



The Profitable **Dentist**TM SPRING/SUMMER 2020

DENTISTRY'S LEADING SUCCESSFUL PRACTICE OWNERS

Your Great Reset

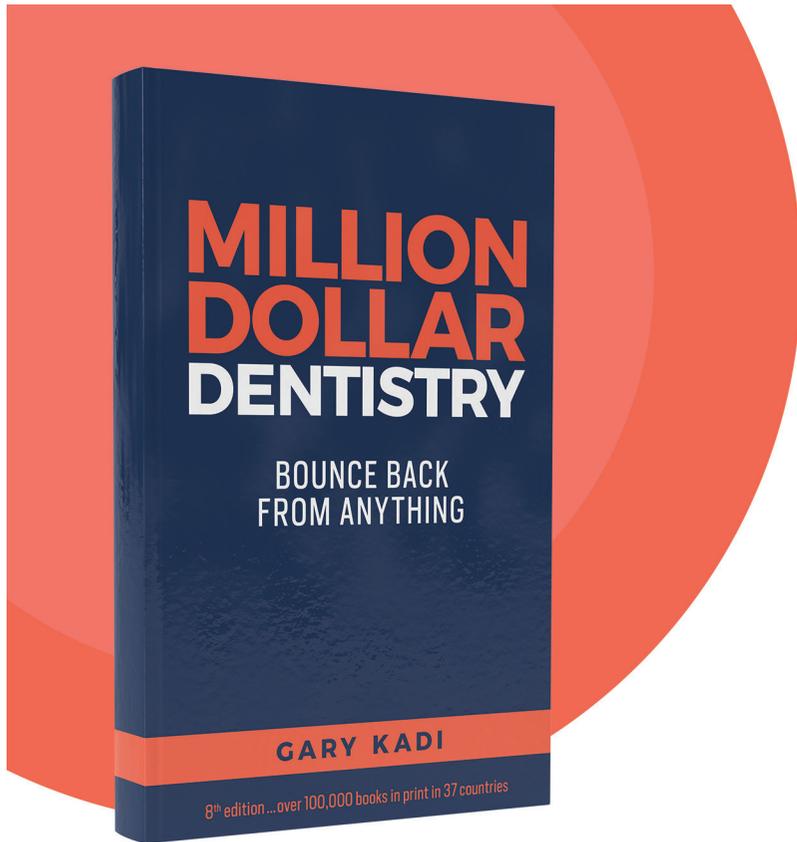
How Will You Find Freedom In The Post-COVID Economy?

ALSO INSIDE:

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Are we prepared? Are we ready? Will patients come/come back? Can we stay open?

And many many more questions pounding through our heads as we reopen after 6 weeks of what we thought was NOTHING. But what we found out in those 6 weeks was that Gary Kadi and NextLevel Practice Team already had us prepared, already had us ready, and that patients did come back! WE ARE OPEN and not only OPEN but THRIVING! Thanks to Gary and the NextLevel Practice team, we already had our systems in place, had a rock-solid and responsible team, and a Confident CEO and Team Leader. So after adding more PPE and overcoming a few schedule bumps here and there, we still continue to provide complete health dentistry! Thank you, Gary and the NextLevel Practice Team!

Jana F Lowe; Wife/CFO at Lifetime Dental Care, PA Hays, KS

Stay Connected

Our goal is to provide the tools and resources for independent dentists to compete successfully throughout their career despite constant economic climate changes. To do that, we pledge to provide a constant stream of current and well-tested information and be a dynamic source of mentors and other resources.

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A Word From Steve & Woody

These are difficult times to be a dentist and practice owner. The world has never seen anything like the closing of entire industries, including dentistry, and the uncertainties that have come with reopening. Without question, the dental industry will be forever changed by COVID-19.

When the pandemic hit and the world reacted, we were deep in the process of getting this issue “on press.” The difficult decision was made to pause publication until a clearer picture emerged.

Nearly 30 years ago, the AIDS health crisis changed dentistry forever. Many “seasoned” dentists will remember having to relearn procedures using gloves and masks. Younger dentists can’t imagine practicing without them.

Almost 20 years ago, the burst of the dot-com bubble brought a 75% loss in value of the NASDAQ and 43% drop in the S&P index that took a decade to recover, and cost many Americans huge chunks of their retirement savings. More significantly, it ushered in an economic recession that carried dramatic changes in consumer spending, such as a shift away from fee-for-service, elective dentistry to “whatever my employers dental plan covers.” It took a while, but profit margins in solo practices have adapted and recovered nicely.

The important thing to remember is, no matter what the current health and economic situation throws at us, dental practice owners have a strong history of adapting and coming back stronger. For our part, we promise to keep readers, listeners and viewers of The Profitable Dentist Magazine channels fueled with the most current information, ideas and experiences that are working for other practice owners, as we have since the beginning.

If this crisis has done nothing else, it has reinforced our belief that the best resource for building a healthy, successful dental practice is the shared advice and experiences of other practice owners. ■

Steve & Woody

Send us your suggestions for topics or ask us a question at info@theprofitabledentist.com.

CONTENTS

SPRING/SUMMER 2020



SO

Spotlight On...

- 6 Your Great Reset - How Will You Find Freedom in the Post-COVID Economy? - *Dr. David Phelps*



CP

Cover Profile

- 26 A Moment of Truth - *Dr. David Phelps*

MANAGEMENT

- 8 Your New 2020 Goals - The "F" Factor - *Steve Anderson*
- 22 Predictions Of Dentistry's Future - *Linda Miles*
- 50 Coming To A Walmart Near You - *Dr. Tyler Williams*

MARKETING

- 14 Recession-Proof Your Practice For The Next Crisis - *Graig Presti*
- 32 "I'm NOT The Doctor, BUT..." - *JoAn Majors*

INSURANCE

- 18 Do You Have Credits On Your Accounts Aging Report? - *Christine Taxin*

SLEEP DENTISTRY

- 12 Your Sleep, Immune System and COVID-19 - Protect Your Airway - *Dr. Michael Gelb*
- 20 The 5 Myths of Dental Sleep Medicine - *Avi Weisfogel*

SCHEDULING-RECALL/RE CARE

- 24 Scheduling Low Hanging Fruit - *David Pearson*

FINANCES

- 30 Your "Must Haves" To Survive This Recession and Thrive - *Heidi Mount*

CASE PRESENTATION

- 36 A Team Approach To Case Acceptance - *Lois J. Banta*

DIGITAL MARKETING

- 38 Advertising in the Snake Pit - *Grace Rizza*

ASSOCIATESHIPS AND PARTNERS

- 40 The Assistant Dentist In The Tree Of Man - *Dr. David Moffet*

OFFICE DESIGN

- 44 To Update or NOT TO Update? - *Andrea Greer*

OPERATIONS/PAYROLL

- 46 SPECIAL REPORT: Hygiene Transition To Commission - *Dr. Michael Abernathy*

PM

Practice Management

MEMBERSHIP PLANS

- 52 Implement A Membership Plan Now To Jump Start Your Dental Practice When The COVID-19 Crisis Lifts - *Dave Monahan*

LS

Lifestyle

PERSONAL FINANCE

- 13 Ask David - *Dr. David Phelps*



MENTAL WELLNESS

- 28 Treating the Pain Behind the Smiles - *Frank King*

PR

Practice Profile

- 17 Profile: How Dr. Bachour Fulfilled The Practice Of Her Dreams

TM

Technology & Materials

MATERIALS

- 34 Gold and Palladium Prices Remain Steady Amidst the Financial Crisis - *Dave Weinberg*

ADVERTISER INDEX

- 2Next Level Practice
- 11Total Patient Service Institute
- 15Local Search For Dentists
- 23Total Patient Service Institute
- 31Total Patient Service Institute
- 42-43Scientific Metals
- 45George Vaill
- 55Perio Protect
- 67International Academy of Sleep
- BACKCallForce

CL

Clinical



PERIODONTICS

- 54 IRx Periodontal Protocol - *Dr. James W. McCreight and Jamie Rotunno*

TECHNIQUES - ANESTHESIA/PAIN CONTROL

- 56 Is It Time To Ban The Block? - *Dr. Steven G. Mautner*

IMPLANTS

- 58 CBCT Used To Diagnose And Place Implants: A Practical Approach - *Dr. Timothy Kosinski and Dr. Stephanie Tilley*

PERIO-HALITOSIS

- 64 Curing Halitosis: 3 New Profit Centers - *Dr. Richard A. Miller*

COMMENTARY

Your Great Reset - How Will You Find Freedom in the Post-COVID Economy?



David Phelps,
DDS

This time is different. Returning to the familiar would be a mistake. A recent dental survey asked this question: “Are you going to change your practice model post-COVID?”

Only 17% said they will change to a different model. 83% are planning on going back to “business as usual.” They believe that all will be well, and we will return to normal in a short period.

Seriously? 83% are denying the fact that the world and their personal economy will be vastly changed when the doors open back to business? It’s a “head in the sand” mentality that will force a very uncomfortable reality on the majority. But as I’ve often said, “The majority is almost always wrong.”

The majority sure was asleep at the wheel when it came to preparing for this black swan event that has become the trigger for the next great recession. The corona virus was a surprise, but just because the event was unanticipated, does not mean that we couldn’t have seen this reset coming, or that we need to grope in the dark to find our way in the post-COVID economy.

In fact, the virus has made some things clearer than ever: It exposed many weaknesses of our government, our businesses and our reliance on income or cash-flow from our work (trading time for dollars).

When the economic engine restarts, many leaders will fall back on an idea once espoused by Machiavelli, who wrote: “The great majority of mankind are satisfied with appearances, as though they were realities.” They will try to reduce the anxiety in the air by restoring familiar routines, procedures and traditions. The problem is that business (as we knew it) cannot be recovered. It will need reinvention.

No one has been untouched by the pandemic, personally or professionally. Even those fortunate enough to have stayed in good health have likely experienced adverse financial effects, losing money in retirement and investment accounts, as well as equity in businesses. Some may lose their entire business and with it, their life’s work.

Let me ask you these questions:

1. Have you accepted the reality of the situation?
2. What is your strategic response, not only for re-entry to work but for your long-term future?
3. How do you want to recover?

The Need for Plan B Revenue

The worst number in business is the number one: one revenue stream, one doctor responsible for “producing” as the economic engine of a practice. You now are experiencing—maybe for the first time in your career—how fragile that income can be. In normal times, it might be a change in personal circumstance that keeps you out of the office; in this case, it was a virus and a government-mandated shut-down, factors far outside your realm of control.

So how can you create stability and reduce risk in this volatile economic landscape? Through diversification and multiple streams of income.

As a first-year dental student in 1980, I began building my Plan B revenue streams with a single rental property. After growing my portfolio, my properties produced enough cash-flow that I could choose to leave dentistry to be with my sick daughter, survive a divorce and withstand a failed practice sale. I know the importance of multiple streams of income. I know how to create them based on alternative investments (capital assets vs. financial assets).

The traditional financial model is designed to get you exactly what you have. It's the default plan, sold by Wall Street marketing and well-meaning, but ineffective, financial planners and advisors. Relying on the law of averages, they tell their citizenry of investors, "Let us manage your wealth for you because you can't do it."

This outdated plan is how most people construct their financial lives. They use the traditional model by default because "everyone else does it." There's something about safety in numbers that creates complacency. Unfortunately, too many don't realize this until it's late in the game.

Income is Not Wealth

If the amount of money you earn is limited by the number of hours you work, you will never be wealthy.

From a young age, we are taught by society to learn to "do something" well: get a job, begin a career, enter a profession. Our parents, our education system all emphasize the importance of "doing" – in other words, generating active income. It is 100% transactional.

True to their upbringing, most small business owners wake up every day, focused on creating more current income, with no thought of how vulnerable this leaves them.

As long as you show up every day, you generate income. You stop, it stops. That's risky. Too many practitioners earn a high income but have very little net worth. They are like hamsters on a wheel, running as fast as they can just to keep up.

Capital assets—real businesses and real estate that produce annuity income (independent of your labor) set you free. You move from working harder to working smarter by acquiring and increasing the value of those capital assets.

Ever since I built my Plan B through real estate investments, I've been teaching others how to do the same—in up and down markets. Substantial benefits exist with real estate investments not available through other financial products.

Financial reset creates massive opportunities to grow substantial wealth through alternative investments. And now that reset is here.

The Great Wealth Transfer - Herein Lies the Opportunity

Market cycles are part of life. Since 1854, there have been 33 such cycles, with the average time from peak to peak just over fifty-six months. Four cycles since 1960 have lasted nine years or more. The most recent economic expansion lasted 126 months until the coronavirus appeared out of nowhere.

Markets—including real estate—are made up of billions of transactions. Those markets comprise the overall economy. And the economy goes up and down in cycles over years and decades.

What do these cycles do to our long-term wealth and Freedom planning? (You'll notice I don't call it "retirement" planning, because the point of all our hard work is to give us options.)

Every recession produces winners (the minority) and losers (the vast majority). Most people, despite their formal education, understand next to nothing about money and business cycles. It's like a beginner surfer who gets pummeled time and time again by the waves, not realizing that there is a timing issue and that just doing the same thing over and over results in a sound beating.

In a reset, wealth (equity) changes hands. Those who have little or no margin become overexposed to debt and experience liquidity (cash and cash flow) problems. Banks tighten up lending criteria and decrease or remove access to lines of credit. The only way for the "losers" to survive is to sell assets and investments at a discount.

And guess who will be reaping the benefits? The select few who took steps to prepare for the business cycle that has repeated over 33 times since 1854. A recession is not new news to them. They have the capacity and liquidity (cash) to buy desired assets and investments at a discount from the motivated sellers.

The majority of practitioners remain focused on the income game, which often causes them to miss the best opportunities in life.

In contrast, the high net worth members of Freedom Founders (my Mastermind community) are focused on creating liquidity in their most valuable asset class: TIME. Their Plan B income gives them options, choices, in a word: Freedom. Freedom to be with their family, to follow their passions, to build their legacy. Their wealth is working for them so that they don't have to (if they don't choose to).

Their Plan B is not tied to the Wall Street guessing game. They don't talk about day trading, beating stock indexes, avoiding taxes or achieving the highest possible return on their investments. They have moved beyond those schemes.

(Continued on page 63)

Your New 2020 Goals - The "F" Factor



Steve Anderson

Six months ago I made the emotional decision to run my first marathon. I am not sure what inspired it. I have never done one. My typical running workout for years has been three miles at a time...max. Two years ago I attempted a half marathon which I completed successfully at the sacrifice of severe leg injury. That was it for my running career so I thought. One day, I happened into a triathlon store and mentioned my leg injury in passing to the store owner who immediately identified the problem, the wrong shoes. He introduced me to Altra zero drop running shoes. I decided to give them a shot and sure enough, the leg injury healed and the pain disappeared. Problem solved!

With a literal new spring in my step, I committed to the marathon. I followed conventional wisdom and signed up for a local marathon and paid for it in full months in advance as a way to keep my commitment. As luck would have it, it was scheduled on the same weekend when several of my older daughters and their friends were coming in town for a wedding. They all were excited to cheer me on. The plan was set, the date confirmed, running gear in place, and the training began.

Then the pandemic hit. Marathon cancelled. Or at least the official one. I will admit that I had thoughts of throwing in the towel on this one and waiting for another day. But then again, anyone can give up. That's the easy thing to do. So, I decided to continue training for marathon day as scheduled.

Anderson Marathon: No crowd. (Wedding was cancelled.). No official course. No running buddies. No official time clock except for my Nike Run Club app. It was a pretty lonely 26.5 miles (I added .3 miles for extra measure to do more than required!)

While my daughters who were going to be here were not able to come, I did have @AbbyAndersonMusic playing on my phone as I ran to keep me going. When I

started down the literal “home” stretch down the driveway, I could not help but smile when I saw the surprise finish line banner designed and sent via FedEx Office from New York by daughter @AshlinAlmquist. The medal? My Eagle belt buckle I use when motorcycle riding, tied to a ribbon creatively designed by son Owen.

Mission accomplished. Goal achieved, despite the change in the world. Even when the world gives in, we don't have to give up!

Reactions? The one that surprised me most from family and friends was that I was able to run the whole race alone without a running crowd to carry me, cheer me on, or create the momentum. Others asked why I kept training when I knew the race was cancelled. Then there the congratulations for which I am very grateful.

It's no secret that the pandemic of 2020 has been and continues to be a new experience for all of us. There is really nothing in our lifetimes to which we can compare it. Even the 911 and the 2008 financial crisis pale in comparison to what we have gone through. Everyone has gone through the stages of grief multiple times: denial, anger, bargaining, depression, depression, depression and acceptance. When we are going through a crisis, we sometimes miss the true reality of what is going on until we are on the other side. Sometimes we just need something to hold onto, like a goal to get us through.

Maybe that is why I kept training, just to have something consistent to hold onto in the midst of change and upheaval. In any case, it gave me a lot of thinking time and reading time. (I am an avid Audible subscriber so I burned through quite a few books in the process.)

So here we are, ramping up into an altered reality. While we can hold onto some of the goals we had before and keep pushing forward, many of them need to be updated, changed, and modified based on things as they are now. What follows are what I call four “F's” for remapping your goals and the path forward as you consider what's next. Those four F's are: Flocking, FIO, Focus, and the Future.

Flocking

Nothing teaches us more about the people in our lives than sheltering in place! If you were all alone, you discovered who you missed the most. In contrast, you may have spent more time with some family members than you have EVER spent before. If you are like many of the teams in our family of companies, you spent long hours working together virtually. If you are like many dental practice teams, you were separated for weeks from those you work with. Whatever your situation, it taught us a lot about who we flock with... positive and negative. As the saying goes, birds of a feather, flock together. Flocking causes birds to be of the feather, so you have to be very careful who you flock with! Here's a flocking example with a lesson that can have dramatic, positive impact moving forward.

Early on as things were shutting down across the country, I received a phone call from a good friend who explained to me that he was putting together his “posse for the pandemic.” In case it has been a while since you have looked up the word posse in the dictionary, let me give you a quick refresher. A posse in historical times was a body of men, typically armed, summoned by a sheriff to enforce the law. The more modern definition is a group of people who have a common characteristic, occupation or purpose. It was this second definition to which my friend was referring!

The purpose? Make it day to day through the chaos and help each other sort through fact and fiction to determine what to do next. The format? A phone call every morning first thing to be each other's sounding board. I was all in.

As the mornings progressed, I realized that much of managing life is not just strategy but emotional management. More often than not, we talked about what we were each feeling about what was going on and how we were going to manage through that. For that, I am so appreciative. It kept both of us moving forward. For me, it was one of the motivators that kept me training for the marathon. In fact, one of the calls took place on one of my early morning Saturday long runs. Those calls have kept me going in more ways than one.

In contrast, I had a professional associate who kind of dropped off the radar for about thirty days who later confessed that he had gone through some depression, like many people, and had gone into hibernation. It was a pretty rough for him. He needed a posse!

In the motorcycle riding world, a term has been borrowed from the flight world. That word is “wingman.” The wingman is a pilot whose aircraft is positioned behind and outside the leading aircraft in a formation. In motorcycle riding, it is a rider who is positioned behind and outside the bike in front of him or her. They ride in tandem because two are more visible than one and they can watch out for each other. It is much safer.

I'm grateful to have been invited to be part of a posse or to be an emotional and psychological wingman. It has kept me on track in so many ways and reminded me the value of having a posse or wingman moving forward. It is one way of flocking that can dramatically influence the flight pattern of both. So, who is in your posse? Who is your wingman?

Then there is the posse at work! There is nothing like a crisis to bring out the best or the worst in people. Let me share two examples of bringing out the best; two professional posse's that have done remarkable work through the crisis who also employed the second F - FIO

FIO

Early on as things were shutting down, our team at the Total Patient Service Institute (www.TotalPatientService.com) was clear that everyone was headed into uncharted

(Continued on next page)

Your New 2020 Goals - The "F" Factor

(Continued from page 9)

waters. We have a motto at ToPS – FIO – figure it out. While our team typically spends most days on the road working with dental teams around the country on-site, in their offices, as things started to come to a grinding halt around the country, it was clear that we needed to do something different. That something different was circling the wagons every morning to determine our WIN. WIN is an acronym first introduced to me by Dr. Bill Dorfman that stands for "What's Important Now." Each morning we would share our insights based on our conversations around the country from the day before with clients. Trends started to emerge and ideas formed. Each day it became clear what we needed to do to be of the most help to our clientele right now. Over the weeks, our team created and disseminated more content, faster than we have ever done. What took us months in the past, we were doing in days and sometimes hours. It was remarkable to experience and I will be forever grateful to the team for making it happen.

Jim Collins in his book *Good to Great*, popularized the term, "get the right people on the bus." In many cases, it is more important who is on the bus than where the bus is going initially because the people on the bus will determine the direction. When there is synergy on the bus, the bus is going places! The second flocking lesson from the pandemic is reviewing who is on the bus. Who is in your posse? When it is the right posse, the right group of people, it can accomplish great things. Re-evaluate and reform your posse!

The second example of a great professional posse and F.I.O. comes in the form of our Crown Council team (www.CrownCouncil.com). As dentistry started to shut down and new OSHA and CDC recommendations were handed down, it was clear there was going to be a problem. With the increase in Personal Protective Equipment recommended in the form of N-95 masks and other PPE, and the shortage around the country, no one knew where they could get the required PPE.

Here comes F.I.O. again – Figure It Out. Joey Smith on our Crown Council team had connections that could provide certified PPE at a very reasonable price. Our Crown Council team put our heads together and decided to make it happen for those who needed it and do the whole thing at cost. It just seemed like the right thing to do. The orders rolled in and the PPE rolled out! The Crown Council is not in the PPE business, but thanks to a great posse and a FIO attitude, Crown Council offices were able to get back to work earlier than originally expected when the time came and help patients who needed treatment because they had the required PPE. A great posse with the Figure It Out attitude. Two lessons reinforced from the pandemic that I will carry forward: Make sure you have the right Flock or posse and keep Figuring It Out!

Now it's onto the third F.

Focus

One of my all-time favorite business success stories comes from Amarillo, Texas, the home base for The Donut Stop, a locally owned donut shop chain. The Donut Stop successfully ran Krispy Kreme Donuts out of Amarillo in the early 2000's with a well-executed counter-strategy based on its unique recipe and product offering against which Krispy Kreme could not compete. While I am not a big donut fan, I do love a philosophy that it represents. It's what I call the Donut Discipline and it is all about focus.

In the Donut Discipline, the part of the donut that you eat represents everything in life over which you have little or no control. Things like the traffic, weather, the economy, how other people act, and a world-wide pandemic. One of my first

“little or no control” memories was learning to snow ski with my dad when I was in my early teens. Those first few trips up the mountain were disastrous when we got off the ski lift. Without the skills and experience, we both ended up at the bottom of the ramp in a pile of skis, polls and twisted limbs. The first trips down the mountain were not much better. When we focus on things in life over which we have no control, we subject ourselves to the emotions or anger, fear, depression, frustration and the like; all negative emotions. It is a miserable existence just like those first snow ski trips.

Then there is the donut hole. Smaller than the donut, the donut hole represents things in life over which we do have control. Things like what we wear, who our friends are, what we choose to do each day, our own attitude, and the like. At about the same time that I learned to ski, I also joined the large Boys’ Barbershop choir at school lead by Julie Hewlett, a militant task master who we all loved because she expected nothing but the very best. The choir was made up of mostly the football and basketball team members at our school. Each day Mrs. Hewlett drilled a non-musically educated group of pubescent boys through the complexities of barbershop harmony. She was relentless and we were nearly impossible. Each day we focused on building on what we had learned the day before. Our skills gradually expanded one step at a time, note by note. When show time came in the form of a national choir competition, it was no surprise that the performance was flawless. It was truly an exhilarating experience and one of the highlights of our early educational experience.

When we focus on the things over which we do have control, we subject ourselves to the emotions of confidence, courage, enthusiasm, hope, and happiness. When we focus and act on the donut hole, we find that it expands as our influence does. The more responsibility we take over the things we can control, the more things we find that we can influence and control. The donut hole expands.

During the pandemic shut down, it seemed like the donut was huge and the donut hole all but vanished. During that time, an article appeared in The Washington Post featuring 102 year old Lucille Ellson born in 1917 at the out-break of the Spanish Flu. She lived through that and WWI, The Great Depression, WWII, and everything else that has transpired for the last 100 plus years. Of the pandemic, Lucille said, “To cope with this virus and all that is going on, I would tell people to not get stressed about planning too far ahead. You can’t do it. A long time ago, I started making a list every morning of what I had to do. It was the only thing I could control, and I stuck to it.” It is obvious that Lucille loves donuts or at least subscribes to the Donut Discipline, too!

The Future

So where do we go from here? Clearly things have changed and are changing. They always do. The one thing that never

(Continued on page 51)

*The Case Acceptance
Game Has Changed...*

Revealed: New Secrets to Rise to the Top in a New Dental Reality.

There’s no question the dental
environment has changed.

What have you and your team done
to change with it?

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dental teams are making today
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Your Sleep, Immune System and COVID-19 - Protect Your Airway



*Michael Gelb,
DDS MS*

Lack of sleep and stress compromise our immune system and during these next 12-18 months, we all require strong immunity to prevent a severe reaction to COVID-19 .

The SARS-CoV-2 global pandemic illuminated some of the current deficiencies in our health care system. Interestingly, the factors that predisposed people to the worst effects of the virus are nearly identical to the associated health impact of poor quality and inadequate sleep.

Though these associations and comorbidities have been well documented and studied, public healthcare initiatives have been unable to have a significant impact on relieving the burden they place on the healthcare system and in society itself.

Now is the time to re-examine our efforts and move towards a more productive and effective system that recognizes all stakeholders that deal with the factors that impact our immune systems and have contributed to the proliferation of diseases such as Type 2 Diabetes, obesity, asthma, cardiovascular disease, Alzheimer's disease and so many others. Now is the time to collaborate rather than segmentalize our healthcare into niches within the system for the benefit of all mankind.

The people who get the most severely sick from COVID-19 will sometimes be unpredictable, but in many cases, they will not. They will be the same people

who get sick from most every other cause. Cytokines like IL-6 can be elevated by a single night of bad sleep. Over the course of a lifetime, the effects of daily and hourly stressors accumulate. Ultimately, people who are unable to take time off of work when sick—or who don't have a comfortable and quiet home, or who lack access to good food and clean air—are likely to bear the burden of severe disease.

Based on preliminary U.S. data, persons with underlying health conditions such as diabetes mellitus, chronic lung disease, and cardiovascular disease, appear to be at higher risk for severe COVID-19-associated disease than persons without these conditions.

A new study published April 22 in the *Journal of the American Medical Association* characterizes the symptoms, comorbidities, and clinical outcomes of 5,700 patients hospitalized because of COVID-19 in the New York area. The authors found that 94 percent of the patients had a chronic health problem, and 88 percent had two or more. The three most prevalent conditions were hypertension (56.6 percent), obesity (41.7 percent), and diabetes (33.8 percent).

The percentage of COVID-19 patients with at least one underlying health condition or risk factor was higher among those requiring intensive care unit (ICU) admission (358 of 457, 78%) and those requiring hospitalization without ICU admission (732 of 1,037, 71%) than that among those who were not hospitalized (1,388 of 5,143, 27%). The most commonly reported conditions were diabetes mellitus, chronic lung disease, and cardiovascular disease. These preliminary findings suggest that in the United States, persons with underlying health conditions or other recognized risk factors for severe outcomes from respiratory infections appear to be at a higher risk for severe disease from COVID-19 than are persons without these conditions. {CDC}

Lack of sleep and stress compromise our immune system and during these next 12-18 months we all require strong immunity to prevent a strong reaction to COVID-19 .

Eat well, exercise and stay connected to friends and family but most important protect your airway and share this same advice with your patients. ■

Dr. Michael Gelb, DDS, MS is a world-renowned TMJ and Sleep Specialist with practices in both New York City and White Plains. He received his D.D.S. degree from Columbia University College of Dental Medicine and his M.S. from SUNY at Buffalo School of Dental Medicine. Dr. Gelb is the co-author of GASP: Airway Health- The Hidden Path to Wellness, and the co-founder of both The Foundation for Airway Health and The American Academy of Physiological Medicine and Dentistry.

Dr. Gelb has found success as a strategic partner with Next Level Practice. Run your numbers and determine your practice capacity by downloading the Next Level Lost Revenue Locator here: discover.nextlevelpractice.com/tpd-optin



Question: Will defaults on rental properties hurt landlords?

With the reported rates of defaults on rental property – let alone home mortgages – how does one mitigate the cash flow damage to a portfolio of rental properties, and especially if the properties are leveraged? Has anyone factored in this great a disruption in their investment property portfolio that may last for many months or years? How will the property owners remain solvent, not just profitable under these circumstances? Thank you!

Anonymous Dentist, Phoenix, AZ

David's Answer: Good question! While we are only a few months into the coronavirus pandemic, the reports of "defaults on rental property and home mortgages" are thus far greatly exaggerated. Reports at this point are rents are running well over 90% of normal collections. However, as you suggest, that could certainly change.

I am suggesting a "COVID-19 adjustment factor" of 20% as a potential reduction in cash flows on single family rentals or homeowner borrowers.

My buying criteria for single family houses provides for a minimum of \$250.00 per month net cash flow over and above all property expenses AND any debt service. Therefore, if I have a property that pre-COVID rented for \$1,200 per month, the post-COVID adjustment factor of 20% would bring that rent to \$960 per month (\$240 less than the scheduled rent).

Since my buying criteria requires a \$250 per month net cash flow, I am still above a breakeven point in this scenario. In other words, I'd be okay.

I began my real estate wealth building portfolio with single-family home rentals and four decades later, that has been my most stable wealth and cash flow asset. COVID-19 will not change that. In fact, it will further support my premise that real estate has historically been, and will continue to be, the best wealth builder and protector. Because of the inefficiencies of the real estate market (which is to our benefit), it's WHO you know and not WHAT you know that counts. ■

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Recession-Proof Your Practice For The Next Crisis



Graig Presti

Let's face it...2020 has not started on the best foot...to put it lightly.

We have all felt the effects of a very painful and confusing time. Between stay-at-home orders and the roller coaster economy tied to COVID-19, as well as the national fallout and civil unrest from the death of George Floyd, our emotional and financial well-being have taken quite a hit on a national (if not international) scale.

For almost all dentists, this year has been stressful at best and financially devastating at worst. More dentists have permanently gone out of business than the last 5 YEARS COMBINED!

Despite all the tumult, my tune has not changed.

Although it might be a "new normal", life will return to some semblance of the status quo. Patients will begin to make appointments again.

However, part of this new normal will involve an even greater degree of skepticism on who they can trust.

Your only real choice when it comes to new patient acquisition and retention is through high-quality marketing. And as I've told you before, that centers around three primary things.

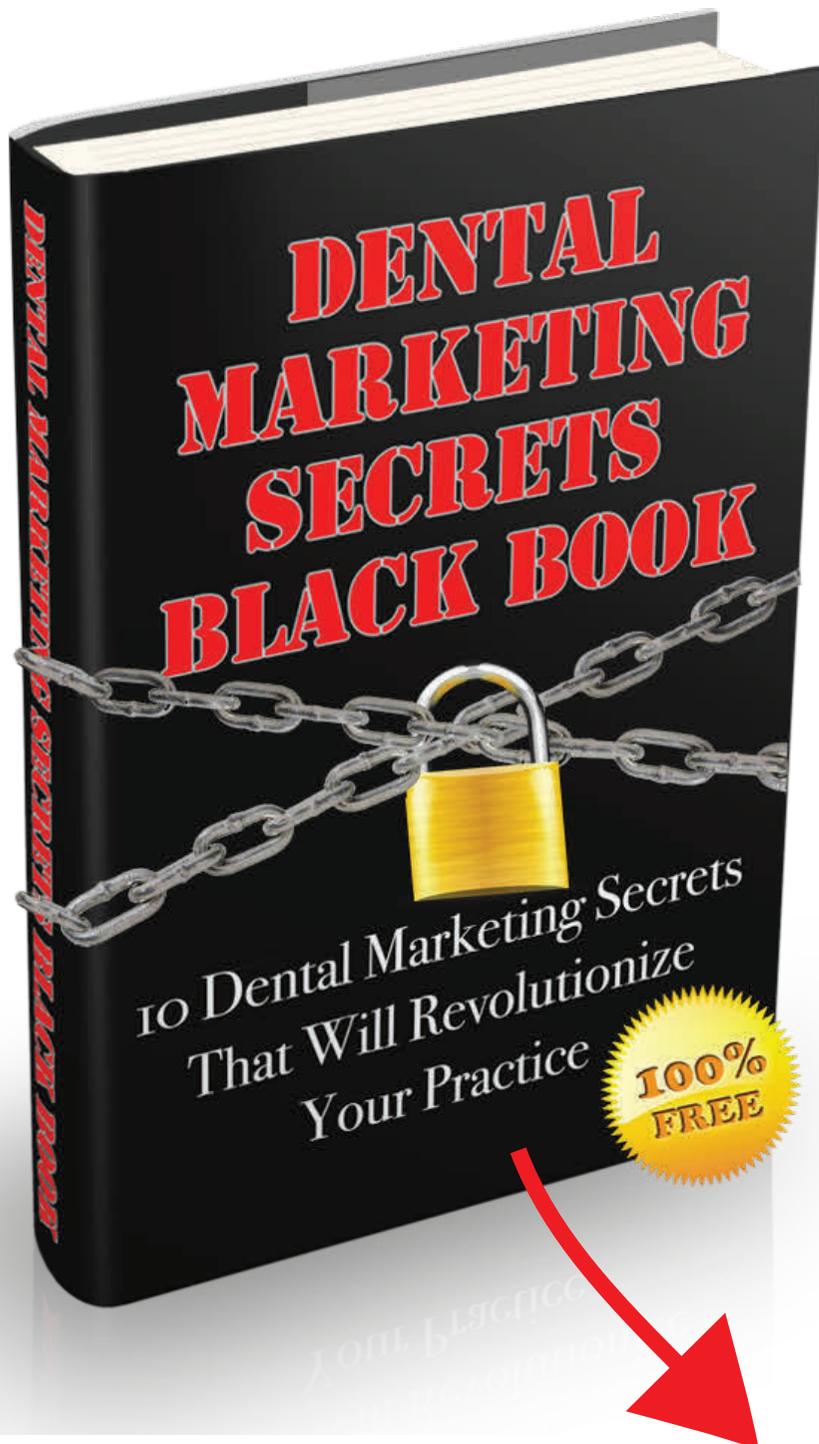
1. Build Up Your "Google House"

Claim your Google business listing today. Don't wait. It's your public face to prospective patients, and if it's fraught with misinformation (i.e. wrong address, duplicate listings, incorrect phone number), then you're letting prospective patient leads and referrals go down the drain.

(Continued on page 16)

FREE DENTAL MARKETING SECRETS BLACK BOOK:

10 DENTAL MARKETING SECRETS THAT WILL REVOLUTIONIZE YOUR PRACTICE!



Want to know how 8-Figure Dentists grow their practice?

...this free book FINALLY "peels back the curtain" on how easy it REALLY is for any practice to reach their goals without spending gobs of money.

The strategies revealed have only been shown to high paying private clients, BUT as the New Dental Economy continues to make it harder to attract patients...now is the time to share this knowledge.

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www.LocalSearchForDentists.com/FreeBlackBook and Instantly download this FREE Dental Marketing Secrets Black Book that will show you EXACTLY how to attract...

***More Phone Calls.
More New Patients.
More Profit!***



www.LocalSearchForDentists.com/FreeBlackBook

Recession Proof Your Practice For The Next Crisis

(Continued from page 14)

2. Influence Via Your Own YouTube Channel

There are thousands of highly-UNqualified “experts” on YouTube offering potentially dangerous dental advice, and at the very least, these “YouTube Influencers” are spreading misinformation about proper dental hygiene and treatment.

Change the conversation by shooting and uploading your own info-packed videos. Give viewers tips on how to take care of themselves and their families, and then leave them with a call-to-action to call your office for more information and care. When you position yourself as the local expert, it will naturally lead to more patients on your doorstep. P.S. Google owns YouTube. More high-quality videos = higher search engine rankings for your practice.

3. Tons of 5-Star Google Reviews

This one is non-negotiable. If you want to leverage THE HIGHEST QUALITY source of patients who will practically come begging you for treatment and never leave you, build up a stock of dozens or even hundreds of glowing Google Reviews. For a new patient, these imbue the ultimate level of trust (in a world where trust is a scarce and precious commodity). In the struggle against big corporate behemoths like Walmart, Google Reviews are your nuclear weapons.

2020 has been devastating in countless ways. But it’s not a set of isolated incidents that will never happen again. Floods, terrorist attacks, civil unrest, world-wide pandemics; what do they have in common? They will continue to occur over time. AND...they create uncertainty and doubt among consumers.

You have to control patients’ perceptions of who they can trust. You can become the sound voice of reason amidst the fury of confusion. The best way to do that is to show up on Google as the most trusted, established and liked doctor in your area. And don’t wait...as 2020 is showing us, there could be (and most likely is) going to be another catastrophic event around the corner. ■

Graig Presti (speaker, #1 best-selling author, and CEO of four-time Inc. 500/5000-recognized company LocalSearchForDentists.com) is helping dentists all over the world gain dominance in their local search market and consequently gain more business. Presti has been featured in Newsweek, The Wall Street Journal, Fast Company and on networks such as NBC, CBS, ABC, Fox, CNBC, CNN, and more. With over a decade in worldwide dental marketing experience, Presti’s system has helped thousands of dentists achieve record-breaking new patient numbers and income levels.

Want to know how 8-Figure Dentists use effective marketing to grow their practice? Graig has created a foolproof “Black Book” that FINALLY “peels back the curtain” on how easy it REALLY is for any practice to reach their goals without spending gobs of money.

The strategies revealed have only been shown to high paying private clients, BUT as the New Dental Economy continues to make it harder to attract patients...now is the time to share this knowledge.

Visit www.LocalSearchForDentists.com/TPDBlackBook and instantly download this FREE Dental Marketing Secrets Black Book that will show you EXACTLY how to attract...More Phone Calls. More New Patients. More Profit.

Profile: How Dr. Bachour Fulfilled The Practice Of Her Dreams

When NextLevel Practice visited Dr. Maya Bachour at her bustling practice in Ashburn, VA, one could sense the positive energy emanating throughout the facility. In the midst of the activity stood Dr. Bachour, calmly conversing with her staff like a benevolent tactician. Her infectious smile communicates a feeling of security in just knowing that your care is in the right hands. Yet her practice was not always so tranquil and secure. Only two years ago, the business was under siege. The 6-day work schedule was a drain both professionally and in her personal life. Her overworked staff, while highly competent, was feeling the strain. And, in spite of

how hard everybody was working, they were unable to feel comfortable and confident in the practice. Dr. Maya knew she was at a crossroads and her practice needed a make-over.



Dr. Maya Bachour

Some soul-searching brought the Loma Linda University-trained specialist to the realization that the practice was not what she envisioned when she graduated from Dentistry College in California only a few years ago. Something went awry between her high expectations (she was chosen as one of America's Top Dentists of 2009 by the Consumer Research Council of America) and the reality of her practice. Yet nothing in her training prepared her for such a conundrum. She wondered if her practice was typical of others or was she overlooking something. In time, self-doubt began to set in. She wondered if she was the problem. Is her practice no different from the "average practice"? Should her dissatisfaction be accepted as normal? But she quickly rejected

these premises. She eschewed the status quo. The passionate doctor wanted a practice that was "more than normal." As dissatisfied as she was, it was not like her practice was failing. "I was growing 'average' when comparing my practice to others," she explained, adding, "It's not like I needed someone to rescue me. I had the office, I had the team, everything was going for me. But normal wasn't enough." Her practice was more to her than just a career or a way to generate money. It was her life's passion, and she wasn't ready to settle for the norm.

Research conducted by Explore Health Careers revealed that the average dentist spends 33 to 36 hours a week in his or her practice. By comparison, Dr. Bachour logged many more hours than the average. Plus, Dr. Bachour felt required to be available on Saturdays which took her away from precious time to spend with her 8-year-old daughter. She was determined to find a way to raise her practice beyond average and still be able to reclaim Saturdays for her personal life. She began using temp services to pick up the slack and was stymied by constantly having to train them on office procedures. Other issues such as a high rate of patient cancellations, slow-paying customers and poor staff morale added to the dilemma. People suggested she take business classes to hone her administrative skills. The Doctor rejected the suggestion. After all, she went to graduate school to be a dentist, not an accountant.

It's around this time that Maya heard about consultants who specialized in fine-tuning dentists' practices. Her search for help brought her to a book called *Million Dollar Dentistry*, a tool provided by a company called NextLevel Practice. (To receive a free *Million Dollar Dentistry* e-book, go to nextlevelpractice.com, contact us, and start earning more money, more freedom, and more time today.) NextLevel Practice is a consultancy with processes reinforced by its software

(Continued on page 57)

Do You Have Credits On Your Accounts Aging Report?



Christine Taxin

Many offices are so proud of their A/R report when they have a large credit balance. I do applaud the teams who have been trained to be paid upfront or get down payments. What I am speaking about today are the credits that are old and still sitting there. The patient has not come into the office in over a year, not kept their appointments and you still have a credit.

Do you know if it belongs to the patient or the insurance company? If you do not know you need to take this into consideration since there are laws on the books that can cause you a lot of pain.

If the money was an overpayment by the patient or payment for treatment, you could simply refer to your state's unclaimed property regulations. Once a credit has reached the dormancy holding period, as established by state law, the credit becomes unclaimed property. This dormancy period varies by state but is typically around two to three years. Unclaimed property legislation requires the practice to make a reasonable attempt to return the balance to the patient and most states require that written notification be provided to the patient within a given period. If your patient makes an overpayment to your office, use the following quick facts to help you and your patient settle the charges quickly and easily.



Preventing Overpayments

If you collect payment from the patient at the time of service, please be sure that you appropriately indicate the patient paid amount on the claim submission. This information allows us to auto-adjust claims to reflect amounts patients have already paid. In the case of an overpayment, (unless there is law that prevents it) insurance can also refund the patient directly, so that you do not have to.

How to handle patient overpayments:

- If the patient overpaid using cash, check, or another credit/debit card, please work with the patient to issue a refund.
- If the patient does not respond, the money must be transferred to the state's unclaimed property division along with a report. Each state has a filing deadline and specific requirements such as, but not limited to, how many days prior to the filing deadline a due diligence letter must be sent to the patient. Contact your state's unclaimed property office for guidance and clarification of your state law.

- If the money was a payment made by the insurance company, that money should be sent back within a 60-day period, most plans have rules listed online. They are listed as, "Voluntary reimbursement". As soon as the dentist discovers that a claim has been overpaid, he or she can document the amount and reason for the overpayment on the Explanation of Benefits your (EOB) and mail it with a check for the exact amount of the overpayment to THE INSURANCE YOU ARE DEALING WITH. Keep copies of everything and send return receipt plus keep it in the patients document center.

Example: Dental overpays a participating dentist by \$500. The dentist then submits claims which we approve for payment in the amounts of (1) \$150, (2) \$250, and (3) \$600 on three separate checks. We will recover \$150 of the overpayment by deducting it from the first check (remitting a zero payment), \$250 by deducting it from the second check (remitting a zero payment), and \$100 by deducting it from the third check (reimbursing the dentist \$500). Under the previous system, we could not recover any portion of our overpayment from the \$150 or \$250 check. Instead, we recovered the full \$500 by deducting it from the third check (and reimbursing the dentist \$100). This is a bookkeeper nightmare. My advice is to contact your insurance plans that you are in network with or your state insurance commissioner and set up a plan to be notified so you can send back the overpayment directly to them without them deducting from someone else's payment.

When the Insurance Company Requests a Refund Due to an Overpayment

1. If you get a call or letter from the insurance company asking for a refund, make sure they reprocess the claim, if necessary. If they call, ask them to send their request in writing.
2. Some insurers prefer to recoup the overpayment from future remittances. Others may give you a certain length of time to submit a paper check, or they will withhold payment from future remittances.
3. If you determine that the request for a refund due to an overpayment is not correct, contact the insurance company and ask them to reprocess the claim. You could also wait until the refund has been processed and give a corrected claim.

Insurance Company Overpayments to Patients

When a provider is out of network, some insurance plans pay directly to the patient and the patient signs the check over to the provider. Or, they deposit the check into their own bank account and write a check to the provider. Usually, if the insurance company believes that an overpayment has been made, they will typically contact the patient for the refund.

What to Do When You Have an Insurance Overpayment

Once it is determined that your credit balance is due to an insurance overpayment, your refund process should be started. There are six steps to a complete refund process.

1. Send a letter to the insurance company making them aware that an overpayment has been made in error. You should never send a refund to an insurance company without contacting them first. Each insurance company has a process for handling overpayments and refunds.
2. Allow them at least 30 days to respond to your letter. You should receive instructions on how the refund should be given and where to send it.
3. Once you have received instructions on how to process the refund, make sure it is given with all required information to ensure proper credit.
4. Some insurers prefer to recoup from future remittances. Keep an eye out for when this happens so you can properly notate the accounts affected to reflect this transaction.
5. If no response is received from the insurance company within 30 days, contact them by phone to follow-up before taking further action.
6. In the event the refund is due to Medicare or Medicaid, the process may be different from other insurance carriers. Follow CMS guidelines for Medicare and check with the Medicaid office in your state for refund instructions.

State Regulations about Insurance Recoupment vary drastically. Some states, such as Minnesota, do not have a time limit statute set for insurance companies to request refunds based upon overpayments, duplicate payments, pricing changes or coverage changes. Some states, such as Texas and Maryland only allow six months for an insurance company to request a refund. So, depending on what state you are in and depending on what the refund request is issued for can make a difference on how long the insurance company can request their money back. Each insurance company has a web site with the forms you need to refund money. Every company is different but they all follow the amount of time you have to refund. Even Medicaid by the state has a form on line.

Delta has their rules online. Please visit their overpayment policy at <https://www.deltadentalin.com/MediaLibraries/Global/documents/PRRL10-Overpayment-Recovery-by-Autoduction-flyer.pdf> ■

Christine can't wait to start helping dentists, office managers, and other team members learn everything they've been missing about navigating dental/medical insurance billing and maximizing their practice's overall success. If you're interested in scheduling a presentation or have any questions, don't hesitate to contact her at 914-303-6464 or visit links2success.biz.

The 5 Myths of Dental Sleep Medicine

What You Don't Know Will Hurt You



Avi Weisfogel

99% of dentists don't make it in sleep medicine. Most of those generally treat only three patients (or less), get paid for none of them and then just quit. Either the entire business is a low-quality opportunity, or there's something wrong about the way most dentists do it.

There are dentists succeeding in sleep medicine however. Some have even built practices with annual collections over one million dollars and an overhead below 30%.

While the average "successful" sleep dentist might do 4-5 appliances per month, the truly successful practices are doing 40-50 and beyond.

But most dentists will never experience that success primarily because they fall victim to a long list of myths.

Read below to discover the 5 biggest myths of dental sleep medicine. Chances are you believe at least one of them.

Myth #1: Doctors will refer patients to your sleep practice.

It's easy to get excited at a weekend sleep course. The idea of treating patients in a way that's easier and far more profitable than traditional dentistry is enough to do it. There are some excellent instructors out there who really know their stuff when it comes to the science of sleep. But when it comes to leveraging that knowledge into real business success, things get a little bit complicated.

One of the challenges is that the suggested patient getting strategy of "generating referrals from doctors" doesn't work.

Doctors have no reason to send patients to you. Most physicians refer only a handful of patients to the sleep doctor. Since they receive so few patients already, why would they send them to you for an oral appliance when they could treat those patients and put them on a CPAP? This would be like a dentist sending cleanings to a periodontist or anterior root canals to an endodontist. That is the

equivalent of a sleep doc sending you a patient with mild/moderate OSA. That's why depending on referrals will never work.

TRUTH: To build a successful sleep practice, you must be in control of patient generation. You cannot depend on referrals. You must put yourself in a position to create patients.

Myth #2: Getting the patients is the only hard part.

Insurance companies basically reject every oral appliance claim from the very beginning. All of the claims literally start in the "reject" pile. If you do not complete each step of the process perfectly, at the right time, every time, you will not get paid.

So while many dentists think that getting patients is the hardest part to building a sleep practice, it doesn't even come close to successfully navigating the insurance companies so you can actually get paid for your work. The bad news is that doing this well is complicated. The good news is that if you do it right, you will experience consistent reimbursements that will make everyone else around you jealous.

TRUTH: If you are not experiencing an average reimbursement of \$3,000 (or higher!) per appliance, you are doing something (or many things) wrong.

Myth #3: I'm going to make money right away when I start a sleep practice.

Dentists are not trained to analyze opportunity from a Return on Investment point of view. Dentists are trained to analyze opportunity from a monthly "money in, money out" perspective.

While this thought process is logical and rational, it is also the very reason that dentists have to work so hard for decades. If something is not profitable quickly, how could it possibly be a good opportunity? Dentistry is unique in the business world because it's really one of the few businesses where you can literally be profitable on day one.

But to discount other business ventures just because they don't share that trait in common is extremely shortsighted and will lead to you missing out on big opportunities. Sleep medicine is one of those opportunities.

TRUTH: A new sleep practice will not be profitable until month three to five. From there, however, you can experience quickly climbing revenue and an overhead of somewhere between 15% and 30%. You are not building a service business, you are building a business that can run without you—a true asset.

Myth #4: It's going to take forever to build a brand new sleep practice.

Dental sleep medicine is an entirely different world compared to dentistry. While it takes a long time to build a successful traditional dental practice, sleep medicine is about bigger results, faster. This means your retirement can look a whole lot brighter, much sooner.

In an average dental practice, you'll be lucky to sell your practice for \$750K - \$1 million. I say "you'll be lucky" because, to get that money, you actually have to find a buyer. And it can't be any buyer, because really the only one who is going to be interested in buying a dental practice is another dentist. So the pool of qualified buyers is fairly small. That's the reason that dental practice sales are really weighted to the buyer. And the 60%-70% of production sales formula is always in play.

When you build a sleep medicine practice, you are actually creating an asset completely separate from anything else you do in dentistry. If you choose, it can run and grow without you. And eventually, when you want to sell it, you will be showing a great investment opportunity (that you could sell for \$3 million - \$8 million, think a 3-10X multiple) that could get the attention of any smart entrepreneur. Does this have to take 20 or 30 years? No. You can do it in 3-5 years.

TRUTH: If you've been practicing over five years and you don't have a practice you could sell for \$3-8 million to any smart entrepreneur, then ask yourself what you think your future is going to look like? Will you be able to enjoy everything life has to offer or will you be "cutting back" to conserve your resources?

Myth #5: The dentist who works hardest wins.

No dentist wakes up in the morning excited about working harder today than yesterday. And yet this is what the reality of traditional dentistry is. You have to work harder today than you did 20 years ago just to keep yourself from falling behind.

Being willing to "work hard" is what kills so many dentists from the inside out. Reimbursements shrinking? Pick-up the slack, work harder, and make up for it. Marketing campaigns not producing like before? Go make something happen to keep production steady! Must work harder!

This approach does not lead to success in sleep medicine. Yes, action is important. But "hard work" is not valued. Smart work is what you need.

TRUTH: Success in dental sleep medicine requires you give up any addiction you have to hard work. When you're building a business like this one, the goal is not to work harder to increase results, it's to work less while watching your results skyrocket. ■

Avi Weisfogel is the founder of the International Academy of Sleep and Director of its Dental Sleep MBA™ program. To get more information about the program please call 908-402-0371.

Predictions Of Dentistry's Future



Linda Miles

While no one has a crystal ball and can predict the long-term effects of the latest COVID 19 Pandemic, those with a nearly six decades of being in the profession can base their opinion and predictions on HISTORY. This will hopefully be comforting for those who may be newer to dentistry and the most fearful. I might add that with all the other disasters such as the AIDS crisis of the early 80's, I have never seen anything quite as disturbing as what dentistry and other businesses are experiencing now.

My predictions are that 20-30% of dental practices will not only survive in the year 2021 and beyond, but will THRIVE. 20-30% of dental practices will go out of business, and the remaining 40-60% will notice a longer comeback to recovery. In other smaller slow-downs, a temporary slow-down which took months to recover for the middle 40-60percentage, COVID 19 will take longer, perhaps a few years to be at pre COVID 19 days.

Why will the top 20-30% of "go getter" dentists/practices not only survive, but THRIVE? The answer is PMA (Positive Mental Attitude). And just where does one find PMA when the world just came to a standstill? It comes from the optimists of the world. They were born seeing good in every negative situation! Seeing opportunities in spite of fear, while the pessimists talked gloom and doom to every person they came into contact with. In elementary and other lower grade schools, the optimists were the leaders, the head of the class....not because they were always the smartest....but they were the most optimistic.

Those who struggle with the ups and downs in life are the nay-sayers, those who will throw in the towel because recovery for pessimists is too difficult to deal with. They always revert to the victim mentality, as if they were singled out and dealt the wrong deck of cards. "Woe is me", is their daily mantra. Instead of thinking a year or two ahead and how they are going to benefit from those practices that go bust, the pessimists take the easy way out...and join the practices that will not recover. They blame their plight on everyone and everything around them. Just think how their teams, patients and their community respond to this negativity. Their teams, patients and community all pitch in to help with the dentist's

self-fulfilled prophecy. Sadly, those are the 20-30% who WILL NOT make it through to 2021.

The second quarter of 2020 April/May/June was a total bust for all practices. The third quarter July, August and September will be the initial recovery of getting the past due preventive care patients back and basic restorative treatment plans that were in progress when the “pause of practice” began. Because families who were out of work or lost their jobs are hurting financially, the return of elective and cosmetic procedures plus larger total reconstructive cases will be put on hold until 2021 when the economy improves.

Because 60% of basic restorative dentistry comes from an effective hygiene department, if I were a practicing dentist, I would ramp up my hygiene department by having more hygienists with their own designated dental nurse doing effective ASSISTED HYGIENE. Have you ever thought how non-productive dentists would be when working with one chair and no dental nurse? Even in great economic times, clients who have implemented ASSISTED HYGIENE in America see that department flourish along with the amount of operative dentistry. They are now seeing the segment of their patient base with the most operative needs...the patients who allow a 6-month interval to go to 16 months. Or those patients who only come if something hurts or breaks! The patients who don't need operative (the clean healthy mouths) always keep their regular preventive appointments.

By now you are wondering how else the top 20-30 percent of dentists will THRIVE in 2021 and beyond? Besides always being “go getters”, great dental employers who lead enthusiastic team members, great clinicians and all around honest-ethical-caring people, they will thrive because they were the ones who did at least a half dozen things right during the pandemic. Some of these include:

1. They worked on a game plan immediately having no idea how long they would be closed.
2. They stayed in touch with their team members through emails, Zoom or a personal call to see how they were doing.
3. They effectively and positively stayed in touch with their patient base through online communication letting patients know “we are here for you, your families and even friends who may not have a personal dentist for all emergency care”.

In the second quarter they will ramp up their preventive care realizing that for the remainder of 2020, basic and incomplete clinical treatment will keep the dentist's side of the production intact.

And most of all, they remain the optimists they have always been. They will THRIVE in 2021 and beyond on the patients

(Continued on page 25)

Fee Schedule & Profit Analysis

Optimize your treatment planning, coding, and financial arrangement systems **TODAY.**

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Total Patient Service



Maximize your production and profit with this comprehensive, customized analysis with a specialist from the Total Patient Service Institute.

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3. **Code addition** using CDT codes that are less-known, infrequently used AND available for reimbursement.
4. **Treatment plan reconfiguration** for correct coding, billing and reimbursement.
5. Errors and omissions **claims review.**
6. Claims submission protocols for **maximum** one-time submission.
7. Claims processing secrets for *the* most **prompt payment.**
8. Financial arrangement systems and forms for increased patient **acceptance.**
9. Insurance **verbal skills** for contracted and non-contracted practices.
10. Case acceptance secrets for non-covered procedures.



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Scheduling Low Hanging Fruit

How a Better Dental Recall Strategy Will Increase Your Revenue



David Pearson

During the last few months, the world of dentistry has changed dramatically. Patients have televisits, no longer wait in your lobbies, and many appointments are cancelled out of fear of contracting

COVID-19. How do dental practices handle recall? What can practices do now to prepare for the upcoming months where dental recare appointments have been thrown off schedule? How can practices attract not only their loyal customers, but customers that are past due for dental hygiene? According to Dental Economics¹, only 17% of dentists said that most of their active patients receive hygiene treatment every six months, meaning only a few people get early diagnosis or mere preventive care.

The Cost of Not Prioritizing Dental Recall

Moreover, with increasing competition and opening of multiple dental practices, it is very hard to keep a patient coming back. According to CallForce's internal customer data, dental practices have on average 15-18% patient attrition per year. The cost of this attrition may shock you.

Putting it simply, it means if you have 3,000 patients actively coming to your clinic, you end up losing about 500 patients annually. According to American Dental Association, the value of a dental patient is \$553 a year. In short, that is \$276,500 loss per year. It means losing a single patient can cost a dentist a significant loss and actually hinder the growth of your practice. This is where the importance of dental recall plan comes in handy.

The problem here is that, many dental practices don't have reliable dental recall plans. Office managers and front desk staff are some of the busiest people in your practice. According to CallForce's internal data it takes on average 21 points of contact to schedule a patient who is overdue for a recare appointment. Calling patients who are overdue for treatment is hard work and in many cases demoralizing. It understandably is something that often falls to the bottom of the to-do list.

How to Effectively Schedule Recare Appointments

It can be overwhelming to add an additional component to your practice marketing strategy and it is an investment when funds everywhere are in short supply.

However, a good dental recall plan will pay dividends without costing much up front.

A good recall plan not only reminds your patients of their appointments, but also attracting patients who are egregiously overdue for recall. If your dental recall is not accomplishing both of these goals, then it is not working well. These 4 strategies are key to evaluating and creating an effective dental recall plan.

It Takes More Than One Reminder

A recall plan should be able to remind multiple times before the appointment. Sending a text message or a reminder postcard will not work for patients who are not dedicated to their own dental hygiene. It takes more perseverance. Schedule time to contact your overdue patients at least once a month to set a recall appointment.

Focus On The Immediate Gaps

Dental recall patients are the most likely to cancel appointments last minute. However, if you're able to schedule them for a shorter wait time between when the appointment is scheduled and when it occurs the show rate is exponentially higher.

Call After Business Hours

According to CallForce's internal data, phone calls looking to schedule recare appointments are nearly 3 times as likely to schedule appointments than those that schedule during business hours. The same data holds true for weekend phone calls. If your employees cannot make these phone calls after hours, look for a call center specializing in dental practices to help.

Focus on Severely Past-Due Patients

Patients who are more than one year past due are at risk for severe dental health problems. A 2012 study by the CDC showed that an estimated 47.2% of adults over age 30 suffered from untreated periodontal disease². Educating patients that regular recare appointments can prevent these treatments is good, but does not remove the likelihood that they actively have periodontal disease.

Scheduling these patients not only helps prevent severe health problems caused by poor oral health, but on average they are much more likely to have untreated conditions that will increase your practice's revenue.

This tip does not mean to be predatory on patients who are past due. It is meant to highlight that while your non-regular patients are more difficult to schedule, they are much more likely to have undiagnosed periodontal disease which your practice can help treat.

Recall visits solidify your practice as a patient's dental home where they can come not only when they need routine care

for their family but also as a place to turn to when they have more serious dental concerns or urgent problems. ■

REFERENCES

¹<https://www.dentaleconomics.com/practice/article/16388055/research-report-the-state-of-hygiene-in-todays-practices>

²<https://www.perio.org/consumer/cdc-study.htm>

David Pearson is the Marketing Director for CallForce. He is passionate about data and a lover of movies. He loves applying his love of film with his love of data. Once he created a movie bracket where he pitted all of Tom Hank's movies against each other to find out his fan favorite movie.

CallForce is a dental communication service providing practices with answering services, dental recall, website chat and past due treatment scheduling. If you have any questions about our services or to schedule a free demo, please visit .

Predictions Of Dentistry's Future

(Continued from page 23)

and team members of the practices that closed. These patients and teams must find another "dental home" for their dental needs and their employment. Watch the top 20-30 percent grow from the influx. ■

Linda Miles, CSP, CMC, is an internationally recognized consultant, speaker, and author on dental practice management and team development. Linda is a successful businesswoman who not only founded LLM&A, a leading INC 500 dental management consulting firm in 1978; but also founded the Speaking Consulting Network in 1997.

She sold those two businesses in 2007 and 2010 to devote more time to Oral Cancer Cause (OCC), a FL based non-profit that saves lives by creating awareness of early-stage head and neck cancer. OCC also provides financial assistance to oral cancer patients undergoing medical procedures who can't eat, speak or work. OCC was Co-founded with Robin Morrison in 2013.

In 2016 Linda Co-founded with Dr. Tanya Brown, ULTIMATE TEAM MASTERY, an online virtual classroom for practices that wish to keep their teams on the cutting edge of management and communication skills...but don't wish to travel and take days out of their practices to do so.

Linda has spoken in all 50 states and on four continents. She has authored four books and mentored many other dental consultants. Connect with her at: lmiles@dentalconsultant-connection.com

A Moment of Truth.

This was never part of the original plan...



David Phelps,
DDS

I had laid out my entire life in advance. “I’ve got this—the sky’s the limit.” Blessed with good intellect and a work ethic to boot. Failure was not an option. A perfect family. A perfect life. A perfect professional practice career.

But there I was. Sitting on the small, vinyl, padded bench in Jenna’s hospital room. The IV machine humming, holding several bags of fluids and meds, dripping into the tubes and through the needles that ran into her small and bruised hand.

Jenna, only twelve years old, is asleep; her body still trying to recover from an exhaustive six hours of surgery removing her cirrhotic and failed liver and replacing it with the gift of life—a donor’s liver.

Away from my busy and stressful practice, I had a lot of time to think at that hospital. No cell phone access. Disconnected from the rest of the world, nothing else mattered. All of the daily “stuff” that had seemed so paramount wasn’t even a blip on my radar.

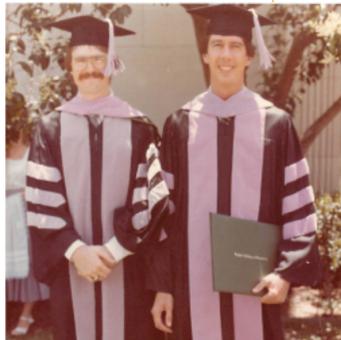
All of my education, wisdom, and experience; even all of the money I could earn—none of it mattered. None of it could make a difference. I could only hope.

Hope and pray that Jenna would recover and I would get a second chance. A second chance to be a father—a real father who would be present, not absent. Not preoccupied with “stuff.” Would there be a “someday?” A day in the future when I could spend quality time with Jenna?

Time is never on our side. It marches on. There is a limited supply for each one of us. Tomorrow is not promised to anyone. Life is a gift.

It was during Jenna’s initial weeks of transplant recovery while spending day after day at Texas Children’s Hospital in Houston, that I made a critical and life-changing decision. A moment of truth: **I would no longer practice dentistry.**

Creating a Plan B.



While a senior in college, I began reading books about investments (I always had a knack for planning ahead). I read books about stock market investing and some about real estate. Comparing the two, real estate won hands down. It was a tangible asset that I could control. Investing in the stock market made no sense to me.

During my first year of dental school at Baylor College of Dentistry in Dallas (1980), I talked my dad into being my co-venture partner in acquiring a two-story brick rental house (an estate sale) in a solid Dallas neighborhood. We followed the fundamental rule of real estate; buy the worst house in a good neighborhood.

I learned how to manage this first asset for rental income. After graduation from Baylor in 1983, we sold the house and split about \$50,000.00 in capital gain profit





(capital gains are taxed at a much lower rate than ordinary, or active income).

The epiphany for me was in realizing that I made a capital profit of \$25,000.00 from this one real estate

asset during the same period of time that I worked many, many hours as a waiter at night and on weekends with much less to show in net income.

Why should I work for money all of my life when I could acquire good capital assets that would work for me whether I worked or not? I began to understand that if I could acquire enough assets, I wouldn't have to work as hard...maybe not at all.

By continuing to purchase and invest in real estate, I was transitioning from working for money to investing money in capital assets that would produce cash flow, preserve and build wealth. This was my "Plan B."

Creating a Plan B was the key to my financial freedom. It was there when I needed it/wanted it.

In 2004, with Jenna in the hospital, I decided to pull the trigger. Hard work, sacrifice and a disciplined approach to real estate investment, provided the foundation that allowed me to give up my good, but very restrictive career as a dentist. Not an easy decision, but I had a real "reason why."



Update on Jenna. Today, she is in college working towards an associates degree in occupational therapy. A published author, speaker... she's got the world by the short hairs. Pretty good for a kid who, at age sixteen, was reading and writing at a second-grade level (She suffered through intense chemotherapy as a very young child to fight high-risk leukemia and suffered epileptic seizures from age eight to twelve). She missed the first thirteen years of a "normal" kid's life. Courageous, driven, tenacious, a fighter. My girl.

Here's what I learned...

Network or connections are the most important factor in orchestrating a secure financial future. It is also the most underutilized capital asset. Who you know is essential. Creating relationships is the hardest part of making real estate a viable investment and also the reason why so many novice investors fail. They try to do it all themselves. It takes time and work to establish these critical relationships. Many underestimate this crucial piece!

Why do you do what you do?

"David," other dentists ask me, "why aren't you retired?" What they mean is, "If you did so well with real estate and dentistry, why are you still going at it?" Fair question. It's true that I don't need to do...anything, really. For me, I do what I do because it's the most significant way I can invest my time.

A genuine passion for helping my colleagues break the chains from being slaves to their practices, their financial fears and helping them create freedom in their lives and the lives of their families, this passion demands my attention.

I love the fact that this gives me a platform and brings some of the best and brightest people in all areas of business, marketing, real estate, and finance, to Dallas four times a year.

This community is my best insurance policy. With the volatility and unknowns in our economy and industry, bringing together a Board of Advisors allows us to stand apart from the fallout and find the opportunities that chaos brings.

Being in the middle of all of the real estate opportunities within our group allows me to put deals together and help our members use various buckets of investment capital in the safest, most efficient, effective means possible.

Having the freedom to retire, and actually doing it, are worlds apart for me. I'll likely never retire in the typical sense. Remaining significant and relevant until my body and mind gives out, now that sounds like a plan!

My community and relationships give me the platform to do just that. What a gift! ■

A former practicing dentist, today David Phelps is a nationally recognized speaker on creating freedom, building real businesses and investing in real estate. He authors a monthly newsletter, "Path to Freedom" and hosts "The Dentist Freedom Blueprint" podcast. The Freedom Founders Elite Mastermind Community provides the pathway to freedom for professional practice owners.

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Treating the Pain Behind the Smiles

Suicide Prevention as a Dental Practice Health and Safety Issue



Frank King

Well, I have good news, and I have bad news.

The good news is, contrary to popular belief, dentists do not have the highest rate of suicide of any occupation. That dubious distinction belongs to the construction industry. The bad news is, dentists are in the top 10 of at risk occupations overall, pretty much any way you calculate it, and in the top three white collar occupations, with physicians and veterinarians (female dentists and veterinarians have a higher suicide rate than their male counterparts).

If you are a dentist or a team member you are probably well aware of the reasons that this is the case. There's the financial stress (four out of five dentists come out of dental school with roughly \$350,000 in student loan debt), which leads to unaddressed physical stress, as the dentist and team are often coming in early, often working through lunch, and staying late, meaning probably no one is hitting the gym to work off some of that stress, nor, chances are, are they eating a healthy lunch, and using the balance of the time to decompress, which leads to mental stress.

Are you beginning to see a pattern? The number one killer of dental folk is not suicide, its stress induced and/or exacerbated mental and physical illnesses, high blood pressure, heart disease, as well as drug abuse, alcoholism, depression and thoughts of suicide.

At this point you may be wondering, if you know that I'm the Mental Health Comedian, how is it that a comedian is talking about depression and thoughts of suicide? Depression and suicide run in my family. It's called Generational Depression and

Suicide. My grandmother died by suicide, my mother found her, my great aunt died by suicide, my mother and I found her, I was four years old. I'll spare you the awful details, but if you'd like the whole story, I cover it in the first of my five TEDx Talks on mental illness (<https://youtu.be/aBUX-ND5BD4M>). I myself have come close enough to dying by suicide, that I can tell you what the barrel of my gun tastes like. Spoiler alert, I did not pull the trigger.

And, I have two mental illnesses, major depressive disorder, and chronic suicidal ideation. For me, and those in my tribe, with chronic suicidal ideation, suicide is always on the menu, as a solution for problems, large and small. And when I say small, a couple of years ago, my car broke down, and I had three thoughts, unbidden, get it fixed, buy a new one, or I could just kill myself.

I know that sounds absurd, but almost every time I keynote on suicide prevention, someone, sometimes more than one someone, comes up to me afterward, and they have chronic suicidal ideation (someone reading this may have just realized that's what they have), they didn't know that it has a name, and they just thought they were some kind of freak, and their relief at realizing for the first time in their life that they are not alone is palpable. And hopefully that will be enough to steer them just far enough off the path to suicide that they will live a relatively normal life. Often you hear people say that you have to "find your why" for what it is that you do. That is my why.

So why write this column? Even though every year in the United States 47,000 people die by suicide (and that does not include the 65,000 opioid deaths), roughly one every eleven minutes, hardly anyone talks about it. The good news is, the mere mention of the words depression and suicide elicits the most amazing stories, from almost everyone I meet. My job is simply to start the conversation on suicide. And now I have some help doing just that, and so do dental practices that want to stem the tide in their profession.

On October 19th, 2019, World Mental Health Day, the American Association of Suicidology (AAS), American Foundation for Suicide Prevention (AFSP), and United Suicide Survivors International (United Survivors), announced their collaboration and release of the first 'National Guidelines for Workplace Suicide Prevention.' These Guidelines – built by listening to the expertise of diverse groups like HR, employment law, employee assistance professionals, labor and safety leaders, and many people who had experienced a suicide crisis while they were employed – will help employers and workplaces become proactively involved in suicide prevention in the workplace.

Employers ready to become vocal, visible and visionary and who are ready to take the pledge to make suicide prevention a health and safety priority should visit WorkplaceSuicidePrevention.com.

"Our collaborative partners envision a world where workplaces and professional associations join in the global suicide prevention effort by building and sustaining comprehensive

strategies embedded within their health and safety priorities," said Sally Spencer-Thomas, Psy.D., and President of United Suicide Survivors International and Co-Chair for the Workplace Committee of the American Association of Suicidology. "Across the United States, workplaces are taking a closer look at mental health promotion and suicide prevention, shifting their role and perspective on suicide from 'not our business,' to a mindset that says, 'we can do better.' We hope this ground-breaking effort helps provide the inspiration and the roadmap to move workplaces and the organizations that support them from inactive bystanders to bold leaders."

"We believe that by taking the pledge and adopting these new guidelines, we can be a force for elevating the national conversation about suicide — and for how to build strategies in the workplace to prevent the pain caused by suicide and suicidal behavior."

Are you ready to go from inactive bystander to bold leader? Are you ready to become a force for elevating the conversation in the dental community on how to implement strategies in the workplace to prevent the pain behind the smiles?

Then take the pledge.

The guidelines, designed to be cross-cutting through private and public sectors, large and small employers, and all industries will:

1. Give employers and professional associations an opportunity to pledge to engage in the effort of suicide prevention. Sign the pledge here: www.WorkplaceSuicidePrevention.com
2. Demonstrate an implementation structure for workplace best practices in a comprehensive, public health approach.
3. Provide data and resources to advance the cause of workplace suicide prevention.
4. Bring together diverse stakeholders in a collaborative public-private model.
5. Make recommendations for easily deployed tools, trainings and resources for both short-term action and comprehensive and sustained strategy. ■

Frank King, aka The Mental Health Comedian, is a Suicide Prevention and Postvention Public Speaker and Trainer who turned a lifelong battle with depression into a keynote worth spreading. After writing for the Tonight Show for 20-plus years and performing corporate comedy, Frank's attention turned to ending the stigma surrounding mental health by sharing his insights with anyone and everyone who will listen in an effort to "start the conversation."

He believes that where there is humor there is hope. And where there is laughter there is life... Nobody dies laughing.

Your “Must Haves” To Survive This Recession and Thrive



Heidi Mount

This is by far the worst recession in the history of dentistry! If you do not have a clear business plan and recession-proof your business, it will be nearly impossible to pull yourself out of this COVID-19 pandemic. Don't stress! Having a thriving business is easier than you think. Trust me, I have been through three dental recessions since 1988!

The past few decades of speaking to dozens of dentists a week guides me on what exact information I need to share to keep you current. Honestly, as a business coach and trainer, I've found that most dentists have the same issues. I do my best to share how to prevent revenue loss and how to maximize every minute in your dental office. In general, the biggest issue is mindset and how you make your business decisions. I know many of you count on podcasts, blogs and what your colleagues are doing instead of hiring a professional coach. As I see poor advice given on Facebook and other platforms...I cringe hoping YOU will not follow that advice. So here is the deal, speak with someone who has achieved what you want to achieve! Period.

Recessions will come and go during your life in dentistry. But what I've found is it shouldn't affect whether you have a successful dental practice or not. Believe it when I tell you that people are spending LOTS of money during recessions and you need to learn how to attract your ideal patients. If you don't happen to notice that people are spending money on frivolous things, start looking around at all the women who have plump lips like the actress Angelina Jolie or no wrinkles after age 40. Seriously, check it out! Go on Instagram and type “lip filler”...notice the young generation spending over \$600 on buying luscious kissable lips.

If you don't adapt to this generation, you may need to go and work for someone else. My clients ask for the truth and that is what I am giving you here. The key is to be that ambitious entrepreneur and stop settling for less. So many of you do not take the time to create a real vision of your life and then reverse engineer it.

Some of you must not want it bad enough. You should want your vision so bad that you can see, smell and taste it. I know that worked for me when I wanted to live on The Big Island of Hawaii. You see, when you want something more than your excuses, you get on it and do whatever it takes. People see the fire in your eyes and know you mean business.

This may be your “kick in the rear” article, and I am lovingly telling you that you don’t have time to think or say any more excuses. Just stop it from now on and watch where you go. No more stinking thinking and hanging out with whiners.

So here is the bottom line as to what you need to do to thrive in this recession. First, you and your team need to be CONFIDENT in your higher fees. If you are worried that your patients will leave or that you are a skosh higher than your neighboring dentists, then you do not believe you are worth being paid a fair market value for what you offer. You should rethink about all your sacrifices you made to become a dentist and own your own dental practice.

We know human resources and handling employees are the hot topics of discussion. However, if you had clear expectations and hired your A-team, this would not be an issue at all. So again, what is your vision for your practice and your life? Take the time to write it out and make all business decisions off of it. The best marketing in the world is a team that loves their job.

Lastly, stop doing one tooth at a time. People WANT nice looking mouths, being able to breathe while they sleep, peace of mind and so forth. Learn how to ask the right questions and give patients what they want. If you have unscheduled treatment and your employees are having to play Guido trying to fill your schedule, something is wrong. And if you don’t change what you are doing, you will not be able to sustain seeing less patients per day. You CAN have the practice of your dreams without working any extra hours. Put aside your ego and get support from a successful person. Someone would be more than happy to help you.

It is time to create your new life! How will you do that? Find a mentor or coach, create a vision that you emotionally must have, quit your stinkin thinkin, hire your A-team, create clear job descriptions and expectations, offer comprehensive dentistry, charge what you want and be confident in your fees. If you do those things in the next 30 days and make all business decisions off of that, you will thrive in this 2020 dental recession. ■

Heidi Mount is owner of her Virtual Consulting Company. Her work with dental practices focuses on creating effective and easy to follow solutions that result in less stress and greater profitability. In fact, her claim to fame is helping offices make \$500 more a day on tomorrow’s schedule. Contact Heidi at Heidi@CoachingDentist.com or visit her website: www.Coach-HeidiMount.com

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"I'm NOT The Doctor, BUT..."

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*JoAn Majors,
RDA, CSP®*

Some of you reading this may cringe, BUT give me a few paragraphs to share how valuable these words can be with implant dentistry or any "want to" type of dentistry that has a larger than average fee. We routinely say in our practice, "We expect the colleagues we work with to bring their brains to work." My husband often shares with his team that the practice is "our" practice. He encourages the team to have "buy-in" and take on the role of a colleague or stakeholder behavior, not merely a staff member. I realize it is not for everyone in every practice. I also know that when one of us shares, "I'm not the doctor, but in instances like this, I have seen Dr. Majors do some amazing things. May I share that with you?" patients are open to the next part of this conversation. They are in charge of where it goes from this point forward.

What we know from experience and the training that we offer is that misunderstandings concerning implant treatment still run rampant when it comes to many of our patients. My team and I have proved this over the last two decades as we would secret shop the practices that went to the Misch International Implant Institute for clinical training. Before I would offer up our implant team training, we did the research. We researched to discover if we could prove again that with no actual system, no dependable answers were offered to our shopper. Instead, the same "unpredictable" responses to our questions were predictably given by teams with no systems in place.

What we know is that patients' expectations are at their highest at the initial phone call and that initial visit. If we meet and exceed them here, we have some room for err afterward. Using terms like titanium rod, metal post, or screw-like thing in the bone are very common to our secret shoppers. We find that most of the time left on their own, team members do the best they can with what they know. The problem is everyone knows or has heard (and regurgitates) something different. This inconsistent message is not one of authority, and really offers no confidence to a patient. Having clear cut systems to support these types of treatment is how you can measure your success. The late Dr. Carl Misch once asked an audience before I spoke, "What good is all the clinical training if no one chooses

the treatment?” The truth is, the team can pull patients in or push them away when it comes to implant dentistry. If getting them into your chair matters, you might want to lean in about now.

The title of this piece, “I’m not the doctor, but...” is frequently used in our practice and those who we train. We know that the perception of the team member is different than the “rich” doctor. For years, we have witnessed a patient turning to a team member when the doctor walks out of a room and asking some form of, “what did he/she say; what would you do?” This is not uncommon, just not commonly addressed. For me, it’s my lane and where our training specializes. Having systems to set the team and ultimately the patient up for success is what makes the treatment acceptance predictable. Systems don’t fail; people do. Plug good people into a system, and you’ll all experience more confidence. Find the systems that support your great people, and success will be yours.

In my implant book, one of the early chapters addressed the standard answer we share with audiences (and our patients) about what an implant is when someone asks. It’s not the end-all, be-all for every patient, but 98% of the time, it answers their question and leaves them feeling more confident than mixed messages from everyone on the team. If you are a specialty practice, it gets more complicated. It’s the reason my most significant block of business the last 15 years has been educating referring practices and specialists’ practices along with their teams at the same time. Having a group that works together with all saying, “An implant is a man-made root and a man-made tooth or teeth on top are what replace your teeth” creates consistent results and gives a patient confidence in the practice(s). It also allows us to go into our routine lingo about dentures, “a denture does NOT replace teeth because teeth have roots.” I’m not going here; it’s a separate system itself and we are limited by time and space here. Systems support your team, and your case acceptance goes up when they can confidently speak the same language and ensure patients are in the right place.

In our practice and many who attend our seminars and workshops, the doctors realize that patients respond well and believe in a self-assured team member. We are educated and bring our brains to work! We are not mini-robots who push buttons, clean instruments, and become transactional. We are transformational and become a vital part of treatment acceptance. Our doctors can’t be the only ones learning, and they also can’t afford to spend an hour, sometimes two just going through possible scenarios with implant treatment and post-care. A team member often covers the education of the implant process(es) available today, and many times it is long before the diagnosis. It’s the education piece we believe people have a right to know and understand, and it is not confused by the fact that we are “selling” anything at that point.

“Ms. Needmore Time, I’m not the doctor, but helping you understand what might be possible today with implant treatments is my role. Would you be okay if I show you

what some of those options look like? This way, when you meet Dr. Wonderful in a bit, you’ll understand more about the treatment options designed to meet your needs and desires.” We are informing them of treatment options with implants and are very specific that until Dr. Wonderful has seen the CT Scan that she/he ordered, we won’t know what your particular options are. It is not uncommon for a trained team member to spend 45 minutes to an hour sharing types of implant treatments, removable and non-removable, as well as understanding why bone is significant and the types of bone in the face. The patient (and their guest) have much more confidence when the doctor comes in, and we often hear, “I feel like I know so much more now, I hope I still have enough bone.”

It’s really the ultimate pre-heat for this type of treatment. The facts are now the facts and not confused with the misconception that the doctor is looking for more treatment to increase the fee. The doctor is looking at bone width, height, and quality, and the patient is leaning in, hopeful of her/his answers. Don’t confuse education with diagnosing. NO ONE is diagnosing but the doctor. When a patient has been appropriately interviewed on the phone and is interested in implants, we share what will happen when they arrive. They expect this comprehensive care coordinator to help them understand what MIGHT be possible today with implant treatment. We’ve proven over the many years when we do this training that the more they comprehend before the doctor looks at a CT scan or their potentially terminal dentition, the more the treatment acceptance goes up. My second favorite chapter in my implant book is Information vs. Excuses. If you tell me before it’s information if you tell me after...no matter what it is, it is an EXCUSE! Give your patients information and trust the process and systems. I’m not the doctor, but in instances like this, I’ve witnessed many doctors love a team member willing to be an educated colleague when it comes to implant dentistry!

Next time, I’ll discuss “Bone Economics 101” and how the team understanding and conversing on this piece can be a game-changer with your implant case acceptance. ■

JoAn holds the designation of CSP (Certified Speaking Professional), held by less than 12% of 5,000+ speakers worldwide in 14 organizations. It is the highest earned international measure of professional platform competence. She is a professional speaker, published author and registered dental assistant.

She and her husband, Dr. Chuck Majors, a second-generation practicing dentist (with a host of other talents) provide online content through www.thesoftskillsinstitute.online. Designed for today’s busy audiences to deliver high-value personal and profession development content anytime and anywhere.

With 34 years in the industry, 23 years as a spouse, she has an intimate knowledge of team dynamics in healthcare and also businesses where females are a great part of your customer service. When not on the road, she functions as the Comprehensive Care Coordinator in their fourth and final practice, MajorSmiles.

Gold and Palladium Prices Remain Steady Amidst the Financial Crisis

Time to take a look at that scrap metal jar.



Dave Weinberg

Dave Weinberg knows firsthand how important integrity and reliability are in the dental industry. Dave joined the family business and the Scientific Metals and team more than 15 years ago, transforming what had been a mostly regional company into a new national model that eliminated sales reps and middlemen to give dentists higher and more accurate returns on their scrap metal.

Since then, the company has worked with the American Association of Oral and Maxillofacial Surgeons, the American College of Prosthodontists and the world-renowned Seattle Study Club. “We’ve earned their trust time and again,” says Weinberg.

TPD: So, what do you think dentists don’t think about that you think about all day long, and your dad thought about for 30 years?

Dave Weinberg: The first thing that comes to mind is, because the refining business is based solely on trust, it’s one of the only industries where no one knows the value of the material until the refiner tells you what it is. I think the No. 1 misconception of dentists is that it doesn’t matter who they sell to, who refines it—they’re going to get pretty much the same return.

In reality, there can be a huge discrepancy, depending on how you sell or refine your scrap metals.

The business model of most refining companies is based on just pounding on the door of dental offices, going in with a scale and cash, separating the white-looking metals from the yellow ones, and paying cash on the spot. With all the different metals these days, it’s a very inaccurate approach; it’s almost impossible to look at a batch of metals and determine the value based on visual inspection. So the cash offer’s very low- we have seen cases where it may be as low as 30% of the melted value.

TPD: Can you give us a quick example of a dentist who received a cash offer who declined the offer and then sent to you for a full melt and assay?

DW: Dr. Skidmore, a dentist in California, got a cash offer for \$950. He passed it up, sent his metal to us and ended up getting \$2,300—the actual melt value was

almost three times as much as the cash offer. That's not an aberration; that's a typical case where the cash offer could be as low as one-third of the actual value.

TPD: They separate the scrap into a white pile and a yellow pile and give a predetermined price per gram?

DW: This approach is a poor financial decision for dentists because now, for the first time in years, the palladium market is more expensive than gold. Dentists and assistants and office managers don't follow the palladium market, and that's where the confusion comes into play. Now the white pile, traditionally discarded as an afterthought while the focus was on the yellow gold, may be worth more than the yellow pile because of the palladium. Dentists don't know that, and that leaves a lot of room for potential error or dishonesty.

However, in defense of some of these people who are paying cash, it's not necessarily that their intentions are not ethical; it's also that they don't know what's inside the scrap. It could be palladium at \$1,800 an ounce, or it could be nickel, which is worthless. Because of that uncertainty, the offer on the white pile is low, and that potentially leaves a lot of money on the table.

TPD: Dave, you also mention the cost structure of Scientific Metals and how you guys are well set up to offer accurate and honest scrap returns. Explain.

DW: It's great you bring that up, because I wanted to explain a couple things about middlemen, reps, etc. A long time ago, we used to have some reps also, but we decided that there was really no benefit. Back in the day, they'd pick it up and save you time from boxing it up, but nowadays we find that dentists don't mind boxing it up and sending it if they're going to get more money. So we got rid of our reps. Labor is probably the biggest expenditure for all companies—especially refining companies.

One of the pillars to why dentists tell us our returns are the best is because we can afford to pay you what we say we're going to, because our costs are so streamlined and efficient because we save so much by not having one single rep in the country.

TPD: The bottom line is, the only secret to lower price is lower cost. If people have a middleman, you're paying for it. It's just that simple.

DW: Let me give you a real example to put the theory into practice. Dr. Kelly Waggener in Santa Rosa actually wrote an article about this. A new trend among some big refining companies is to partner with dental supply distributors and while the distributors are selling products in the office, they also do the refining. But guess what happens? Now you have the refining company rep getting a cut, you have the dental supply company getting a cut, you have the refining company making their fees, and you also have the dental distributor company getting a cut. Four or five different people getting a cut.

Dr. Waggener sent her metals to a company through their dental supply company and they sent her an email saying she was getting \$3,017. When she broke down the commissions, fees and additional charges that she discovered, she said, "No, the fees are too high; there's too much involved. Send me back my metals." They sent her metals in the form of a melted bar that she then sent to us, who she found through Dentaltown, and on the same exact bar got \$4,700 or \$5,000—about 40% or 50% more. Not for a similar batch of metals, which would be hard to compare, but for the exact same bar, because there were so many fees and middlemen involved that all those charges added up to about 35–40%.

Dr. William Wong in West Allis, Wisconsin, similar to Dr. Waggener, had his scrap melted and the offer was \$9,400. He too discovered all the not-so-noticeable fees and asked for his bar back. He sent it to us and got \$12,700 for the exact same bar. And the thing is, when we assayed the bar, it was the same assay as the first company—meaning, we both got 47 gold and 10 palladium, etc. The difference was, they had additional fees because of all the different reps involved. We didn't have that fee structure, which resulted in an additional more than \$3,000 for Dr. Wong. We're very proud when we hear stories like that.

Dr. Licato, same thing: His offer from another company was \$10,400. Got \$12,200 or \$12,400 with us—and that's even after the palladium market had gone down from the time he got his first offers. But despite that, he still got 25–30% more on the same bar.

TPD: Do dentists shop around to see which refiner pays the most? How can a dentist determine who is paying the most before sending in?

DW: I am glad you brought this up. We get a lot of inquiries about our fees. And I always stress the fees a company quotes should not be the focus: the focus should be on the amount of money you get back. I think the most recent case was with Dr. Culberson, who had a bad experience with someone else and then went back to us and said, "You know, these guys get it." The problem, though, is when you have someone in the office, sometimes the temptation is very great because they say, "How much does Company X charge you—10%? I'll do it for 5%." But just because someone's offering you 5% fees as opposed to 10% fees doesn't mean that you're going to get more money back. Many of our customers tell us that their LOWEST scrap return was from companies who actually quoted them the lowest fees.

If it's too good to be true, usually it is. Dr. Arpad Sooky posted on one of the dental forums a while back, "Thank you Scientific Metals, for being one of the seemingly last refining companies with honor and integrity." I'm really proud of that. ■

For more information, please call Scientific Metals at 1 (888) 949-0008 or visit on-line at www.scientificmetals.com.

A Team Approach To Case Acceptance



Lois J. Banta

Now is a great time to be in dentistry for dentists and especially the entire dental team! Dentistry can be extremely rewarding for today's dental practice. It takes everyone being on the same page in philosophy, dental expertise (in all areas) and attitudes. So many exciting challenges come in to play when presenting complicated, comprehensive and cosmetic dental cases to our patients. Listed below is a suggested action plan to achieve optimal results.

- Perform a comprehensive exam designed to enhance the overall experience of the new patient.
- Design customized treatment plan.
- Consultations that are informative and include the patient in the decision-making process.
- Schedule designer days to deliver optimal care to our patients
- Having a dental team in place that allows them to deliver the quality dental treatment that our patients expect.

The patient is our most important concern when diagnosing, planning and presenting dental treatment. We must first identify the patient's decision-making capabilities and address their concerns with care and compassion. You never get a second chance to make a good first impression. Therefore, the patient's first

visit to your practice needs to wow them. It starts with that first phone call to your office. The dental team member that coordinates the first visit for the new patient is key to that new patient's first experience in your office. Ask thought provoking questions of the new patient to determine their "dental IQ":

- How did you hear about our office (internal marketing tool)?
- What concerns are you having at this time / What prompted you to make this phone call?
- How do you feel about dentistry?
- Please let me tell you about our philosophy in this practice
- Dr. XYZ takes great care with our patients to ensure they have all their concerns addressed by completing a comprehensive dental examination, taking any necessary x-rays, study models and photographs to assess your dental needs. Together, you and the doctor will design a treatment plan that best addresses your dental needs and concerns.

I also recommend a dental "smile evaluation" be offered to patients on their first visit to assess the patient's dental IQ and needs. Some questions may include the following

- Tell me about your teeth
- Tell me about your past dental experience
- What do you especially like or dislike about coming to the dentist?
- If you could change anything about your teeth or mouth, what would it be?
- Tell me about your parents' dental history
- What prompted you to call our office for an appointment?

Communication plays an important role in providing excellent dental care to our patients. This involves the entire dental team. Although the first impression is usually with the front office administrator, the clinical team, assistant, hygienist and doctor play an integral part in the patient's acceptance of their dental treatment. A specific plan needs to be designed to give the patient optimal care. How you introduce the patient to dental care relies on your dental team's ability to make the patient feel comfortable with their decisions. When a patient expresses concern or asks a question, each team member needs to be able to refer to the one of the "experts" in the office while at the same time helping the patient to be well cared for. This method builds a bridge between the clinical and front office and creates trust and confidence between the patient and dental team.

A well-defined treatment plan can also be a great tool for case acceptance. There are many excellent treatment plans available on most computer systems although, they tend to

Treatment Plan

Patient Name _____

Date _____

Treatment Goals:

- 1 - Life long oral health & comfort
- 2 - Preventive and periodontal treatment
- 3 - Control of tooth decay
- 4 - Replacement of missing teeth
- 5 - Cosmetic dentistry

Preventive and Periodontal Treatment:

Restorative Treatment:

- Upper Right:
- Lower Right:
- Upper Left:
- Lower Left:
- Upper Anterior (front):
- Lower Anterior (front):

Replacement of Missing Teeth:

Estimate Total: \$

Please note: Fees quoted are valid for 90 days from date of consult and actual treatment rendered may change.

Sample Treatment Plan

be very technical. My advice is to design a "user friendly" treatment plan that encompasses all aspects of the patient's dental care. A sample treatment plan is shown.

A custom designed treatment plan allows the Dentist and dental team to be more specific regarding customizing treatment recommendations for the patient. It allows the patient the opportunity to completely understand what is being proposed to them. First, you need to set goals for your patient's treatment. Your initial goal should always be to provide "lifelong oral health and comfort". Then list in order of priority the patient's treatment needs, i.e. preventive and periodontal treatment, restorative treatment, replacement of missing teeth and finally, cosmetic treatment. It is also important to remember quadrant dentistry. The more you offer quadrant dentistry for your patients; the better it is on them and the dental practice. Finally, I recommend listing an estimated total (including all possible scenarios) and a disclaimer at the bottom of the treatment plan explaining that all fees quoted will be valid for 90 days from date of consult and that actual treatment rendered may change.

Scheduling your patient for their comprehensive or cosmetic dentistry can present a challenge for even the best dental teams. A "designer treatment day" should be planned in your dental practice to allow for optimal dentistry to be rendered. This requires a choreographed sequence of

(Continued on page 57)

Advertising in the Snake Pit

Reducing the Risks Associated with Digital Marketing in 2020



Grace Rizza

It takes a lifetime to build your reputation and only a moment to destroy it. This fear may have many dentists avoiding social media platforms, and in turn, missing the biggest opportunity for practice growth since Google.

When surveying a room of 300 dental professionals, 40% agreed with the statement “I don’t like social media, and I find it to be a waste of time.” These same people had registered for a course on the topic of social media marketing. Despite many dentists’ distaste for social media platforms, there’s also a strong demand for guidance on how to best leverage today’s quickest growing media, such as Facebook, Instagram, LinkedIn, Twitter and (the emerging) TikTok. That demand for guidance is well-founded and comes from the knowledge that social media is becoming increasingly central to our lives.

Of the estimated 4.5 billion active internet users in 2020, studies done by Global-WebIndex, a market research company, found that 43% used social media when researching products or services. The same study also found that 92% of Instagram users claimed to have followed a brand, clicked on a website, or made a purchase after seeing a product or service on social media. As dental professionals, we need to be celebrating and leveraging this amazing tool to grow our businesses.

However, part of what makes social media great, also makes it dangerous. It’s built, driven, and fueled by user contributions. There’s no gatekeeper between your business and your jealous competitor, an ex-employee or even your ex-spouse. When posting content, (even the most innocent in nature) inappropriate, false, and slanderous comments can emerge.

Traditional marketing methods such as TV, Radio, Postcards, and Billboards carry far less vulnerability. The most cringe-worthy TV ads would be mocked in the privacy of one’s home, yet they don’t allow for real-time criticism like social media. With the power to connect in real-time with your audience comes great responsibility to protect your brand and your reputation.

Digital advertising can seem daunting to the untrained professional. The rules of each platform change constantly. In 2019 alone, the changes to algorithms and

advertising rules changed dozens of times on the major platforms (Google, Facebook, Instagram).

Dentists hear stories and attend lectures showing the best case scenarios of dentists becoming an overnight sensation, setting unrealistic expectations for the available free exposure to the lucky few who have humor, wit, charm, dance skills and the ability to put out non-cringy content. It makes for a fun presentation but leaves the audience with more questions than answers. When leaving motivated to generate their own content, the dentists taking action often learn quickly that internet snakes can be quick to share their venomous commentary on both paid and organic content.

This discomfort with confronting negative commentators has many dental business owners avoiding some of the most powerful ways to achieve practice growth.

Instead of avoidance, dental business owners should create a branding style guide, rule book, and content mix.

Let's first start with the components of an effective branding style guide. When you, your team or your marketing agency is creating content, make sure they have a deep understanding of your brand. Your brand is simply the reputation you desire to create. Make sure you define your brand as simply as possible. The general population will only remember one important thing about you. Consider a brand that connects on a deeper level than the services provided.

For instance, Nike's brand is not great gym shoes, it's motivation. Every marketing message delivered by Nike has to do with taking action. Taglines just don't get better than Nike's famous "Just do it".

When creating your own brand, it can be tempting to change your core frequently every time a new idea or angle comes to mind. However, consistency in branding is key for making a memorable message resonate with your target market.

Once you've defined your brand, you'll have the ability to work with a dental marketing agency to create your style guide. This should include the fonts, colors, symbols, photography, and layouts for social media designs. This guide will allow anyone contributing to your online presence to operate with consistency and ensure all marketing materials work to reinforce your desired reputation.

Once your style guide has been created, you'll want to create a rule book for your marketing team. The rule book will advise the team on how to handle given situations on social media. It will advise on the frequency of posts, platforms utilized, as well as legal agreements for those working on your social media marketing. It's not fun to learn that an ex-employee has taken ownership of your social media profile or vital local listings. It can also be a nightmare to have a marketing agency lose track of your brand, post photos that don't match your intended demographic or miss the mark altogether. Having a rule book will allow you to set the expectations properly for anyone assisting with your online presence.

Your content mix is arguably one of the most important tools for allowing contributors to assist you in social media marketing and is created by writing the specific goals of your social media marketing plan. For instance, your main goal may be to educate your community on the importance of oral health and its role in overall health. You may decide that 30% of your content should be educational, 30% motivational content, 20% team photos, and 20% patient testimonials. However you break up your content mix, make sure your underlying message always has absolute consistency in tone and style.

It can be tempting to want to research what people in your area are most concerned with and build your brand around that, however, we don't advise altering who you are to fit what you believe people in your area are looking for in a dentist. Instead, be completely true to who you are, and in doing so you'll attract the kinds of patients that appreciate you and your team. Remember, it's ok to not be for everyone.

Once you've begun your social media marketing program, expect occasional negativity in the snakepit. Don't let it slow you down. Create your rule book in a way that your team knows exactly how to handle negativity with poise and professionalism. The tone that you use to reply will reflect the true nature of your brand even more than the original marketing you've created. When attacked, your response defines your character. Keep in mind you'll have thousands of eyes reading comments and judging you based on your replies. There's true opportunity in any obstacle.

I recently saw a comment on an ad for a dentist whose entire brand is centered around openness and non-judgment. The comment attacked the advertising dentist, claiming that "Dentists just want money and don't really care about their patients". The brilliant doctor replied, "We'd welcome you at our practice with open arms." It's hard to say if that patient took him up on the offer, but we can be sure that social media spectators were impressed by the poise and kindness of the reply. ■

Grace Rizza began growing businesses at the age of 22. She has guided the growth of more than 1,000 successful businesses while building a business and family of her own. In her first position as a Marketing Director for a multiple location dental practice, she tripled the number of new patients seen on a monthly basis (in 3 short months, on the same marketing budget).

Grace was recently selected as a 2019 Honoree at the Daily Herald Business Ledger's Influential Women in Business Awards.

Grace and her team can help with the creation and execution of marketing strategies, public and community relations, networking, patient communications, staff sales training, phone scripting and training, advertising, internet/web presence, SEO (search engine optimization), direct mail programs, email newsletters, and much more.

The Assistant Dentist In The Tree Of Man



*David Moffet,
BDS FPFA CSP*

Most dental offices out there are one dentist shows. So if you don't employ an associate dentist you may not be interested in this article. If so, you have my permission to skip it.

You see, the Assistant Dentist role, [or known as the Associate Dentist] as I see it, is an interesting position in a Dental Office. It offers the following question:

Where in the Practice/Office hierarchy does the Assistant Dentist get positioned?

This question could take months of intense debate to answer and there are multi-factorial contributions into the equation.

The reason for this posting is simply:

"I don't know the answer",

and

"It depends..."

You see, there are some dentists I know well who have moved on from Dental Office Ownership, and are now enjoying the change of life role of being a dentist in a dental office owned by someone else. However, this role of "mature-age associate dentist" is completely different to the role of "recent graduate assistant dentist" which many of us have experienced, both as young doctors and as dental practice owners. One of my buddies is doing locums. Sometimes as the replacement dentist, sometimes as an assistant dentist...that's an interesting caper. Another friend of mine is working as an assistant dentist in a "partnership of sorts" for a deceased estate. And a third dentist I know has joined a multi-dental office as the fifth dentist.

Now most dental offices out there are one man shows. That's a fact! Or one doctor shows [political correctness]. Those that are more, are often, what I would loosely

call partnerships, where the various dentists through some contractual arrangement have a share in some expenses, such as rent, utilities, office staff etc....

And then there's those with the associate dentist, and with that, comes the question of relationship, and is it master-servant? Or what is it?

This is a really tough question, and I guess it really does boil down to the ages, and experiences, of the owner dentist and the non-owner dentist, as well as the future expectations of both.

You see the relationship of an old bull-young bull mentorship type position for a recently graduated dentist coming into an established practice is very different to another old bull being hired into an established practice, or an established practice employing an associate dentist for a long employment term.

But I digress...

Anyway, recently a mature age dentist that I know well took on a position of assistant dentist in an office, and here's his question. Sadly, I kind of don't quite have an answer for him, but I'm sure with time, an answer will arise...

His question to me is:

Where in the office does he stand when it comes to...

1. Other team members, i.e. other younger dentists, younger dental assistants and office staff that have been there some time, and hygienists, long term and short term, and
2. Dental supplies and materials. Those he needs and those he sees being used, let's say uneconomically, and
3. Working out those times working and time off from his position. Asking for holidays, seminar breaks etc.

Tough questions and tough answers, from both sides of the fence.

I guess we've all been recently graduated docs....where we have to fit in in old established practices, often with older, established Dental Assistants. But what about the long-term assistant dentist? Where would he fit in? Also, what about the newly liberated former practice owner...like my friend, what would be your recommendation for him?

You see, my friend had a situation recently where his dental chairside assistant had to duck out of the office mid afternoon to go to do something important. Trouble was, my friend the associate dentist was the last in the office to know this, or the last to find out, and had to work out who in the practice he needed to speak to ensure that if this situation arose again, that the process would be seamless next time instead of "awkward". You see, back in his previous life as a practice owner, my friend would have found out in advance, and made contingency plans. If he had it sprung on him in his old practice, then simply, he would have then dealt with it directly after the fact.

Now, as an associate dentist, he had a small dilemma. Where does he go/who does he go to to correct this behavior/report this occurrence so that it gets dealt with appropriately and doesn't happen again?

Have you been in this situation, or seen this situation in your office? It's interesting because there are times as a dental office owner, when the assistant/associate dentist ducks out/has a day off/week off without asking/telling the owner as well.

What would you do? Where is the court, or the hearing, and who is the judge? Does he go to the principal dentist/owner? Does he go to the senior practice manager? Does he address the concern himself?

It's a tough one....I welcome your thoughts.

In conclusion, I'd like to say this...my friend says that he's thoroughly enjoying his change of life situation as an associate dentist rather than a dental office owner. He's absolutely loving it! Enjoying the separation of roles. I guess part of that is that as an experienced dentist, he feels he's been able to add value, and immediate value, to the production of the practice. And he's loving the change of life, in that at the end of the day he can just hang up his drill and not have to do all the admin, HR, bill paying...he loves that....and that, is a topic for future articles...that's for sure!! ■

Dr. David Moffet BDS FPPA CSP is a dentist graduate from Sydney University and the author of the #1 Amazon Bestseller "How to Build the Dental Practice of Your Dreams (without killing yourself) in Less than Sixty Days!"

He is the inventor of The Ultimate Patient Experience™, a simple to implement patient retention system he used to build and subsequently sell (for several million dollars) his very successful Dental Practice [of 28 years] located in Parramatta in working class western Sydney.

David is retired from wet-fingered dentistry and now spends his time speaking, lecturing and writing, as well as coaching private Dental clients (in USA, Canada, Great Britain, Europe, and Australia and New Zealand) on how to improve their Dental Practices by focusing on customer service and patient retention. David has spoken to audiences in New York, London, Copenhagen, Las Vegas, Chicago, Miami and Philadelphia, Charleston, and Portland, as well as in Sydney, Brisbane, Perth, Melbourne and Canberra.

His personal as well as Business pages can be found and followed on Facebook, Twitter, LinkedIn, Instagram and Pinterest.

His website is www.theUltimatePatientExperience.com and his twice per week blog can be read and followed at www.UPEblog.com

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To Update or NOT TO Update?



Andrea Greer

When it comes to updating the décor and design of a dental practice, I often hear objections about how the return on investment does not seem high enough to warrant spending the money. Business owners will tell me it has no bearing on how they practice dentistry, and they are probably right. However, keeping your space fresh and current has other impacts on your practice. BIG impacts!

The Patient Experience

When was the last time a patient complimented you on a beautiful crown margin? Unless your patient is another dentist or dental professional, probably never! Patients do not know if you are truly a good dentist or not. They come to you, stay with you and refer to you because of the overall experience you provide them, not because your restorations would win accolades in CE classes. This experience is so critical to the success of a business; a well-executed patient experience will lead to treatment acceptance that is willingly paid for, referrals and great reviews. It is no wonder there are so many classes and tools create the best experience possible for every patient, every time.

What teams must understand is that the patient experience is based entirely upon how the patient feels about their journey through the practice: how they feel when they come in and how they feel when they leave. Your website, customer service, how you alleviated their anxiety and how you communicated with them are all data points the patient uses to decide if they like you. A large part of this is ambiance and aesthetic.

A dark reception area with outdated colors, artwork and uncomfortable furniture does inspire confidence that you are informed about the latest technologies in dentistry. It sends a message that you don't feel comfort is important and may turn people off. Clutter in any area of the practice immediately triggers doubts of cleanliness and is proven to increase anxiety. If you have spent marketing dollars on identifying your brand and how you want to practice dentistry, the appearance of the practice must support your branding, and this will build credibility.

Team Morale

Have you ever done any kind of refresh in your home? Maybe you updated the kitchen, or perhaps renewed the paint and bedding in the master bedroom. I am speculating that when you finished, every time you walked into the room, it made you smile and you thought, 'why didn't we do this sooner?' I was speaking to a new client this week who is hiring me to update the décor in her office. The doctor had gotten a 'wild hair' last month and painted the reception area, which previously had been the popular red and gold of the 2000's. I was a little nervous, but he chose

great colors and the feedback from the team and patients was so good, he hired a painter to come in and do the rest of the practice. This office manager told me that the whole team gravitated toward her office now, because it was so much lighter, cleaner and felt so much better than the areas that have not been completed yet.

Maintaining an office is a symbiotic thing. If a team sees that the owner keeps the office fresh and inviting, they will feel good working in it. If they feel good working in it, they will keep it maintained and take care of small problems as they arise. If teams will help with the upkeep, owners feel more inclined to invest in keeping the practice updated. A great exercise to facilitate this relationship is detailed in my eBook *If These Walls Could Talk* which can be requested from my website.

Preparing To Sell

It is well documented that staging a home will help the home sell faster and for more money. Staging is an inexpensive service that optimizes furniture placement and décor to help buyers envision themselves in a home they are buying. For practice owners who are beginning to think about selling their practice, doing a refresh of the décor and paint has the same effect. It will present a more inviting investment to potential buyers so they are not thinking about the money they will need to invest after the sale to bring it current.

According to the ADA, 49.7% of graduating dental students in 2018 were female. While women own fewer practices compared to men, the rate of female ownership is not declining. This means that if you are targeting a private owner as your buyer, your practice must appeal to both men and women, and typically women notice décor more than men (this goes for your patients, too!)

Updating your décor may increase the value of your practice as well. Maria Melone, Managing Partner at MORR Dental Transitions states, "To command premium practice values, an office must include current technologies but also be aesthetically pleasing and up to date." At the very least, a buyer won't be asking for a price reduction to offset the investment they will need to make to update the office.

But Isn't It Expensive?

I believe many business owners hesitate to update décor because it may feel like an expensive investment that is not necessarily tangible. If the layout of the practice is still conducive to your workflows, often updating doesn't have to be expensive. If the hard surfaces such as flooring and counters are in good condition and can be considered current, a fresh coat of paint and new artwork can be enough to really change the feel of the practice. In the reception area, furniture can be replaced inexpensively, however, in this one area, I would recommend upping your budget as much as you can. Chairs receive an immense amount of wear and tear and can become loose in the joints and lose their cushion very quickly if cheap ones are purchased.

Overall, there are a multitude of reasons to update the décor in the practice and it doesn't have to break the bank. Décor certainly can be "DIY" and with websites such as Pinterest to help collect ideas or if you know a friend who loves decorating, updating your space can be easy. On the other hand, if the last time you addressed the décor in your practice can be tallied in decades, perhaps hiring an Interior Designer to come work with you onsite is the best course of action. I have the pleasure of working somewhere in the middle with my clients - they are looking for someone to narrow the choices and show them what goes well together. I get to marry my 28 years of experience in dentistry and Certified Color Expert designation with my passion of décor and art and create beautiful spaces for practices across the US! ■

With 25 years in the dental industry, serving in multiple positions, Andrea's desire to improve the patient experience led her to hone her communication skills which in turn increased treatment acceptance, aided in team conflict resolution and established her as a leader in the positions she held. Defining protocols and practice metrics, streamlining scheduling, improving patient education and building value for dentistry are her passions and she brings that passion to her clients through her business, On Point Dental Consulting. She offers a practice a strong, personable, empathetic voice to coach the dental team.

Andrea can be reached at 970-218-2209 or at andrea@on-point.consulting. Her website is onpoint.consulting.

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SPECIAL REPORT: Hygiene Transition To Commission



Michael Abernathy,
DDS

I realize that I am about to step off the deep end with hygienists and am placing a huge challenge in the lap of every doctor that reads this article, but the time has come to move away from hourly wages for hygienists. Years have passed and pay for our employees has increased, and we failed to notice that “overhead creep” has stolen our profits while staff continued an ever-increasing salary base. In other words, staff costs have outstripped office profit as well as office productivity. In business this is untenable over the long haul. Push the cost of living raises, longevity raises, and bonuses out far enough, and we reach a point of total financial ruin. The reality is that hygienists have continued to have higher salaries in offices where managed care has decreased our reimbursement yearly only for us to find that the percentage of our collections for staff costs has tripled with no way to compensate by raising our fees. Fee increases today, basically, don’t affect our actual reimbursement because of managed care. With hygienists, the reality of supply and demand, ever decreasing reimbursement, and competition has not translated into a pay scale that is sustainable. This is where we find ourselves today. Most doctors are unaware of the inequity of work to pay levels they currently have with hygienists and also associates.

When we look at hygienists as the hygiene department, we have some pretty hard and cold facts that you should consider. First, Let’s look at some hygiene basics. Ideally, hygiene department revenue should be one third or greater of the total practice revenue. I define “hygiene department revenue” as consisting of everything that gets done in the hygiene operator. For example, I consider the doctor’s exam as hygiene department revenue. Certainly, you could remove that, but I would like you to study my module on The Hygiene Factor before just discounting this strategy. We need our hygienists to partner with us to help the patient want what they need. They can play a huge part in case acceptance while at the same time not overwhelming the patient or coming off overly assertive. I’m sorry, but most doctors are completely ignorant of a hygienists training and it is silly not to think that your hygienist could compensate for many of the things you do not do well. Great offices, have great long-term hygienists that live and breath the culture of the practice. Giving them this small percentage (25%-30%) of that fee for the exam will pay huge dividends in more patients ending up on the doctor’s side as well as more direct referrals for your office. Keep in mind that you still get to keep 70%-75% even if you do share this with the hygienist.

Whether you have one or a dozen hygienists you need to look at hygiene as the hub of your entire practice. They should be bringing in at least 33% of your entire production. Hygiene should never be considered a loss leader". They should partner with you to help patients want what they need while building up their doctor's image in the mind of the patient. Cleaning teeth is the last thing on the list of important functions that hygienists perform. If you, like many others, find your hygienist thinking their job is just cleaning teeth, you definitely will be challenged to grow your practice. A hygienist foundational job is inspiring our patients to show up, pay for their treatment, and refer every one they know.

So how do we reset the image that many hygienists have of their role in our practices? How do we elevate the importance of their part in a successful practice? How can we create incentives and consequences to ensure their growth and engagement in the business of dentistry, while not having them act like a privileged prima donna where the world revolves around them? Why would this ever happen? This pandemic and a few months of not working gives you an opportunity that will never happen again. A reset button to put things right while creating a system of commission pay that will give the hygienist the possibility of making more money while actually lowering the percentage of collections going to staff salaries. One could almost say that the average practice has a hygiene department that failed to launch.

Failure to launch in your hygiene department is the result of "no pain". We are all familiar with the phrase: "no pain, no gain". When you work out, that leg exercise, if done correctly and consistently is going to hurt in a couple of days every time you do it. Striving and straining increases the likelihood of physical gain. The pain of putting off gratification in order to succeed in life has become a worthy goal. When I say, "no pain" here is what I am talking about. If you pay your hygienist hourly you have created a one-sided accountability formula for mediocrity. Hygienists that are paid hourly do not feel the pain or consequences of:

- **Cancellations and No-Shows:** When someone does not show up for their appointment or cancels in the last minute, an hourly employee has no skin in the game: They feel no pain. They get paid whether they produce or not. Especially if that hygienist feels that making recare calls, reactivation efforts, or cleaning up a room for a busy assistant is beneath the station of an educated Hygienist. Most good hygienists are more than willing to pitch in and help the team, but most good hygienists also should be responsible for their schedule by anticipating recidivistic no shows, and late shows. They should constantly follow their own schedules to be productive every minute of the day regardless of the circumstances. Your hygienist must be engaged to the point that they will not tolerate anything less than a 90%+ utilization each and every day. Hourly pay decreases their productivity.
- **Fewer Scaling and Root Planing Appointments:** The number one indicator of a poorly trained hygienists and

a marginal standard for clinical excellence in your dental office is having anything less than 20% of your patients going thru Periodontal procedures. Hourly hygienists don't feel the pain when they fail to keep up with technology, clinical excellence, and patient education. They get the same pay regardless of whether or not they continue to learn and care for their patients at the highest standard of care. If you pay them hourly, they will have a patient every hour. If the numbers for scaling and root planing are at or below 20%, then your hygiene departments are practicing "supervised neglect".

- **Poor Hygiene Recall:** This falls squarely on the heads of hygienists as they interact with their patients. 100% of patients should be scheduled for future appointments for cleanings and exams. The sad truth is that the national average is 42%. We spend all this money on marketing to attract new patients and yet fail to maximize our return on our current patient load by not continually and consistently caring for those already in the practice. Check for yourself. You will be horrified at what you see. Just look out 3 or 4 months on hygiene in your schedule and see what you find. Most of the time you will see 3 or 4 patients scheduled and those are all early in the morning or late in the afternoon. The very times that new patients will demand. Not only are they not pre-appointing their current patients, but they have undermined the front desk by not guarding the peak demand times that new patients will want. Poor recall happens when there is no pain.
- **Weather:** How many times have you made it to work only to find that only one or two employees show up, and none of the hygienists. If you pay hygienists by the hour, there is no pain or at least not enough to get them to try and make it to work. No pain, no gain.
- **Poor Production Per Hour in Hygiene:** Being paid hourly allows you to stop looking at your own productivity because you make the same regardless of the day. Accountability goes out the window. The office takes all of the risk while the hourly hygienist takes home an hourly wage. The reality of business is that systems that encourage mediocrity should be challenged. Hygienists and doctors are the only people who can control their productivity by improving their efficiencies and effectiveness. At this time of great challenge to come back from the COVID-19 pandemic, we can ill afford to not act on areas that we have allowed to get out of hand. None of your staff are employed now. Today is the time to rectify who works there, and how they are paid.
- **If You Don't Measure A Hygienist's Results:** What is measured, gets done. That is why policy manuals, job descriptions and benchmarks for every position are so important. They create a black and white score card for excellence. We measured the hygienist's production per week, the number of scaling and root planings they did per week, and the number of crowns they presented per

(Continued on page 48)

SPECIAL REPORT: Hygiene Transition To Commission

(Continued from page 47)

week. This was kept on a graph posted in the staff area where everyone could see. The hygienist was tasked with keeping this up to date weekly. While their job descriptions may have dozens of other requirements, these three areas if done well, will insure a super productive hygiene department that will continue to grow while offering the hygienist an ability to improve what they are paid in a commission based or hybrid pay system.

While we could probably add a few more areas where there is no pain in an hourly based pay scheme, I think you can see how consequences create an accountability that drives hygienist to re-engage in their jobs while understanding the business of Dentistry. Moving to commission will erase these failures to launch causes almost immediately.

Why would an office consider this change from hourly or salary to a commission based on net adjust production (The charges adjusted for any write-off)? As a reminder and reference point, we already know that historically, 20-35 years ago every person including associates were paid in the form of a salary or hourly wage. Pretty much, the cost of doing business was offset by inflation and increased demand for dentistry in a growth market with very little competition. Back then we could afford cost of living raises without altering our profit margins. It wasn't until we started to see managed care whittle away our fees, that the smart doctors began to question the validity of continuing this pay structure. The new dental economy we find ourselves in has an ever-increasing dental graduation rate (6,500+ this year translating to more competition), overhead increasing 11% in the healthcare field over the last 5 years with no end in sight, a decrease in patient spending for dentistry, and higher debt carry in our practices. Ask yourself, how you can continue to pay an increasing hourly wage or a salary when what the office gets per procedure has continued to diminish each year, while our overhead continues to rise? In its simplest form, we make less every year but we pay our employees more. This is why since 2008 the average dental office has taken home less every year. Added to the fact that most doctors still give a cost of living raise or even "longevity based" raises (you get payed more because you have been there longer even though the office profit continues to tank) and any "simpleton" can see that there will be a time in the not too distant future when there won't be any money left to pay ourselves unless we address this inequity and one sided risk. Consider the burned out or aging doctor that produces less each year and you have an eventual untenable situation.

The fact is that 90%+ of dental offices make no profit. When I ask doctors how much profit they made last year, they generally tell me 25%-35% which would be amazing if that meant after paying everyone, they had 25%-35% left over. The reality is, they were telling me what they took home out of the total collections. See, that is not profit. That is just part of your overhead for a doctor to work there. It is the going rate for what you would have to pay another doctor to do the same work. It is your salary as an employee of your corporation, it is not profit. As an owner of a small corporation you are a shareholder, the boss, but you are also an employee, the dentist. In other words, that percentage if it is in the 25%-35% represents the owner doctors pay, and most practices find that it is even less than that. Keep in mind that you are not guaranteed this or any fixed percentage if you are the owner. Most doctors are happy if they get this much. Profit is the amount of money left over after paying all the bills (including the doctors pay), and even in a one doctor office, it should cost you 25%-30%. That means that if you have a 70% or higher overhead, there is no profit. In case this is not hitting home, it is "BAD". It's also "bad" that most of us never look at it this way or realize how vulnerable our financial future is.

Now add in the fact that most of you have let your staff go, they are on unemployment, and the specter of COVID-19 and a far reaching financial recession is upon us and you have a do or die situation as you contemplate bringing back staff...especially your hygienists. Even if many practices make it back and production returns to something resembling normality, most are still “dead men walking”. It will just take a little longer for you to figure it out. A day of reckoning is coming. Probably sooner than later.

Commission pay on the other hand should be an algorithm based on overhead and profit margin. It is not some predetermined percentage because everyone uses that amount, but a carefully analyzed percentage representing a reasonable pay based on an office with a reasonable overhead. Problem is, many offices don't have a “reasonable” overhead. Done any other way, you will come up short. Done correctly, it will be a formula that is scalable, sustainable, and fair. It makes business sense and inspires your employees by its impact on what they take home. At the very least, understanding this foundational reality of business will cause you to engage and act to improve your results. The greater number of offices out there are dealing with hygienist and associates and how they should be brought back on and is there a way to set a pay scale that ensures that both the owner and the hygienist have set up a realistic pay protocol that will fit the situation we find ourselves in.

For those offices that are also dealing with associates and how to bring them back, allow me to take one paragraph and address this situation also. Most doctors call me asking what percentage or daily pay should they offer. The correct question should concern finding out exactly what your overhead actually is. Let's assume it is 70% (Average office is 67%-75% which is a red flag in that average offices are not ready to have another doctor and teeter on the edge of long-term solvency). Each of you should assume that if you hire an associate you expect to make at least some passive income off of the young doctor's work. If not, why would you hire someone. Let's use a small percentage of say, 5% to 10% profit above and beyond what the associate brings in as our goal for passive income. Most associates if you explained it this way would think that makes sense and sounds fair. Ah, but you have a 70% overhead. The most you could pay is 20% if you wanted 10% profit and 25% would be 5% profit. But wait, you had to finish out that op that no one wanted to work out of and also hire at least another assistant for the doctor, so you no longer have a 70% overhead. Hopefully you get the picture. Basing a commission or pay without looking at your overhead is a recipe for disaster.

Now we look at the hygienists. By the way, on our www.summitpracticesolutions.com website, we have a link to 400-500 articles we have written on just about every aspect of a Super General Dental Practice. In considering the transition to commission we have to do a little home work. I want you to run a “production by provider” for the last twelve-month period. For our purposes and to negate any effect due to COVID-19, we will use the 12 months of 2019 for your data.

This will give you all of the producers by name and the total production for that period of time for each of those providers. Secondly, you need to get your CPA to give you each hygienist's pay for that same period of time (be sure and include taxes, benefits, continuing education...). Now we go to work. Take the pay for the first hygienist and divide that amount by their production for that same period of time. Example: Total production for the last twelve months was \$137,000 and their pay was \$70,000. Do the math and you find that although you payed them \$40/hour, effectively their pay represented 51% of their production (probably more if you did not use the adjusted net production after write-offs). You don't make this much of your production and neither should your hygienist. In fact, ask yourself this: Would I even pay an associate anything close to that percentage? Paying by the hour or salary exposes you to great risks of ever-increasing costs with little or no risk to the employee even though they are the only ones that could control what they produced. It is human nature. If you are paid hourly, the hygienist will see one patient an hour. It has nothing to do with the actual time they need for that patient, they just don't feel the pressure to engineer their schedule to be productive within the reality of a sound business strategy. FACT: Your hygienist should produce three times what you pay them, and the hygiene department should produce about 33% of the total production of the office. NOTE: If your hygienist is assisted, then the production has to be three times the cost of the hygienist and assistant. So, go and look to see if that is the case. Most of you will find your hygiene department is falling short and needs some attention. Now go and look out 3-5 months on your hygiene schedule which would be somewhere in the middle of a 6-month recall. Evidently hygienists who are paid hourly seem to only average about 42% successfully scheduling patients for their recall visit. This is huge. If they go on commission, it's almost like magic. Recall goes up to 85%, more patients refer and the doctor has an increase on their schedule, too. Next, do a production-by-procedure for each hygienist. It appears that hourly paid hygienists fall short on doing a reasonable amount of scaling and root planing of about 20% plus. Go to commission and boom, SRP's go up. If you sell products and they go on commission, sales go up. It's amazing how human nature and cause and effect come into play with a well thought out commission pay for hygienist and associates.

Great practices have figured how to partner with their associates and hygienists on commission and have blown the roof off of growth. A few other pearls before we go. Whether we are speaking about associates or your hygienist, I always paid a new commission-based employee a daily salary for about 90 days or the commission, which ever was higher, but at the end of that period of time they went directly to a commission pay basis. If you spoke to any of my 10 hygienists, each and every one of them would never go back to hourly pay. They were given a career, the training, and paid well for what they did. Instead of just an hourly

(Continued on page 51)

Coming To A Walmart Near You



Tyler Williams,
DDS

Since I started practicing nearly 10 years ago, I've seen a lot of changes. Implant have become accepted as mainstream to patients, corporate practices have grown exponentially, and dental school debt is climbing rapidly. In one the best economic booms of all time, many practices are hitting all time highs.

It's amazing however, that some are really struggling. We all have our challenges, it comes with running any type of business. In fact I've noticed 3 dental offices close near my home in the south part of the valley. I've also had several offers to buy my practice from DSOs and corporate practices, some call, email and write to me regularly. Not a bad fit for some people, but at this point in my career, being bought out offers no interest to me.

Our businesses aren't any different just because we work in dentistry, business is business. Some see this idea as "salesy", but I see businesses as the future of our jobs and economy. Great businesses are the future places our children will work when they grow up.

Plus the \$815 billion juggernaut around the corner is now trying to compete with you.

Last fall, Walmart opened one of its first health clinics in Dallas, Texas. I'm not sure what and where their plans for expansion are, but if you study Walmart, it's a matter of when, not if they come knocking into our town.

"The customer is at the heart of everything we do, and that focus is reflected in the new Walmart Health center. This state-of-the-art facility will provide quality, affordable and accessible health care for members of the Dallas, Georgia, community so they can get the right care at the right time, right in their hometown." Sean Slovenski, SVP and President of Walmart U.S. Health and Wellness

I'm sure Amazon has already set its sights on dental care and is putting a plan into place to open up retail or mobile locations. Smile Direct Club is going nowhere. Even if you hate them and don't agree, they are enrolling people (especially millennials) like crazy, and not just in the US. Interestingly, Invisalign's stock (ALGN) has been climbing in value since Smile Direct went public a few months ago. That is a lesson in itself.

I'm sure the way you practice dentistry a decade from now will be very different, but hopefully in a good way. If you constantly innovate and improve the way you

practice, not just on teeth but on your business as a whole, I believe dentistry still has lots to offer us. Especially since 50% of the population still isn't seeing a dentist at least once a year.

Most importantly, my plan is NOT to compete with Walmart. That's a totally different plan. I'm not going to try and compete on price or location with them. Why would I? If all of my patients run out and start getting care at Walmart, I have a bigger problem than Walmart - my problem would be the lack of a reason for my patients to come back and see me. I personally wouldn't put Walmart as my top 10 choice for any type of healthcare for me or my family, but that's just me.

There's never been a better, or more important time to differentiate yourself than now. Dentists are well-known for buying "shiny objects," as seen by much of the unused equipment in drawers and closets at our office. They are purchased with good intent, but without a plan, usually go to waste.

When Walmart first showed up, Nordstrom didn't suffer, because they were already different. The "mom & pop shops" that closed down couldn't differentiate themselves from Walmart on price, convenience or service so they got gobbled up.

My word of caution is to be careful on who you take advice from. Look for a mentor who has been and is going where you want to be. Much of the media and corporate growth is propaganda and is simply trying to scare small practice owners into selling or moving. I'm here to urge you to not compromise your ethics or goals, and to continue on your path to excellence in dentistry.

If you have any feedback or would like to share your experiences with me, I'd love to hear from you at twilliams@pinecrestdds.com. ■

Dr. Tyler Williams is a full-time practicing dentist and the founder of Pinecrest Dental. He is a proud husband and father of three.

He has completed thousands of dental implant and restorative procedures. He has written numerous articles for the Utah Dental Association, and is the author of the book, Reason to Smile: 11 Keys to your best oral health ever, which can be found at major bookstores and on Amazon.com.

Dr. Williams is a member of the American Academy of Implant Dentistry, the American Academy of Facial Esthetics, the American Dental Association, and the Utah Dental Association. He has also been recognized as one of the most influential dentists in Utah by Kleeer's list of Most Influential Dentists in America.

He is currently a speaker and instructor on Dental Implants with the DDS Implant Institute. His dental practice focuses on implant dentistry and oral-systemic health for a better quality of life.

Your New 2020 Goals - The "F" Factor

(Continued from page 11)

changes is that there will always be change. When they do, there are some things that we can hold onto that will help us map or remap the path forward. New realities present new opportunities. What does not change, however, is that:

- It takes the right flock to get us where we want to go. Flock carefully.
- We always need to F.I.O. or figure it out. The better the flock is at F.I.O. skills the faster the flock will fly to the goal new or existing.
- The focus for the starting point is always in the donut hole, not in the donut. Staying focused on what we can control today and working it out will always yield better results than trying to work from the outside in.

Flocking, FIO and Focus. Three skills that will lead us all to a brighter future. ■

Steven J. Anderson is an author, presenter, entrepreneur, philanthropist and past Excellence in Dentistry "Dental Businessman of the Year." For a free copy of his e-book The Science of Setting and Achieving Goals visit: www.TotalPatientService.com

SPECIAL REPORT: Hygiene Transition To Commission

(Continued from page 49)

job, they felt like they were in more control of their career. The last thing is the miracle of the "ripple effect". When your hygienist goes on commission your recall rate increases, cancellations and no shows almost disappear, overhead drops, staff turnover goes away, and stress goes way down. Commissions encourage an ownership mentality that goes a long way to getting you to the practice you always thought you would have. This is how you Summit. ■

The desire to teach others how to duplicate his success without reinventing the wheel is what prompted Dr. Michael P. Abernathy to create Summit Practice Solutions in 1991. Through the company's consulting and coaching services, speaking engagements throughout the U.S. and Canada, and numerous articles published in newsletters and journals, Dr. Abernathy has inspired thousands of doctors to a renewed enthusiasm for the future of dentistry. Among his colleagues in dentistry he has earned a reputation of excellence in successful practice building. He is definitely a dentist with a grip on reality and a vision for the future. Reach out to Dr. Abernathy at 972.523.4660 or abernathy2004@yahoo.com

Implement A Membership Plan Now To Jump Start Your Dental Practice When The COVID-19 Crisis Lifts



Dave Monahan

Sweeping dental practice closures due to the COVID-19 crisis have created a backlog of patients with dental care treatment needs, from preventative to restorative and cosmetic. When practice doors re-open, patients will want to address their oral care needs, but they will be sensitive to price due to job, salary and benefit cuts.

As dental practices prepare to re-open, having an expertly designed and priced membership plan will be critical. Patients will seek budget-friendly care options, and dentists will seek ways to jump start their practices with additional streams of revenue.

This article explores how implementing a membership plan now as part of your COVID-19 recovery strategy will help you bounce back when the crisis lifts.

Article highlights:

- COVID-19 has created a record 26.8 million U.S. jobless claims as of April 23, 2020, leaving many patients uninsured and many others feeling financially insecure
- Cost and coverage are the primary reasons uninsured patients avoid the dentist
- Membership plans create a mutually beneficial relationship between patients and practices
- Membership plan patients visit two to three times more than uninsured patients and generate twice the revenue
- Start a successful membership plan following 12 best practices from Kleer

Give Your Patients Budget-Friendly Care with a Dental Membership Plan

As of April 23, 2020, U.S. jobless claims hit a record of 26.8 million people. Losses of jobs, salaries and employer-sponsored dental benefits will reduce the number of insured patients at your practice and put pressure on cash paying patients.

What does this mean for your practice? Your business is at risk. Cost and coverage are the primary reasons uninsured patients avoid dental visits and treatment. An October 2018 Dental Market Insights Report by Finch Brands specified reasons patients gave for not seeing a dentist in the past two years. Seventy percent of those who responded said “it’s too expensive,” and 69 percent said, “I don’t have insurance.” COVID-19 will reinforce these reasons.

The Finch Brands report also found some good news. These same uninsured patients do in fact value their oral health and want access to budget-friendly care. In fact, 89 percent responded that they were interested in purchasing a dental plan so long as it is simple, affordable and transparent.

As your practice re-opens, post-COVID, be prepared to serve price-sensitive patients with a dental membership plan. With dental membership plans, patients pay a monthly or annual subscription to their dentist in return for preventive care and discounts on other services. Having an in-house plan in place will enable your patients to access the budget-friendly care they seek.

Membership Plans are Mutually Beneficial for Your Patients and Practice

A membership plan will give patients exactly what they want. Payments are affordable, prices are transparent, coverage is easy to understand, there are no hassles like deductibles, pre-approvals and annual maximums. Plus, patient benefits start the minute they join.

With your membership plan, patients will:

- Access simple, affordable and personalized care
- Choose from budget-friendly payment options (monthly and annual)
- Receive benefits immediately upon sign-up
- Bypass the costs and hassles of insurance—no deductibles, waiting periods, claims denials or paperwork

For the practice, dentists are 100% control, setting their own fees and designing their own treatment plans—all without the costs, constraints and hassles of the insurance middlemen. And by making it easier and more affordable for patients to get the care they need, they become more loyal and accept more treatment.

If your plan is designed and priced correctly, your membership plan patients will visit two to three times more than uninsured patients and generate twice the revenue.

Data collected from Klear customer practices proves membership plan patients will be your best patients. This graph shows the average results for practices on the Klear Platform and shows that uninsured patients with a membership plan generate 2.1X more revenue than uninsured patients without it.

12 Best Practices for Starting a Successful Membership Plan at Your Practice

Implementing a membership plan at your practice will be a great step in jump starting your practice as the crisis lifts. To help you get started, Klear has developed the following best practices. These guidelines are based on our experience working with thousands of dental practices in developing successful membership plans.

- Provide comprehensive treatment. Include preventive care—usually two cleanings, two exams, and routine X-rays each year—and discounts on additional treatment.
- Provide transparent pricing—and price it right. Sharing pricing builds patient trust. Price your plans to achieve the optimal balance of patient value and practice results.
- Ensure compliance. Dental plans must adhere to multiple regulations, including HIPAA, consumer protection laws, and various state laws.
- Make it simple to join. It should be easy for patients to sign up from any device.

- Make it easy to pay—especially now. Consider whether you will offer monthly or yearly payment plans or both. More now than ever, patients will appreciate the option to pay monthly installments.
- Make it immediate. Begin benefits the moment a patient signs up.
- Make it hassle free. Eliminate sign-up fees, deductibles, waiting periods, annual maximums, and pre-approvals.
- Assign a plan coordinator. Assign one person in your office to manage and track the plan.
- Get your team on board. Make sure all members of your team, including the doctors, understand and promote the benefits of a membership plan to your patients.
- Offer your plan to everyone! Don't pick and choose to whom you offer your membership plan. Remember, Klear's data proves membership plan patients are worth 2.1X the value of the average uninsured patient.
- Set goals and track progress. You can start small and then build. Initially, set a goal to sign up 25 percent of the uninsured patients you see each week.
- Promote the plan. Promote it in your office, on your website, and through social media.

How Klear Can Help Your Practice

The Klear team is committed to supporting dental practices through this unprecedented time. We remain open and are assisting dental practices every day to stand up membership plans. Klear can handle all your membership needs virtually—from educational demos, to design and pricing consultations to contracting, implementation, training and support. And, the implementation is free, so there is no reason not to start your membership plan today.

Klear's cloud-based membership plan platform is user-friendly and makes managing your membership plan simple—from patient self-service tools to intuitive plan management tools, fast electronic payment processing and automated renewals. Additionally, we provide a full suite of marketing and support tools, and we will help you optimize your plan and grow your membership enrollment by analyzing plan performance and helping you implement best practices. ■

Schedule a consultation with a membership plan expert at Klear, here: go.klear.com/profitabledentist-covid

Dave Monahan is CEO of Klear, an advanced, cloud-based platform that enables dentists to easily design and manage their own Membership Plan and offer it directly to patients. Monahan's advocacy for subscription-based dental care led to the founding of Klear in 2016 and phenomenal growth in Klear dental practices and membership since its pilot launch in September 2017. For further questions about the Reimbursement Crisis and Klear Dental Membership Plans, reach out to dave@klear.com.

IRx Periodontal Protocol

Handy During A Pandemic



*James W. McCreight,
DDS*



*Jamie Rotunno,
RDH*

The IRx Protocol is an Initial (I) prescription (Rx) periodontal protocol, using periodontal trays before debridement, scaling, or surgery that is helpful in our COVID-19 world. In essence, we prescribe periodontal trays¹ to be used by the patient to administer antimicrobials deep into periodontal pockets in 10-15-minute daily increments as the initial phase of periodontal therapy. The tray therapy is then used as home care throughout the treatment phase and into maintenance.

The purpose of the IRx protocol is to address gingival infection, bleeding, and inflammation before in-office treatment. These outcomes have significant clinical implications including

1. reducing risks of bacteremia for patients with co-morbidities.
2. making in-office treatment more comfortable for the patient (due to less inflammation).
3. improving the visibility for the clinician (less bleeding and swelling) and requiring less time to complete, for example, debridement or scaling.

With the pandemic limitations to emergency treatment, delayed patient care is mounting. The IRx Protocol that we first implemented in 2013 helps these patients while they wait for care. You improve their health and decrease a chronic burden on the immune system. During this pandemic, oral health has taken on a new priority. If patients can't avoid the virus, the best defense against it is a healthy immune system.

Case Presentation

The patient presented with moderate periodontal disease, isolated areas of significant destruction, generalized and severe bleeding on probing, calculus buildup, worn dentition, undiagnosed sleep apnea. He expressed fear of the dentist, and his oral health had not been a high priority. He returned to the practice in 2019 after not being seen for 15 years.



Pre-treatment images taken on 4/23/19.

The patient's concern for finances led him to decline scaling. He accepted Rx trays, debridement, and diode laser therapy. The dental team continues to advocate for scaling.

Treatment Method

The patient presented on April 23, 2019. Customized trays with 1.7% hydrogen peroxide and doxycycline calcium² were prescribed for home usage in 15-minute increments. Trays were delivered on May 23, 2019. Debridement was completed on June 17, 2019.³ The patient returned every three months until the pandemic forced the office to limit care. On June 11, 2020 he returned to the dental office after 6 months. He had run out of the medication for his tray therapy.



Images above taken on 7/19/19 after two months of Perio Tray® usage and one round of debridement.



Image above taken on 6/11/20 after debridement. Patient ran out of Perio Gel during the COVID quarantine period. Restarted Perio Tray® therapy.

Results

On July 29, 2019, six weeks after debridement and 9 weeks after the tray therapy started, the patient returned to the practice at which time a full periodontal chart and images were taken. Bleeding on probing dropped from 100% to 30%. Deep (>4mm) and bleeding pockets dropped from 77% to 29%.

These results were maintained throughout 2019 and the first half of 2020. When the patient returned to the office

(Continued on page 63)

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Is It Time To Ban The Block?



Steven G. Mautner,
DDS

This month's editorial deals with one of the greatest mysteries of dentistry and life itself, the inferior alveolar nerve block, affectionately known as the "block".

Back in the "good old days" of dental school I was taught to administer this injection by feeling/guessing where the ramus of the mandible was, then palpating the bone until I miraculously detected some obscure notch (hamular, belt, not really sure at this point since I can barely remember what happened yesterday) and injecting from the ipsilateral (or was it contralateral and why are we the only people on Earth who use the term "ipsi"? side when the 27 gauge harpoon size needle struck gold.

After waiting for lunch to be served and devoured, the patient typically was drooling from the injection side, couldn't feel their lip or tongue and was ready for the long awaited buccal pit on number 30 to be restored. Unfortunately, despite experiencing complete numbness from the orbit down to the esophagus, the patient inevitably screamed their brains out once the carbide bur penetrated enamel.

After several episodes like this, culminating with an incident during which a wide eyed patient writhing in pain from an unsuccessful attempt to extract an abscessed number 30 bolted from my chair, I thought to myself there had to be a better way. Luckily there was a myriad of "alternative techniques" to try, such as the Gow-Gates, Akinosi, Dow Jones, Samurai, Bear Stearns and of course the Hail Mary.

However, after falling into a coma trying to read about the Gow-Gates technique, I came to the conclusion it was time to toss the block and start doing mandibular injections differently. Luckily my Dad, also a dentist, had a few ligaject syringes which he wasn't using, and after a few tries, a lightning bolt struck as I came to the conclusion that I had struck mandibular anesthesia oil.

The icing on the cake came when Septocaine was approved for use in the USA. The technique is as follows: say, for example, I'm doing an extraction on a lower molar. First I will infiltrate on both the buccal and lingual of the tooth, then follow with the ligaject around the PDL of the tooth – typically on the mesial-buccal, mesial-lingual, distal-buccal and distal-lingual areas.

For it to be effective, the gingiva must blanch and the injector must feel pressure. The only negative of this technique is it can create pain. The anesthesia must be deposited slowly. However, anesthesia is instant, is profound and has the added benefit of achieving hemostasis.

For fillings on lower premolars I'll skip the PDL injection and just infiltrate. For all root canals and extractions I use the ligaject as well as for some fillings on lower molars, depending on if the initial infiltration is successful. I always use Septocaine, even on those loons that insist they're "allergic to epi".

The only drawback to doing mandibular injections this way is possible tissue necrosis or post-op pain or infection. However, this is preferable to a block that takes 5 to 10 minutes to "work" (if it does), requires shoving a large needle down a fearful patient's throat, may cause paresthesia and, of course, a nice certified letter from your local malpractice attorney. For me, there is no choice. Ban the block! ■

Dr. Steven G Mautner aka "Mauty" is a Dentist from Florida who is known for his insightful, witty and often irreverent insights into the dental industry. Mauty has taken his talents to Facebook and his posts are informative, thought provoking and as controversial as ever. Dr. Mautner's practice philosophy is to provide high quality dentistry at the most affordable fees. His ultimate goal is to accept every single dental plan in existence.

A Team Approach To Case Acceptance

(Continued from page 37)

events for quadrant dentistry to be performed with the least amount of stress in your day. First, set your annual goal, divide by number of days in office to treat patients and then determine production per hour from that. Then, determine what time of day doctor likes to do major comprehensive or cosmetic dentistry and design your schedule appropriately. You will want to determine a dollar goal to produce each day in order to achieve this. The more you consistently adhere to the “designer” schedule, the lower the stress in your practice for your dental team and your patients. Successful practices must consider both the patient and the dental team when setting out to achieve the optimal result for the patient.

Finally, be sure to utilize effective verbal skills. Don’t ask yes/no questions and always offer at least two options. This helps the patient feel as though they are in the driver’s seat while allowing the practice to be in the driver’s seat. Actively listen to your patient’s questions and concerns to best answer their questions. Offer viable solutions designed to assist the patient in accepting the best dental treatment options.

Conclusion: All aspects for achieving the exciting, esthetic oriented dental practice begins with a plan. That plan must include how you communicate with the patients and dental teams. Having a customer service-oriented practice in place takes planning, polish and positive attitudes. Everyone needs to take ownership in his or her practice and be excited about the possibilities. ■

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Profile: How Dr. Bachour Fulfilled The Practice Of Her Dreams

(Continued from page 17)

that specializes in bringing new life to dental practices that share Bachour’s frustrations. In her meeting with Gary Kadi, the CEO, and Founder of the company that has been improving the lives and practices of dentists for two decades. Gary has served the dental community globally as an educator and advocate encompassing patients and practitioners as well as support staff, researchers, and representatives. An accomplished researcher, speaker, and author, his drive to improve the lives of dentists and the crucial services they

provide sprung from an epiphany he experienced years ago in his career. He realized that there is more to establishing a successful practice than hanging up a shingle and opening an office.

His new insight gave birth to the Complete Health Practice Course, a three-day event devised to dramatically “change your practice and your life.” Gary Kadi explained that Dr. Bachour’s experiences are far from unusual in many practices. “Everyone desires to thrive and flourish in practice. Sometimes, difficult-to-pinpoint issues hold us back. Successful practices go through periods of being stalled, stagnating or stuck. The Complete Health Practice course transforms those who want a higher quality of life,” Kadi explained.

The groundbreaking program fits the needs of dentists like Maya’s like a surgical glove. It’s designed to “... guide successful practitioners with at least 1,000 patients, and at least one Hygienist toward the lasting change they want. This isn’t a program for providers who are in desperate need, this is a program to move from good to great,” the NextLevel website explains.

The NextLevel expert team of coaches aids dental practitioners in examining and modifying long-standing blind spots to uncover limiting beliefs, and identify systems that interfere with profitability, better patient outcomes, and the basic functioning of the practice.

Convinced that NextLevel was the answer to her dream, Dr. Bachour enthusiastically signed up for the program. She reports that the results in her practice have been nothing less than miraculous. It delivered all the promises made and more. Needless to say, she did not have to concern herself with the company’s money-back guarantee. The Launch Program is trusted by more than 6,000 highly satisfied dental practices globally that are enjoying 5-star status to rave reviews.

When asked how the NextLevel program impacted Maya’s practice, she smiled broadly and responded “In one year, I doubled my revenue and was able to close my office to patients on Saturdays and Wednesdays. I hired more full-time staff, and they all actually look forward to coming to work every day.” She added, “Thanks, NextLevel, you changed my and my staff’s life!” NextLevel Practice allowed Maya to realize that the only issue holding her back was her fear of success and not doing what’s “normal.” ■

For more information on how NextLevel can elevate your practice, visit <https://nextlevelpractice.com/tpd-launch/today> or call 888-557-6756. It might be the turning point for you and your practice!

CBCT Used To Diagnose And Place Implants: A Practical Approach



*Timothy Kosinski,
DDS*



*Stephanie Tilley,
DDS*

CBCT analysis is a tool that has made the practicing dental implant surgeon more proficient and efficient, whether he/she be a general dentist or specialist. As the cost of the equipment has come down, more and more practitioners are incorporating the CBCT into their private offices. For those who prefer not to own it, there are plenty of places to refer your patient for this incredible diagnostic evaluation in three dimensions, including mobile units that will actually come to your office. Here we will discuss the use of CBCT diagnosis, treatment planning and its use for accurate surgical placement of maxillary posterior dental implants on a 53 year-old male with no medical contraindications. His severe class 3 malocclusion has created functional concerns and collapsing on his arches. (Figure 2) Along with the esthetic compromises, he would like an improved quality of life and ability to chew better.

Our modern endosseous dental implants have been placed clinically for over 35 years now. However, without proper evaluation of the available hard tissue, errors can be made in our surgical treatment. Figure 1 illustrates the improper angulation placement of a posterior mandibular dental implant on a non-related clinical case. This could have been prevented with CBCT diagnosis. There are also times when the CBCT analysis determines that there is inadequate bone for placement, where a referral may be appropriate.

Our patients are aware of their dental insufficiencies. As dental professionals, we must keep up with modern techniques and the innovative materials available to us. These tools help us to educate and instruct the patient as to the benefits and risks of our procedures. Being able to visualize the final case prior to any surgical intervention is an art that comes with years of experience. However, with the advent of CBCT analysis and digital design, we have become very equal in our diagnostic abilities. Proper planning of cases we choose to do in our office is the most critical aspect of today's implant surgical protocol. A "tooth up," or "tooth down" approach



Figure 1: Without the 3-dimensional planning dental implants could be improperly positioned.



Figure 2: Our patient here presented with a severe Class 3 malocclusion.

allows for design of the prosthetics prior to any surgical intervention. Taking this method of treatment creates a situation where each final prosthesis is ideal, eliminating the chance of improper or inadequate placement. Here 3DDX (3D Diagnostics, Boston, MA) helped to determine crown formation and then implant angulation and depth in the available hard tissue.

Diagnostic treatment planning is only limited by the viable anatomy presented. Large maxillary sinuses may inhibit placement of dental implants in the posterior maxilla without more involved surgical intervention. The advent of cone beam computed tomography diagnosis has aided the practitioner in determining the type, number, position and angulation of potential implants.

A pre-operative CBCT scan, using the PaX i3D Green Machine Imaging System (Vatech America Inc., Fort Lee, NJ) shows the axial, sagittal and coronal planes. The axial plane is the plane parallel to the ground, thus dividing the face from top to bottom. The sagittal plane is one perpendicular to the ground, dividing the face from right to left and is most useful to evaluate the amount of available bone height and width facial to palatal. Finally, the coronal plane, shows the plane perpendicular to the ground, dividing the face from front to back. When considering dental implant placement to replace missing maxillary bicuspid and molars several options are considered depending on the actual amount of bone available for implant placement. Here a relatively invasive Caldwell Luc procedure was created. A window was made on the facial aspect of the missing teeth and the sinus filled with allograft material (1) After approximately 6 months of healing, the graft converts to bone allowing for more acceptable implant placement. The Schneiderian membrane was elevated without complication. (2,3)

Figure 3 indicates CBCT analysis showing the lack of adequate hard tissue in the posterior maxilla, as the floor of the sinus fell following extraction of the posterior teeth years ago. We understand that as teeth are lost, bone will shrink

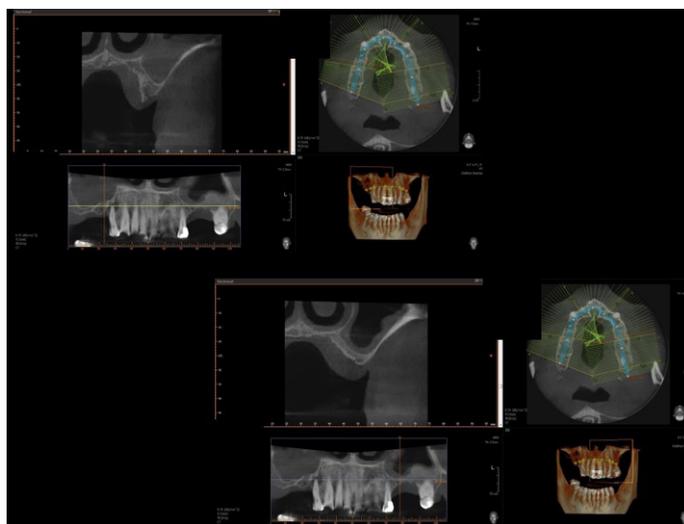


Figure 3: CBCT analysis illustrates the lack of adequate hard tissue in the posterior maxilla, as the floor of the sinus fell following extraction of the posterior teeth.

both palatally and apically. But the tooth roots also acted like tent poles holding up a circus tent. Once those “tent poles” were removed the sinus floor collapses resulting in a large maxillary sinus cavity.

As our engineered implants and the surgical and prosthetic components are more precisely manufactured, the resulting successes with dental implants is amazing.

During the process of integration of the grafted sinus material, transitional crowns were fabricated on the maxillary anterior natural teeth to determine whether the patient could tolerate the increases vertical dimension of occlusion to improve his esthetics and function (Figure 4).

Prior to surgical placement of our dental implants, we attempted to visualize proper final tooth shape and position and the placement of the dental implants to maximize emergence profile. Figure 5 demonstrates the proper spacing of our dental implants in the teeth #3-5 edentulous sites. Simple mathematics was used to determine ideal shape and emergence of each missing tooth. Placement of dental implants has to follow specific rules to be successful. There must be at minimum 2mm between a natural tooth periodontal ligament and the outside surface of our dental implant. Implants must be minimally 3 mm apart. Here we wanted to design a 6mm wide first bicuspid tooth, a 7mm wide 2nd bicuspid tooth and a 9mm wide first molar tooth. Since there was adequate edentulous space for three eventual implant retained crowns, we are able to virtually design the prosthesis and then determine the



Figure 4: Transitional crowns were fabricated in the maxillary anterior to determine whether the patient could tolerate the occlusal opening necessary to improved esthetics and function

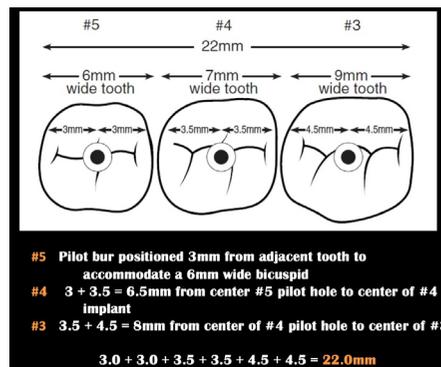


Figure 5: Proper spacing of dental implants is imperative to a successful case. Simple mathematics is used to determine ideal emergence profile of each missing tooth.

(Continued on next page)

CBCT Used To Diagnose And Place Implants: A Practical Approach

(Continued from page 59)

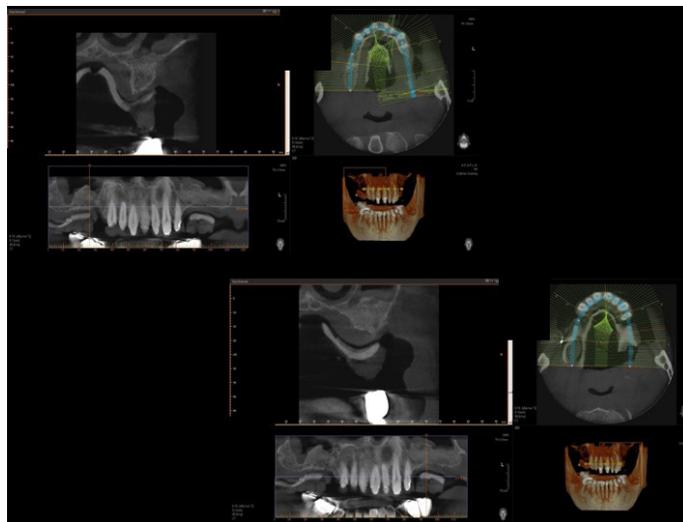


Figure 6: Sinus augmentation was completed to gain height of hard tissue to allow proper implant placement.

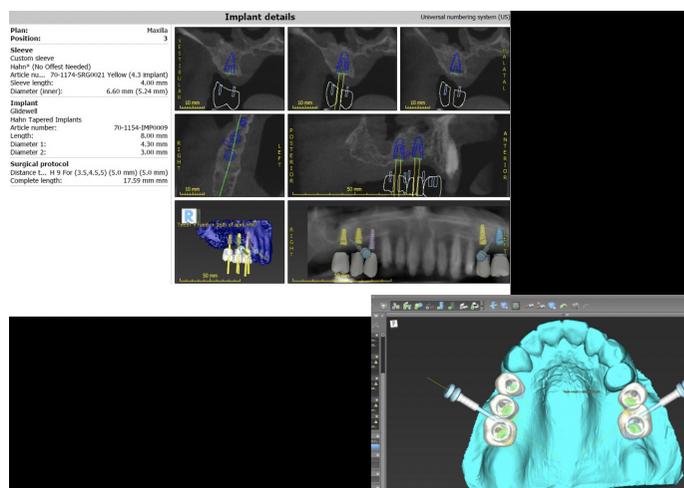


Figure 7: Digital design is made idealizing crown fabrication. A "tooth-up" approach is applied.



Figure 8: A Hahn surgical guide is fabricate that is both tooth and hard tissue supported to help in the positioning of our implants in the posterior maxilla.

spacing of our dental implants using our computer software (3DDX, Boston, MA).

Because there was no sufficient bone to support dental implants in the right and left posterior quadrants, relatively invasive Caldwell Luc procedures were done. A window was made on the facial aspect of the missing teeth and the sinus filled with allograft material (1) After approximately 6 months of healing, the graft converts to bone allowing for more acceptable implant placement. The Schneiderian membrane was elevated without complication. (Figure 6)

Figure 7 illustrates how a digital design was made with the help of 3DDX (Co-Diagnostics) software. Idealized crown fabrication was tooth using a "tooth-up" approach is applied.

Now that there was sufficient available bone in the posterior maxillary edentulous sites, Osteotomies for the Hahn dental implant system (GlideWell Lab, Irvine, CA) were completed through fabricate surgical guides and the implants threaded into place. Here, CoDiagnosticX Software (3DDX) was consulted to help design the implant positions and eventually fabricate the final surgical guide. The surgical guide helps in the proper angulation and depth of the implants and is both a tooth born and hard tissue supported. (Figure 8) A reflection of the attached gingiva is made prior to seating of the surgical guide. With this particular design and the use do the Hahn guided surgery kit, the osteotomies are made through the sleeves and the implant is torqued through the guide to proper seat. (Figure 9) The Hahn implants are tapered and feature prominent threads, which ease insertion into the osteotomy site and initial stability. There is a machined collar which helps prevent bone loss around the neck of the implant and also has a cleansable surface. The prosthetic connection is a built-in platform switching helps minimize the resorption that could occur with other systems, where the connection between the implant and abut-



Figure 9: The implant sites are prepared and the implants seated through this surgical guide following reflection of the soft tissue.

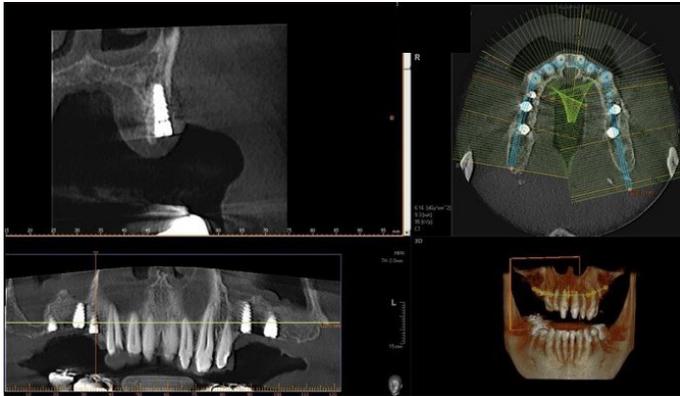


Figure 10: The post-operative CBCT illustrates the positioning of the dental implants with appropriate facial and palatal bone.



Figure 11: Following 4 months of integration of the implants, tissue level impressions are made.



Figure 12: Bruxzir zirconia crowns (Glidewell dental lab) are threaded into each implant and onto the prepared natural teeth.

ment is at bone level, by preventing a micro-gap and potential bacterial invagination. The post-operative CBCT illustrates the positioning of the dental implants with appropriate facial and palatal bone (Figure 10)

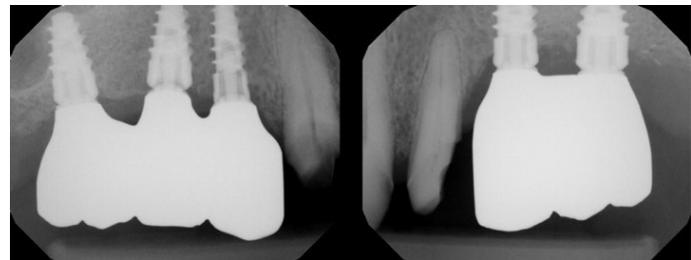


Figure 13: Post-operative periapical radiograph illustrates implant position.

Following approximately 4 months for integration of the implants, tissue level impressions are made of the dental implants and remaining prepared teeth. (Figure 11) Edentulous spaces are routinely restored using zirconia crowns and bridges (Bruxzir, Glidewell Lab, Irvine, CA) These esthetic, functional and stable devices provide increased chewing ability, excellent wear resistance and improve the quality of life to many of our patients. Precise esthetic crowns are milled using computer software. The crowns are virtually designed and can be evaluated by both the laboratory technician and the dentist. Figure 12 shows the Bruxzir zirconia crowns (Glidewell Lab, Irvine, CA) that are threaded into each implant and onto the prepared teeth. These individual screw retained implant crowns are easy to maintain.

The post-operative periapical radiograph illustrates the final implant position (Figure 13)

Figures 14 and 15 show how the prostheses are evaluated for proper occlusion and the final smile design created to improve esthetics and function to our patient.

Patients have become educated on various dental procedures available to them. Certainly, dental implants have become an important treatment option over conventional fixed or removable appliances. When patients request some type of fixed appliance, implants are considered and the crowns are fabricated, either with prepared custom abutments with custom margins created at or slightly subgingival, and cement on crowns, or screw retained implant crowns. Creating healthy, esthetic smiles with our most modern and innovative methods is the new goal of our profession. Dental implants are just one of the more popular ways of accomplishing this goal. With the advent of internet education, our patients learn

(Continued on next page)

CBCT Used To Diagnose And Place Implants: A Practical Approach

(Continued from page 61)



Figure 14: The final prosthesis are evaluated for occlusion.



Figure 15: The smile design created improved esthetics and function to our patient.

about the procedures before they ever see a dentist. Patients are aware of their physical condition, whether it be missing teeth or discomfort, and they search for ways to resolve their problems.

CBCT imaging has become a viable tool to help us in diagnosis and virtual positioning prior to any surgical intervention. The risks and concerns of proper implant placement can be reduced or eliminated. CBCT analysis is embraced by the dental profession as a critical tool in evaluating the predictability of surgical placement of dental implants. Vital anatomy is reviewed and the amount of available hard tissue precisely determined. However, there is much more to dental implant therapy than simply threading in our titanium “sparkplug” into an edentulous area. The final prosthesis needs to be considered and idealized for form and function. This too can be accomplished with our CBCT and digital diagnosing software. Final tooth position can be created and the final implant placement pre-determined before surgery on the patient. Technology has come to our rescue and helps us to practice more efficiently and proficiently. The final result is most important, as our satisfied patients promote our practices and insure our future success. ■

REFERENCES:

Lee, S, Kang Lee, G, Kwang-bum, P et al. “Crestal Sinus Lift, a Minimally Invasive and Systematic Approach to Sinus Grafting.” *J. Implant Adv. Clin Dent.* 2009; 1, 75-88

Nolan, P, Freeman, K and Kraut, R. “Correlation Between Schneiderian Membrane Perforation and Sinus Lift Graft Outcomes: A Retrospective Evaluation of 359 Augmented Sinus.” *J. Oral Maxillofacial Surgery.* Jan 2014, vol 72, issue 1. 47-52.

Cakur, B, Akif, M et al. “Relationship Among Schneiderian Membrane, Underwood’s Septa and the Maxillary Sinus Inferior Border.” *Clinical Implant Dentistry and Related Research.* Feb 2013, Vol. 15, Issue 1. 83-87.

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Dr. Stephanie Tilley is a graduate of the University of Alabama School of Dentistry. Dr. Tilley is a native of Pensacola, FL and has been practicing dentistry in her hometown since

1998. Dr. Tilley keeps up with the latest in dentistry by attending continuing education seminars on topics such as oral surgery, implants, veneers, periodontal disease, cosmetic procedures, and much more. Dr. Stephanie has also done extensive training at Las Vegas Institute and The Engel Institute with Dr. Timothy Kosinski and Dr. Todd Engel. She is a member of Academy of General Dentistry, American Dental Association, Florida Dental Association, Alabama Dental Association, Academy of Laser Dentistry, The International Congress of Oral Implantologists and the Academy of American Facial Esthetics. She has published extensively on implant dentistry techniques, lasers and Botox/fillers.

Your Great Reset – How Will You Find Freedom in the Post-COVID Economy?

(Continued from page 7)

What they seek is: 1) preservation of capital, 2) recurring annuity cash-flow indexed to inflation, and 3) the ability to pass on to their heirs not just monetary wealth, but the ability and resourcefulness to create it in a highly volatile environment.

Money is not the goal – it's the currency you use to achieve the goal. Until you realize that, you'll never feel settled. You'll never find Freedom.

It's All About Relationship Capital

Life is difficult as a solo venture. Learning how to collaborate is the key to success and freedom.

When I created the Freedom Founders Mastermind, my goal was connection, so I brought together a team of experts to serve as a board of advisers for our members. For the past ten years, we've used our collective knowledge to select and leverage the best investment opportunities. This means we have access points to assets that will soon sell at substantial discounts. It's the same plan we used coming out of the 2008 recession that more than doubled our net worth (and annuity cash-flow). These downturn opportunities appear only a few times in our life. Can you afford to miss this one?

There are four kinds of people:

- Those who make things happen
- Those who watch things happen
- Those who wonder what happened
- Those who anticipate what may happen and act before it does

Which one are you? Are you prepared to take advantage of the Great Reset?

There are two types of pain you will go through in life: the pain of discipline and the pain of regret.

Discipline weighs ounces, while regret weighs tons. – Jim Rohn

Change is inevitable. And you can respond to it in one of two ways: You can embrace it, modify your investment strategy around it, and reap the benefits from the opportunities that present themselves. Or you can fear it, refuse to adapt, miss out on the opportunities that come your way, watch your profits shrink, and your wealth stagnate or decline. ■

A former practicing dentist, today David Phelps is a nationally recognized speaker on creating freedom, building real businesses and investing in real estate. He authors a monthly newsletter, "Path to Freedom" and hosts "The Dentist Freedom Blueprint" podcast. The Freedom Founders Elite Mastermind Community provides the pathway to freedom for many professional practice owners.

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IRx Periodontal Protocol

(Continued from page 55)

on June 11, 2020, Bleeding on probing measured 32% and deep and bleeding pockets 30%.

Clinical Implications

Rx Tray therapy used before mechanical care can significantly reduce bleeding, infection, and inflammation. For patients in delayed periodontal care during COVID outbreaks, Rx Tray therapy is an adjunctive treatment option to help fight the inflammatory response before the next office visit. ■

REFERENCES

¹Perio Trays®, Perio Protect LLC, St. Louis, MO.

²Perio Trays® from Perio Protect, LLC in St. Louis, MO; Perio Gel® from QNT Anderson, LLC in Bismarck ND; Vibramycin® from Pfizer in New York, NY.

³Debridement included diode laser therapy with American Dental Technologies Diolase ST using a 320 fiber at 0.7 watts.

Dr James "Jim" McCreight graduated from the University Of Iowa College Of Dentistry in 1995. He practices in Steamboat Springs, CO with his wife Dr. Wendy McCreight with emphasis on cosmetic dentistry, non-surgical periodontal treatment, sleep apnea, TMJ/TMD, and a physiological approach to full mouth rehabilitation. Since 2008, Dr McCreight and his Team at McCreight Progressive Dentistry have been voted by their dental colleagues as a Top Dentist by Colorado's 5280 Magazine as well as being voted in past winner's circle as "Best of Steamboat" Dental Office. Contact Jim: drjim@mccreightsmiles.com

Jamie Rotunno has worked at McCreight Progressive Dentistry or 5 years and recently accepted a full-time faculty position at Colorado Northwestern Community College.

Curing Halitosis: 3 New Profit Centers



Richard A. Miller,
DDS

Forget the mouthwash; forget the gum; forget the mints. This is a real professional CURE, not a treatment; and, it doesn't depend on products to be successful. Never heard of a cure for halitosis? It's not surprising. Search for "bad breath" on the ADA website and all you'll find are antiquated recommendations – brush and floss, avoid odorous foods, and see your dentist, none of which will help halitosis. Even professional strength mouthwashes have limited effectiveness and cannot eliminate the cause of the problem.

For almost 30 years, the National Breath Center® has cured thousands of people with chronic halitosis using an evidence-based approach of hands-on professional treatment that can now be incorporated into any dental practice. But what makes this so appealing, aside from creating 3 new profit centers is that you'll never find a more grateful patient than one you cure of severe bad breath.

Here's more good news. Research shows that halitosis affects 22-50% of the population to some degree; dollar-wise, the market for fresh breath is huge - over \$10 Billion each year, expected to be \$23B by 2026; and, wanting fresh breath or freedom from bad breath is a social necessity in our culture. So, offering fresh breath - something everybody wants - to a huge market is a win-win situation.

Medical Problem or Myth?

So why isn't a cure for halitosis commonplace? For dentists, it's the fear that halitosis is a medical problem, not a dental one. Yet the research is very clear - over 90% of all halitosis is of oral origin (the other 10% is easily distinguished during an odor exam); that bad breath is predominately made up of Volatile Sulfur Compounds (VSCs) produced by mostly anaerobic bacteria living in the biofilm on the tongue and to a lesser extent, under the gums.

But doesn't bad breath come from the stomach? Rarely. Researchers agree that a constant production of moving up the esophagus – a closed, flat tube – is nearly impossible. So, remove the biofilm, keep it from returning and you have a reproducible cure.

Efficient, Effective, and Hygiene Driven

To incorporate professional halitosis elimination and prevention into a dental practice, you need to remove the biofilm and address the other contributing factors - everything that contributes to bacterial activity. Here are the three cornerstones for successful treatment:

- Tongue Rejuvenation®, the total and verifiable elimination of all tongue biofilm
- 5 Biofilm Removal Instruments™ (BRI) designed exclusively for the efficient elimination of biofilm and,
- The Total Cure™ - non-medical intervention of extra-oral contributing factors.

In combination, this technique is so successful and predictable that any office can offer a money-back guarantee as we have. That alone brings new patients into the practice.

3 New Profit Centers

The same principles used to cure new patients with severe bad breath, allow two other profit centers - the Forever Fresh® program, for existing patients who



Figure 1: Biofilm At Initial Examination



Figure 2: Intraoral Photo of Posterior Tongue

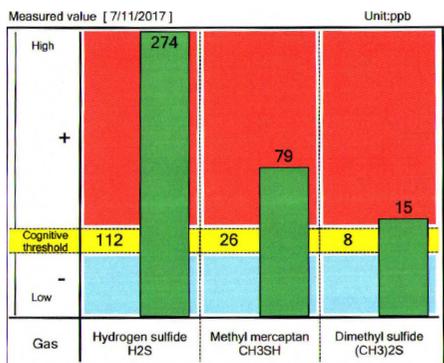


Figure 3: Oral Chroma Shows High VSCs at Examination

want to be assured of fresh breath for months to come; and the Forever Fresh Plus™ program for existing dental patients with noticeable breath odor. Simple presentation techniques and reasonable fees - \$35-\$85 for 10 minutes at a recall visit - allow a dental hygienist to add hundreds daily to the bottom line. And, the Forever Fresh Plus program - like that for new patients with severe halitosis - can result in treatment in the thousands.

What follows is a typical patient who had Tongue Rejuvenation® and the Total Cure™ in July 2017 and returned 2-½ years later while visiting a relative.

Case Report

This patient presented in July 2017 from San Francisco. Before coming for treatment, she had seen her family physician, an ENT, and two dentists, all who “found no reason for my mouth odor”. During the interview, she complained of having bad breath for many years and that it was now affecting her social life: “people I have dated have broken up with me because of my breath” she stated. She also had tried “every mouthwash available” but nothing worked. She was obviously distressed.

Her health history was unremarkable, and she was not taking medication. A comprehensive oral and odor examination was performed and she was diagnosed with severe halitosis. Her initial photographs show a yellow brown biofilm covering about 50% of her tongue. Note the thickest biofilm in the posterior quarter with lesser amounts forward (Figure 1). An intra-oral photo of the posterior area also shows near total coverage of the tongue anatomy by biofilm (Figure 2).

Note: A comprehensive oral and odor examination is done at the initial visit to identify every possible factor contributing to odor and biofilm buildup. In addition, gingival condition is assessed for bleeding on probing. Testing includes a breath sample analyzed using a gas chromatograph (Oral Chroma) that measures three of the most common Volatile Sulfur Compounds (VSCs) in halitosis. Other tests are organoleptic testing and two gauze tests specific to tongue biofilm.

Readings from the Oral Chroma (Figure 3) were all high and measured 2.5 times cognitive threshold of hydrogen sulfide, H₂S; 3 times threshold of methyl mercaptan, CH₃SH; and almost 2 times threshold of dimethyl sulfide, (CH₃)₂S. (Cognitive threshold is the level, above which, a particular odor is noticeable by the human nose).

(Continued on page 66)



No Biofilm After Tongue Rejuvenation®

Measured value [7/19/2017]	Unit:ppb		
High			
+			
Cognitive threshold	112	26	8
-			
Low	0	0	0
Gas	Hydrogen sulfide H2S	Methyl mercaptan CH3SH	Dimethyl sulfide (CH3)2S

No VSCs After Tongue Rejuvenation® and the Total Cure™



Figure 4: 2-½ Years Tongue After Treatment

Measured value [12/13/2019]		Unit:ppb		
High				
+				
Cognitive threshold	112	26	8	
-				
Low	0	0	0	
Gas	Hydrogen sulfide H ₂ S	Methyl mercaptan CH ₃ SH	Dimethyl sulfide (CH ₃) ₂ S	

Figure 5: 2-½ Years Oral Chroma Before Treatment



Figure 6: 2-½ Years Biofilm Before Treatment

Curing Halitosis: 3 New Profit Centers

(Continued from page 65)

Long Term Results

In December 2019, 2-½ years later, she returned for a maintenance visit. The first photo (Figure 4) shows her tongue at the outset of the visit. Note the near complete absence of biofilm. The Oral Chroma (Figure 5) was also done before any treatment and showed no odor molecules present. The second photograph (Figure 6) was taken after Tongue Rejuvenation® of just a few minutes.

The Total Cure™ has a success rate of 100% when the patient follows the assigned home care routines. This is an excellent example of how a patient can maintain the Total Cure™. If the patient is not able to maintain biofilm elimination, tongue maintenance visits can be performed during regular recall visits.

Conclusion

Since over 90% of halitosis is oral, using specially developed instruments and following proven protocols, the elimination of chronic halitosis can become a valuable service for a large number of new patients and a large profit center for the dental office. And due to the universality of wanting fresh breath, existing dental patients can also benefit from two programs – Forever Fresh® and Forever Fresh Plus™ - that can assure them of fresh breath for months to come.

The tools, techniques, and research are all in place. Dentistry now has the opportunity to take bad breath off the pharmacy shelf and put it in the dental office where it belongs. Are you ready for the challenge?

After all, who wants fresh breath? Everyone! ■

**All references can be found in Breath Odors by Sterer and Rosenberg. Springer 2011.*

For an in-depth view of the supporting research, the evidence-based approach and other case presentations, see www.badbreath4doctors.com. Webinars and Mentorship programs at the National Breath Center™ will be available in the Fall, 2020. Hands-on seminars (12 offices) will start in October 2020.

Since founding the National Breath Center in 1993, Dr. Richard Miller has made the treatment and elimination of chronic bad breath the cornerstone of his dental practice. He has presented his findings at 9 major dental meetings and 25 private seminars along with publication in professional journals and media appearances. In almost 3 decades of eliminating halitosis, he has established the effectiveness of protocols that eliminate bad breath and keep it from returning.

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While most dentists were forced to stop working, a select group were allowed to continue doing a **little known procedure...**

Soon after the COVID-19 pandemic began, dentists were told to cease operations and postpone elective procedures. You were literally commanded to **stop generating income.**

For some dentists, weeks with no income is not a problem. For most dentists, however, it presents a **serious threat.**

Now as dentists look to reopen their offices, you have the opportunity to make sure this type of thing never happens to you again.

There was ONE little known procedure available to dentists during the entire pandemic. It was not "shut down" and did not fall under "emergency dentistry."

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We are making a complimentary online event available to the entire dental community in an effort to show you how to do this for yourself.

The best part is that you can help this specific type of patient even if your dental practice is ever forced to close again!

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