

A guide to implementing *lasting change* in your practice and *your life*.

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Moral of the story... stop trying to clean up the poop in your practice and get to the "bottom" of where it is coming from. Said another way—take good care on the front end and the back end will take care of itself. There are so many situations in the dental office to which we can apply this model. For the purposes of this article, I have decided to focus on patient compliance with appointments.

Here is an example of using this principle when dealing with broken/cancelled (BA/CA) and no-show appointments. One of the most common approaches to dealing with non-compliance is scripting or a process to guilt the patient to come in.

One example we often run across is when a patient wants to cancel, the appointment coordinator is to let the caller know they are going to get the patient's chart and talk with the doctor (in hopes of drawing the patient in). This may work in the short run but in most cases the patient will seek services elsewhere. This just upsets the patient and they can't tell when your team member has that "telemarketer cadence." They feel manipulated and lose trust.

In the case of missed appointments, I have personally interviewed and surveyed thousands of patients and found out why they do not comply. The patient never agreed to the treatment even though they have led you to believe that they have. We need to trace the reason they really didn't commit to the source—the patients do not understand three things:

- 1. They do not understand that they have a problem.** If it is asymptomatic and you TELL them they need it, they think they are paying for that new laser sitting in the corner.
- 2. They also do not understand the urgency of the condition** so this elicits the "I have more important things to spend my money on right now like my trip to Tuscany" response.
- 3. Finally, they do not understand the value and the payment options available to them.** Given these misunderstandings, the patient is doing everything they can to slide out of the front door. They got the cleaning they wanted. They got the minty bliss feeling of running their tongue across freshly buffed teeth. However, they may never get what they truly need. Especially when it is going to cut into their precious time, it is going to cost a lot, and it is going to be a little uncomfortable.

Most patients are saying "yes" to treatment and scheduling at the point of front desk contact. As soon as they walk out the front door, they are sighing in relief knowing they have six months until this uncomfortable scenario repeats itself.

Before I suggest my nine critical steps to eliminate BA/CA, I would like to introduce a way to re-think how you look at every challenge in your practice and your life. It is so easy to look outside ourselves to justify the condition of things that exist in our lives. The moment you place blame on a team member, patient, system, etc., you give away your power to correct it. Oftentimes we would rather be right than get the result.

There are opposing forces at work here perpetuating the problem. As in the Lincoln Monument example, not getting the result we want perpetuates an ongoing complaint about the problem. It seems like we will be afraid there would be nothing to converse about if we weren't complaining about something. Not enough money and time, being overweight, no one loves me, if I don't get it done no one will, on and on usually fills most of our conversations.

Try for one week not to complain and notice where you find yourself complaining—this will give you insight on the area where you give away your power. The one good thing about giving away your power is that you can take it back at any time. You can raise your hand and demand that you have had enough and take responsibility. Taking responsibility is not beating yourself up, but seeking out solutions and support that will stop the madness. Remember suffering is optional.

Gary Kadi's Nine Critical Steps to Eliminating BA/CA (well almost—approximately 15% of excuses are legitimate):

Step 1. Listen and understand the patient's values—find out where they are starting from. The ideal patient is fully trusting and has a great understanding of a healthy mouth. Unfortunately, only 2% of all patients have one or both. Your job is to take the time to educate and build trust through generous listening and empathy and move them from untrusting and defiant to open and willing.

Step 2. Educate the patient. Use intra-oral cameras and digital x-rays on every visit to build trust and to cause your entire patient base to have high dental IQs. By the way, you do not have to do it all. Your hygienist and assistants inherently have higher trust with patients so they are great educators and will leverage your time chairside.

Step 3. Explain your findings in layman terms. The number one reason patients do not accept treatment is because they do not understand. Take responsibility in having your patient duplicate in their mind what you know about dental health and they will be much more willing to make the investment.

Step 4. Highlight their problem by using terms like decay, disease, bone loss, infection. People never buy anything unless that have a perceived problem or need. Get over being

the bearer of bad news and let it rip. Remember, you have a duty and obligation to let your patients know what they need and why they need it and it is completely up to them whether to take action. This creates a shift from you selling dentistry to your patients wanting to buy it.

Step 5. Eliminate problem minimizers. Don't say things like small, minor, little, we will watch that—set a healthy mouth standard and make definitive recommendations. The condition is either healthy or not—make a stand for ALL your patients having a healthy mouth.

Step 6. Paint a picture of possible consequences if left untreated. Case acceptance relies on two things on the front end: the patient must know they have a problem and second, they must understand the urgency associated with their condition.

Step 7. Present treatment solution(s). Make sure to connect the solution to the patient's values. A personal example for this is both my parents were in dentures before age 60, so I value health and jump on any recommendation that my dentist has related to retaining my natural teeth. By the way, I, too, hate to spend money on dentistry, but I do it when I think of the dramatic cost in quality of life if I lose my teeth.

Step 8. Then have your treatment coordinator go over the entire case to ensure understanding—reiterating the problem, the consequence and the solution out of the dental chair and in a comfortable setting that allows the patient to change their "patient hat" to a "consumer hat." This way they can make a final decision with an opportunity to flush out any concerns or questions they may have. Also, they can leave with no doubts and make an internal as well as a written commitment.

Step 9. Review payment options and get agreement before the patient leaves. If you do not get an agreement to time and money and put to rest fears and concerns, the patient's probability to miss or cancel the appointment will be high.

This is one example of tracing a reoccurring problem in practice back to its origination. It is easy to blame patients for not showing. Locating the "why" allows you to take responsibility and put a structure (or system) in place to eliminate it. You can get more detail in my latest book, [Million Dollar Dentistry](#) at [nextlevelpractice.com](#).

Hopefully this will open your thinking about how you look at your day-to-day challenges and to know that there is no need to deal with the daily poop of running a successful dental practice.

Gary Kadi transforms successful dentists into highly successful dentists—financially secure, professionally respected, and deeply satisfied with their practices and their lives. He innovated the NextLevel methodology and is one of America's leading dental practice developers. His 12 years of transforming and developing dental practices are captured in his latest book *Million Dollar Dentistry*. He can be reached at (480) 361-9955, gary@nextlevelpractice.com or by visiting nextlevelpractice.com.

• Practice Pearls •

"Co-Diagnosis."

by Ronald E Groba, D.D.S.^{1,2}

I cannot overstate the importance of this concept. I believe that the way my team and I use co-diagnosis is what makes everything else work!

For many years, I was the only one "selling" my patients on our services. Now our entire team educates and "sells" the patient on our services.

I always make the final diagnosis, but my team members educate the patient. They know our practice philosophy and can visualize the outcome. They utilize the intra-oral camera and many other visual aids to show patients what options are available to them.

When you get all the bugs worked out, you no longer feel like the horse pulling the cart. The cart starts pushing you!

My staff knows how to "sell" the benefits of quality dentistry... I just agree with them.

Remember the great Earl Estep and his assistant, Mary Paroline? When ole Earl quit "selling" dentistry and handed it over to Mary, his practice soared! Your staff can do a better job selling than you do if they know how and understand the benefits of doing the better, more permanent dentistry. It's your job to show them why!



EDUCATION &
INSIGHT



How to Choose a Direct Digital X-Ray System

By: Jay M. Goldberg, DDS

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The process of selecting a direct digital radiography system can be a daunting task. From the sheer number of options to the disparity of cost it can be an intimidating project. This article will focus on the main factors to consider when selecting a system.

Patient comfort is key when using the sensors. The crucial determining factor of comfort is not as much the thickness of the sensor as its actual design. A number of companies have developed sensors that have rounded edges to improve patient comfort, while others employ an octagonal shape. The holders for these sensors also play an important part. Though RINN style holders might be the most popular, there are a number of variations and other systems to choose from.

Any office that is considering digital radiography should also consider the image management software before choosing a sensor. Take a look at the image software for ease of use and functionality, as some of these systems can be tedious and cumbersome to use, especially if the operator has little or no experience. If your office is already using some type of imaging software you will most likely be able to import any existing images into most of the major image software applications. Digital sensors and their respective imaging software systems are generally compatible with most practice management systems, with the use of a link or bridge to tie them together, so patient demographic data need only be entered once.

Of course cost may be the biggest obstacle to taking the plunge. The estimated costs of direct digital radiography can be anywhere from several thousand to tens of thousands of dollars, depending upon the software tools that are included and the number of sensors you need. Also, consider purchasing the vendors extended warranty program, as the cost of replacing the sensors down the road far exceeds the cost of the warranty. Don't let the cost of these

systems intimidate you. The return on investment usually outweighs the initial cost by increasing staff productivity, increasing chair time availability, and reducing chemical and other equipment expenses.

With the growing popularity of digital radiography there has been an explosion in the number of companies offering sensor systems and the number is still growing. Purchasing a system from a large company or a small company is a matter of personal preference, but do be aware that some companies have gone out of business in the past few years and this is one of the risks of buying lesser-known products. The following is an alphabetical list of some of the companies that provide direct digital sensors:

- Dent-X Corporation USA (www.dent-x.com)
- Dentrix Dental Systems, Inc. (www.dentrix.com)
- Dexis LLC (www.dexray.com)
- KaVo Dental/Gendex Imaging (www.gendex.com)
- Kodak Dental Systems (www.kodakdental.com)
- Progeny Dental (www.progenydental.com)
- Schick Technologies (www.schicktech.com)
- Sirona (www.sirona.com)
- Suni Medical Imaging (www.suni.com)

In summary, the major factors to focus on when selecting a direct digital radiography system should be sensor comfort, imaging software ease of use and functionality, the ability to integrate the system with your current practice management solution, the cost of installing the system and the manufacturer standing behind the system. Once these factors have been considered, you should be in a better position to choose the right digital radiography solution for your practice.

*This article was published with the cooperation of Concate Dental Systems a leading computer technology integrator and supplier of dental office technologies in the Mid-Atlantic region. Concate Dental Systems can be contacted either by phone at 215-957-5470 or on the web at www.concatedental.com

A guide to implementing *lasting change* in your practice and *your life*. by Gary Kadi¹

The average practice we work with operates at 50% capacity. This may be alarming to some and an opportunity for others.

If you are open and willing to a new way of thinking, in most cases you've already got what it takes to have your practice operate beyond your wildest dreams.

There are countless, effective ways to build your practice and there are endless resources to tap into. In my 13 years in dental practice development, when I ask doctors and team members what they want from their practice, they invariably will say "to be busier, have less missed or broken appointments, better case acceptance, more team harmony, higher profits and more time off."

These are all symptoms of a handful of what we call "root causes." These nagging, reoccurring practice management challenges are running rampant in most practices. These production killers are so mainstream that most practitioners are resigned to the fact that they are as much a part of dentistry as a handpiece.

I take a different position. In dentistry, and in life, suffering is optional. I have the belief that life can be easy. We humans just like to make it challenging.

Observing this unnecessary situation, I got on a crusade to find a once-in for-all solution to these age-old dental barriers to freedom, predictability and profitability in practice. The breakthrough came when I was reading an article about bird droppings on the Lincoln monument in Washington, DC. Yes, the craziest things sometimes prompt the most amazing discoveries!

Here is the story: For years there have been bird droppings on the side walls of the highly visited attraction. Each day the maintenance crew would powerwash the sides to make it presentable to visitors. Until one day, someone thought to get rid of the birds that bring the poop. A bird expert came in, looked around and found the source of the bird attraction. The maintenance crew had an insect problem that attracted the feeding birds. They then hired a pest control expert and he found that the insects were attracted by the flat roof that collected moisture and lacked drainage. Also, compounding the problem each day was that the maintenance team would wash the side of the building and perpetuate the moisture that would attract the insects and then the birds and ultimately the droppings.

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