

Four Myths of a Successful Practice

By Steven L. Rasner, DMD, MAGD

Let me try reading your mind. You're thinking: Great, another successful dentist turned prophet. Nah. This article is by a 20-year, wet-finger clinician with a good work ethic and realistic vision of what it takes to be successful. It will attempt to expose four myths that have misguided even the most solid of practices.

Myth #1: "Build It and They Will Come"

I used to believe this one. Even lectured on it. You know how it goes: arm yourself with Pankey-type skills and good service and it doesn't matter where you open. Some of our profession's most respected leaders have espoused this for years. Bugtusle, Indiana. Somewhere, Alaska. Doesn't matter. Uh, sorry: this one's wrong!

Although no truly successful dentist (clinically successful as well as net profit) would argue against Pankey training or attention to service, it does indeed matter where you open or whose practice you are buying. You can be certain that some of our very finest clinicians have found this out the hard way. So, am I telling you to skip the skills and on 42nd Street and Broadway? No. I'm saying be patient. Take whatever time frame is necessary to scout your location. Do your homework. Look at the last five years. Find out things that will most certainly impact your future including new housing start-ups; newly opened businesses; the health of the community's largest employer, the unemployment rate; ranking of the area school system; and for the specific site you've considered, how stable are your neighbors? Ease of access? Potential for expansion?

I'm not saying you wouldn't be successful in the "Andy of Mayberry" town. But why not maximize your potential? Why not allow *you* to be the controlling factor of how filled your appointment books are to be – not the area you choose?

Myth #2: "Your New Bonus System is Working"

Perhaps it is right now. Talk to me in 24 months. Oh, I know you just came off your best quarter ever. Who cares if you split thousands with the staff. They're more loyal than ever. I'm not suggesting that cash incentives don't have their place. I'm simply asking you to step back for a moment and look at the big picture.

Question: Why the bonus system? Answer: Because it motivates them. Think again!

Frederick Herzberg, professor of management at the University of Utah, dispelled the power of money as an enduring source of motivation back in 1968 with his classic study of employee motivation. He taught us that although we can "charge a person's battery" and then recharge it, it is only when an employee has a generator of their own that we can talk about motivation. "One then needs no outside stimulation. One wants to

do it.” He makes the excellent point that although money will “move” employees, it will likely move them ultimately to seek the next bonus. So, if your first two quarters \$500 bonus and your next two only a \$250 bonus, there can be negative consequences. Only factors intrinsic to the job, such as achievement, recognition, the type of work itself, responsibility, growth or advancement will sustain an employee’s motivation.

Over the past several years, I have had the opportunity to interview the front line folks at Southwest Airlines, The Four Seasons Hotel, the Ritz Carlton, and others noted for their five-star ranking or model of excellence. Without exception, the employees would universally concur that although they want to be paid well, the number one source of motivation was pride in doing an excellent job for an excellent organization. There existed a “Yeah, I’m all that” attitude for being a part of this special place. Descriptions like family, trust, growth, flexibility, and empowerment were commonly used to communicate the environment of their workplace.

No matter how off the charts, your pay scale or bonuses will soar, no one will stay long term if they don’t truly like you, their coworkers, their responsibilities, their independence, or opportunity for growth. You will be bonusing someone new.

Myth #3: “My Way or the Highway”

Quite frankly, the “I-don’t-do-amalgam” clinicians are wearing on my nerves. Or how about, “I don’t extract. I’ll have to refer you.” That’s great. Just rely on the “cram-your-philosophy-down-their-throat” approach. Very effective. Although preserving dentitions or using nonmetallic restorations are indeed sound principles, it remains terribly shortsighted. It fails to account for the concept that Earl Estep called “ambassadors of goodwill.” Specifically, he referred to good old Joe, who never had a lick of dentistry done on himself, but thought enough of Earl and his practice to refer more than \$300,000 of work over Earls’ career.

Today, more than ever, our patients have many roads from which to choose. There are more than just a few quality organizations that have given up fee-for-service for managed care. And quite frankly, these same patients aren’t quite in touch with centric relation dentistry, 40 micron margins, or your depth of knowledge in aesthetic dentistry. However, they are rather in touch with the fact that their out-of-pocket expenses with you are “exorbitant” compared with good old “Doctor cap” (short for capitation.) When you couple this with a comprehensive care approach instead of a “treat it as it hurts” philosophy, there can be enormous financial consequences for an employee with managed care coverage to go out of the network to seek your “quality care.”

Depressing? No, just realistic. It is this clinician’s opinion that a “bend but don’t break” approach will provide incalculable returns. If a patient wants an extraction over a root canal or an MODBL amalgam instead of a crown, I’ll do the best “dental school” amalgam I can (the author presumes we won’t provide gingivitis one-time scale versus the recommendation of quad scales, or other compromises that would be inappropriate.) Why? First, because the truth is they are not going to die without that tooth or because you placed a quarter-ounce alloy. Your job is to create an environment from the initial

phone call to the treatment recommendation that would elucidate the benefits of optimal oral health care. If they do not value this, you can't make them.

Secondly, the world is smaller than you think. Most of us are familiar with the fact that happy patients tell few; angry patients tell everyone. The worst thing you can do is force the crown, the bridge, or a hefty treatment plan on the patient who really doesn't want it. Even when your care is flawless, they will be reminded of what they might perceive as overkill each month when they pay the bill. Conversely, you never know when good old Joe will return to you with a change of heart or value, that may then lead to comprehensive care. In the meantime, they have spread something rather necessary for enduring success – that something is known as good will.

Myth #4: “There Has Never Been a Better Time To Be a Dentist”

This one kills me. Let me see. When I opened in 1980, HMOs and capitation weren't diluting our patient base; *Reader's Digest*, *20-20*, and *60 Minutes* didn't salivate over assaulting the profession; a 50% net really was obtainable; insurance plan maximums were at \$1,000 (the problem is they are 20 years later!)

Okay, before you enroll in the Teamsters Truck Driving Institute, I'm not saying it can't be done. Just don't tell me how easy it is. Tell me the truth. It's hard! And it's easy to explain. Counterpoints of view would argue that the demand for aesthetic services, the advancement of implantology as a user-friendly treatment approach, and the ever-popular theory that the baby boomers are turning 50, will set us up nicely for years. And to a degree, these are all true. The problem is that most of what we do is indeed elective. Your patients have a choice: large amalgams or full coverage; root canal or extraction; tooth replacement or leave the space. It all comes down to how they choose to spend their disposable income. I can't be the only clinician who continues to witness a certain level of apathy that transcends all levels of socioeconomic or educational status.

Having said that, here are three real “use it on Monday” pillars to build enduring success in 2001. The first pillar is the “resiliency factor,” the ability to bounce back. The very first thing to do is look in the mirror. What do you see? I'll tell you what you need to see: an attitude. A “no compromise, take no prisoners, never quit” attitude. Anyone who has been in this profession long enough knows that a successful career will also encounter failures: a lost employee, a request for a patient's records, a failed restorative case. Stuff happens. So let's make this one point unequivocally clear. The number one tenet of a successful practice is a CEO who can handle the bumps and maintain the focus and momentum for an enduring success. Think about the last time your office went through a significant slump. How did you lead? Did you sulk, look to blame, and contribute to the negative spiral? No matter how significant the bump is, the leader of a successful practice has the ability to shake it off, minimize the time spent on the “Oh, poor me,” thinking and recreate positive energy with proactive plans that will somehow turn a failure into success.

The second pillar of a successful practice is that it exudes “clinical competence.” There exists a positive energy within the practice that comes from the fact that your works... works. The treatment plans are based on sound principles of occlusion, restorative materials, and function. This practice doesn't wallow in the horizontal envelope of nonproductive remake time. Your training allows you to recognize the need

for orthodontic extrusion or crown lengthening so the lack of ferrule doesn't "do you in." Recurrent caries is an uncommon sequel to your crown and bridge. In fact, the life expectancy of your dentistry is often beyond the standard of care because you have made a lifetime commitment to continuing education – somewhere north of 100 hours a year – and the desire to be a "master dentist" is at the heart and soul of your practice philosophy.

The successful practice equally recognizes the importance of staff education. Its staff includes assistants with a commitment to training, from exquisite provisionals to in-depth laboratory skills; hygienist(s) on the cutting edge of periodontal co-therapy; or a front desk staff in human relations. We are talking about a minimum of two courses per year for all staff members. Education is simply the cost of doing business. It's part of the budget. The return on your investment is one plus one equals three. Together, you and staff form a synergistic unit whose standard of care is a model for the profession.

The third pillar of the successful practice is a staff that is content and fiercely loyal. They are internally motivated for excellence and not reliant on convoluted financial schemes. This pillar by far will carry your office the furthest on the road to success.

It has been said that the loss of an employee will cost 2.5 times that employee's salary, and that is if you replace them in six months. Besides the financial consequences, the cost is morale, chemistry, and momentum can be high. Conversely, the advantages of a front desk manager who can fill that last-minute broken appointment because she knows your patients (and their schedules) cold; the increased productivity realized by a long-term assistant who knows your next move before you do; or the solidity of a hygiene schedule largely due to the patient loyalty of having a long term hygiene staff in place, are advantages deeply rooted in the successful practice.

If dollars alone won't do it, what will? Myth #2 ridiculed the concept that money will inspire employees long term. First and foremost, you need to create a hiring process that attracts a team not solely motivated by the dollar. Because it is beyond the scope of this article, I direct you to Pierre Morenell's classic *Hiring Smart*. Once you have the staff assembled (this can take years), don't just quit on the mission. Focus on these goals:

(1.) Establish a work atmosphere that gives the staff security and hope. Every office goes through slumps. Every office goes through a time when they consider downsizing. There is no stronger morale buster than an employee who has to look over his or her shoulder. Abandon any thought that lack of job security can be effective leverage toward improved productivity. Conversely, see your office as an organization with a responsibility to the team you've assembled. Southwest Airlines, the leader in the airline industry with over 25,000 employees has never resorted to permanent layoffs. CEO Herb Kelleher's philosophy is that furlows are a "very short term thing to do."

(2.) Commit to the energy and action necessary to become the "Four Seasons" of dentistry. This will require abundant and consistent goal setting, as well as time period. So what. You have to decide how good you want to be. Every staff meeting needs to include a specific goal. For example, we will be on time. We will be "Walt Disney World" clean. Legendary service is a tangible goal for any leader who wants it badly enough. Once you have it, you'll witness an organization with magnetism. You'll not only attract the best-your present staff will start to own an invaluable sense of pride that will yield the fierce loyalty found in all of the top organizations.

Be a leader with compassion. Lets face it; a common feeling among dentists is that we're in the war alone. No one cares about "the office" as much as you. Don't fall for the myth that you can't be a strong leader and embrace your staff at the same time. Keep an open door, be tolerant, par your staff's back, make them laugh, let them cry, empathize, celebrate, be strong. Keep it real. I have not deluded myself into believing that I can impact a practice with one article. At a time when the profession seems inundated with visionaries, it seems appropriate for a reality check. Much of what has been said here is simply common sense. The most telling pillar to embrace is persistence and patience. We all stumble along the way. Those of us who can pick ourselves up and preserve our vision of what a practice should be could very well be the ones who can see through the truths. The third pillar of the successful practice is a staff that is content and fiercely loyal. They are internally motivated for excellence and not reliant on convoluted financial schemes. This pillar by far will carry your office the furthest on the road to success.

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