, since we had earlier that day found out that 2 of the doctors and one of the hygienists who usually help out had unexpectedly had to cancel for various reasons. We were understaffed, but as the rain dripped off a hole in the gutter spout outside the restaurant, we figured it would still be a short day, likely done by lunch on Saturday.

We got up at 4:45 on Saturday to get ready for the charity day. His wife, and super-hygienist/anesthesia associate, had already been up earlier than that making sausage balls for the volunteers and as we left, Steve told her not to hurry too much since he would be surprised to see a dozen people standing in line when we got there.

I remember the first year we did this in Dickson, there were probably a hundred souls standing in the darkness as we drove into his back parking lot.

We certainly didn’t expect anything like that.

After stopping at the local donut shop for some coffee and pastries, we wheeled into Steve’s back lot. We saw some lights in front of his office and his first reaction was, “Shoot, it

Continued on Page 11
looks like the power company is doing something. I hope the power doesn't go out again like in 2010."

It wasn’t the local power company. In fact, it was WSMV, Channel 4 from Nashville. They were going to go live and interview the gracious doctor from the outskirts who was doing such a wonderful thing for the community.

There was also a pretty substantial, several dozen folks standing in the cold and wet, waiting on us to get started.

Color us surprised to say the least. We couldn’t have been more wrong about the turnout. As they approached Dr. DeLoach with the bright, live camera feed, he composed himself and gave as good an impromptu interview as I would imagine any of us could have done in a similar commotion. We huddled around one of Dr. Steve’s operatory TV’s and watched the interview, intermittently laughing at and bragging on our friend.

Guess what? We weren’t they only ones watching. The TV interview must have spurred interest in the area, as more and more patients poured in as the morning wore on. I and the other 4 present docs didn’t have time to worry too much about the hullabaloo, as we were all swamped with extractions and fillings from the crowd.

The TV crew didn’t even leave immediately. They stuck around and did a larger expose on the event for their midday report. I’ve never seen anything like it. When the dust settled, the event stretched way past the promoted 1:00 pm ending time to 3:45 and the total number seen ended up being his second largest crowd of all time. The previous record had been his first year when he heavily advertised and it was all new to the area.

You know, even as we were all exhausted at the end of the day, we seemed to really enjoy the energy of such an unexpected crowd and we rose to the occasion. It was really more fun to be wanted and busy!

Dr. Steve and I couldn’t have imagined it would be such a raving success as we watched the rain the night before and we certainly wouldn’t have bet on it.

Like I said, don’t go to Vegas with either of us. Unless you bet against us.
Another Successful Dentistry From The Heart thanks to Dr. Steve DeLoach and Staff.

Dr. DeLoach and Dr. Griffin

Extra effort by Haley DeLoach

Dr. Griffin and his oldest son Conner

Concentrating on the patient

Dinner at Lugo’s

DeLoach ready for the show

We make an amazing team

Team building exercise

The Fab Five