

Control Productivity, Increase Predictable Profits, **AND** Make Your Life Easier and Fulfilled

by Dr. Mark Montgomery

Private practice dentists live their business lives playing many roles that one would often find widely distributed in medium and large size businesses and corporations.

These roles include: CEO, COO, CFO, bookkeeper, payroll specialist, VP of Human Resources, VP of Training and Development, VP of Research and Market Niche, Director of Marketing, Team Supervisor, Primary Producer and Laborer, Patient Care Provider, Chief of Medicine/ Dentistry, and Director of Sales.

Are you tired yet?

Is it any wonder that 83% of the dentists we surveyed feel tired, stressed, exhausted and feel like the rules are stacked against them. It is so easy to feel the overwhelm of private practice dentistry when every couple of months it is a challenge to make payroll on time, or pay the lab bill on time, or find a place in the appointment book for a family vacation that won't strap the cash flow.

There must be a way to get the practice to a place where this kind of stress is reduced to a tolerable level and to the place where goals and dreams come true.

This article is the first in a series that addresses the critical underlying issues that, when aligned with

purpose, bring the practice to a place of service, not servitude. With all of the dental diseases and pathology out there, we should be able to have our professional endeavors bring personal rewards and a healthy work life. All we have to do is to pull our mindset away from being a victim of circumstance, and take control of the issues in private practice that bring stability and progress.

So, what are those issues that we have control over? How can we build a consistent predictable cash flow that supports the business of the dental practice?

The first realization is that, for the most part, dentistry is essentially a service oriented business where money is exchanged for time. Money is a flexible resource but time is not. The real definition of productivity is the ratio of dollars to time. This can be expressed as dollars per hour or dollars per day or dollars per month. And, in fact, this is how most practices think of their productivity (also known as production). However, it often becomes tempting to think about dollars per patient or dollars per treatment plan, but this sets aside the reality that the real thief that takes a practice down a precarious path is the limitation of time.

Since we can't manufacture more time, we must design our productivity to make the most of the time we have.

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I grew up with a grandfather who was a farmer. He held strongly to the maxim of "measure twice, cut once". We all know that measuring twice takes longer than measuring once. But it only takes a few errors to use up the extra time gained through a hurried approach. When it comes to managing time, we are wise to consider the value of planning for productivity.

Ironically, in our research and surveys of dentists in private practice, we have found that on average, dentists are less than 50% effective in their planning for productivity. As the COO's of health care businesses, we need to recognize that we would not last long in that position in a corporation, were we planning at such a low level. Of course, COO's and CEO's are held to a high standard by their board of directors. What would your board of directors say about your level of planning and productivity?

The number one tool of the effective operations officer in managing productivity is a clear and measured plan for how to achieve goals that are desirable for the practice. The goals may be personal. They may be modest. They may be aggressive. But regardless of what the goal is, the plan to achieve that goal is the key to successful productivity. Well over half of the dentists we have met or interviewed do not have a detailed written plan to make their productivity goals become a reality.

In order to have an effective productivity plan, the following elements should be included:

- ***Goals stated in terms that include meaningful long term perspective such as where does this goal fit with regard to the long term business plan.***
- ***Goals stated in terms that include meaningful periodic perspective such as monthly or weekly or quarterly (usually in the same terms as expenses are incurred or processed).***
- ***Goals stated in terms of scheduling control (usually daily, and/or hourly).***
- ***Various procedural mixes that meet or exceed the desired productivity.***

- ***Various scheduling mixes that meet or exceed the desired productivity.***
- ***Design of the ideal time schedule for the doctor and the practice including scheduling blocks, billing cycles, diagnostic appointments, planning time, and balance of operating room billing with planning and case acceptance.***
- ***Systems that support efficient productivity including effective predictable delegation and referral to providers for outsourcing specialty care and unproductive treatment mixes.***
- ***Systems and implementation of systems that support treatment effectiveness and quality brand manifestation.***
- ***Team engagement, agreements, coaching, motivation, and responsibilities.***
- ***Accountability check points and metrics to assure time and productivity control.***

These elements require some executive level comprehensive thinking and some dedication to design. The time put into setting up a process of goal driven and time managed productivity is well worth the effort. Failure to do this leaves the productivity of the practice up to fate and risks losing even more time to frustrated cash flow.

The effective professional dentist executive will easily see benefits of working "on" the practice as much as working "in" the practice. Consistent cash flow. Consistent profitability.

With 30+ years of clinical experience, successfully working in a variety of settings, Dr. Montgomery has mentored and coached hundreds of dentists to achieve excellence in clinical care and practice leadership. He is a frequent guest on leading podcasts serving dentists worldwide, including The Thriving Dentist with Gary Takacs and Dental Up with Dr. David Hornbrook. To learn more, call 503 559-6388 or send email to Mark@amplifieddynamics.com.



Before You Pick a Metal Refiner, Make Sure You Consider These Three Tips

by Dave Weinberg²

With gold and palladium prices still at historical highs, your dental scrap is worth more than ever. That's right, that old jar tucked away in the back with old crowns and bridges is probably worth a lot more than you thought. With that in mind, here are 3 tips to maximize your scrap return:

1. In-office Cash Payments Will Hurt Your Wallet:

The problem is that for years, brokers or middlemen would drive around visiting offices and offer cash on the spot for the scrap. Without melting and assaying the material, the broker could only visually estimate the scrap value based on how much yellow and white metals were present. In order to account for the broker's profit and the uncertainty of the metal content, the cash offer usually is very conservative. The only way to determine the composition of your metals is to have your lot melted and assayed for all four precious metals: gold, palladium, platinum, and silver.

2. How Many Sales Reps or Parties are Involved and Being Compensated From Your Transaction?

What percentage of your scrap return goes to sales commissions? Recently some dental supply companies have partnered with gold refining companies and offer scrap refining services. While this certainly provides an element of convenience, you must consider the implications of how

much having an extra sales rep involved will impact your scrap return. Is the company streamlined to deliver the best possible scrap returns or is some of your scrap return going to pay for layers of overhead such as mailing out scrap collection jars every month, calling the office every two weeks, or having a rep stop by the office frequently? These are questions that must be considered.

3. It's About the People - Not Just the Equipment:

Remember folks, most reputable refining companies melt and assay dental scrap in basically the same manner - with some minor distinctions. There are only two ways to process dental scrap - the right way and the wrong way. Once you find yourself in the "right way" camp, the differences then become much less important than the integrity of the people reporting the results. As a result, promises of higher returns solely based on claims of "The Best Technology" or "Sophisticated Assays That Capture Value" should be taken with a grain of salt. Much more important is the trust and integrity of the people behind the desks.

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PRACTICE GROWTH DRIVERS FOR DENTISTS

by Joanne Bishop²

As a dental practice owner, you are accountable for your practice growth. The dental consumer and our competitive landscape is changing in incredible ways and you need to stay on top of the business intelligence you require in order to consistently drive success for your dental office.

You can win in today's market with the right processes, tools, and technologies that will allow your dental office to implement a marketing strategy in a way that's better, faster, and more effective than your competitors.

THE PROCESS FOR MARKETING SUCCESS:

1. **Define your vision and goals:** A team can rally around specific, measurable, and actionable objectives.
2. **Understand your marketplace:** Demographics, competition, buying behaviors, and current patient trends. You need to know your core market area, which areas are primed for development, which are simply niche and which areas to forget because they aren't likely to respond to your offering.
3. **Know your buyer:** Likability, trust, quality, and convenience are priorities for the female head of household (who makes 92% of all buying decisions). Consumers today expect fast, quality service and convenience.
4. **Build a solid team:** Employee engagement, effort, and focus is directly linked to business success.
5. **Follow an effective marketing process:** Basic marketing isn't good enough. Research, strategy, delivery, and measurement of your multi-channel plan will drive continuous improvement.
6. **Build trust:** 50% of adults avoid dentistry and less than 10% trust their dentist. Effective messaging through education will drive action resulting in a positive response.
7. **Monitor Metrics:** Always track your key performance metrics so you can act quickly, identify trends, and make knowledgeable decisions for practice growth.

Differentiating your dental practice is a critical step in attracting a steady flow of new patients, growing revenue and remaining profitable. That's step one. You also need to apply proven processes for strategic planning, team training, creative development, measuring benchmarks and tracking success. To achieve your goals, you must distinguish your practice and be the dentist in your area.

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Dealing with a Tonic-Clonic (Major) Seizure - Part 2

Signs and Symptoms:

1. Uncontrollable, rapid and redundant movement of arms, legs or entire body.
2. Loss of consciousness.
3. Jaw rigidity or clenching.

Treatment:

1. Stop treatment in progress.
2. Maintain airway, breathing and circulation.
3. Position patient in supine position where they won't injure themselves.
4. Remove potentially harmful objects from patient and immediate area.
5. If seizure persists or intermittent seizures occur without recovery between seizures for 10 minutes, activate **EMS**.
6. New onset of seizure, or seizure with fever require transfer to an ER to assess etiology of seizure.

	Syncope/Fainting	Seizure/Convulsion
Onset	Progressive lightheadedness and dimming of vision, with sense that something is about to be wrong.	Sudden, without prodrome or forewarning sense of impending problem. Focal sensory or motor phenomena or activity. Sensation of fear, smell, memory (deja-vu)
Course	Gradual loss of consciousness, loss of muscle tone (patient becomes limp) or with sporadic jerking. Rarely lasts longer than 15 seconds. Less commonly results in injury.	Sudden loss of consciousness with tonic-clonic activity. May last 1-2 minutes. May see tongue laceration, head trauma and bowel/urinary incontinence.
Recovery	Typically immediate return to lucidity with little confusion or disorientation.	Post-seizure confusion and disorientation.

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