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Failure to Thrive

by Mike Abernathy, DDS[1]

This is a message to all of the doctors who feel like they are just not reaching that level of practice they always thought that they would have. Secondly, I want every senior dental student and new graduate to also take heed in what follows. If we go back to the beginning, the first day of dental school , you can remember that the future was exciting and the possibilities unlimited. Most of us struggled with highs and lows in school but most were still expectantly positive as we walked across the stage to collect our diploma and begin our lives as dentists. On that day and at that moment, we had unlimited possibilities. There was nothing that was beyond our reach with that new found freedom in dentistry.

If we fast forward to today, we find most doctors are average in their skills and marginal in their finances, while still thinking that someone or something will extricate them from their probable destination when we say goodbye to dentistry.

4 Key Steps to Begin a Successful Career or Salvage One That Has Gotten Off Track:

I want to give you the 4 key action steps that can begin a successful career or salvage one that has gotten off track. Both situations require a new engagement in working on yourself and your practice, but this new commitment will guarantee that you will improve your final results.

#1) Increase Speed:

If you just graduated, you need to make sure that you find a job where you can be crazy busy. I don't care if it is corporate, public health, or a private practice, but you need to be forced out of your comfort zone and learn to work quickly with better results than you ever thought possible. For the more mature doctor, you will need to work at least 25%-35% faster if you ever hope to profit from managed care (94% of all dentists). It is this skill level of speed, systems, protocols, and becoming unconsciously competent in what you do that guarantees a level of success that few will achieve.

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Failure to Thrive

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#2) Invest in CE at least 2-3 times what is required:

Looking back over the last 4 decades of my dental career I see that taking at least 2-3 times the continuing education that is required to maintain your licensure is the number one trait of doctors who end up leaving a legacy of success in both their practices and families. Working on the practice and not just in the practice changes the esprit-de-corps of any practice. It models the level of commitment to your staff while at the same time holding yourself to another level of excellence. This is the easiest thing to do: Webinars, hands on courses, books, lectures, and articles program your mind to demand more of yourself and your staff. It demands that you prioritize your commitment to your profession by putting your money where your mouth is. You can't get a better return on investment than you will get on a life-time commitment to learning. To overcome the momentum of national corporate practices we all need to add services to our practices every year. Take the time to learn to do cosmetic orthodontics, endodontics for molars, kids, TMJ, implants, and oral surgery. The day of drill and fill are gone and each of us needs to reclaim our place in our profession through continuing education and application.

#3) Learn to relate to people (people skills):

This is the toughest and most difficult of skills or action steps that you have to deal with in your quest for a successful business and life. This is the one area I have struggled with most. It seems that we as people develop our personalities early in life. Oh, sure, we make small modifications. But for the most part that first 5-6 years seems to put us on a path to either having people skills or struggling with them. As I look at the doctors that have done well in Dentistry, I see that people skills is the one most defining trait that the winners all have and the strugglers all lack. For me, recognizing that if people didn't like me I would never be successful started me on a habit of constantly listening to motivational audio programs and ultimately hiring staff that compensated for my shortcomings in people skills. I got better, and learned tricks to cope, but it was my staff and the recognition that good leaders are not always the smartest or best people in the room really made a difference. The best leaders surround themselves with people that they trust to compliment and compensate for their shortcomings. As Clint Eastwood said in the movie Dirty Harry: *"A man has to know his limitations"*.

#4) Confidence and competence go hand and hand:

There is something about a confident person that exudes positive expectations while accepting that not all things will be perfect. It is this delicate balance of never giving up while striving to do better that defines the successful person in life. If you are taking the courses, improving your skills, working on your shortcomings, and in a way, becoming master of you own fate, good people will gravitate toward you. I like what motivational expert Jim Rhone said: "You will become the average of the 5 people you spend the most time with". You need to gravitate to those that are doing what you wish to do. In that way they model the actions, reactions, words, and deeds that you will want to emulate. The old term "fake it till you make it" has a basis in fact. It takes 21 days to reinforce an action to make it a habit. For way too long we have also followed this axiom with bad things. It is time to become more confident and competent by taking back our future with a new commitment to our today. Robert Hastings in his prose, The Station, says it best: *"It is not the worries of today that drive men mad, but the regret of yesterday, and fear of tomorrow. Twin thieves that rob us of our today."*

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Credit Card Processing: The Math Explained

by Leo Townsend

The biggest reason merchant's are overcharged on their credit card processing is salesmen throw numbers at them but never explain the math. The math is actually quite simple. They just don't want you to know the truth so that they can over charge you.

Everybody in credit card processing has the same cost. It's called Interchange, Dues & Assessments. Interchange is a 12 page, single line type document. When a company quotes you a 1.49%, there are 2 card types that will qualify for that rate. The rest of the rates are priced wherever they want as this allows for maximizing profitability. This is a qualified rate structure, not an interchange plus program. An interchange plus program clearly states the mark-up over cost in hundredths of a percent.

The best way to determine your cost is by taking the total amount of your fees and dividing it by the total processing volume. For example: If you were charged $300 in fees and took $10,000 in credit cards, your effective rate would be 3.0%, not 1.49%. Keep in mind that if you are being funded directly by American Express, you need to deduct that volume from your total sales volume as they are charging you fees separately. Plug this formula in to your most recent statement and see where you stand.

So generally, on an interchange plus program your clientele dictates your rate by the types of cards they give you. I have a merchant in a working class area who has 65% of his cards being check cards. His effective rate is under 1%. I have a dentist in Manhattan who takes predominately rewards cards but because 30% of the cards taken are check cards, his effective rate averages 1.5%. This is why companies want you to pay their flat 1.99%. They are making bigger profits against what the actual cost is for the cards taken. For example, the Manhattan doctor at 1.5% effective rate based on his $200,000 per month would have paid an extra $1,000 with a flat 1.99% program.

Here are some red flags to look out for that indicate you're most likely being overcharged.

- *If you are processing on a "medical/healthcare" program, you're probably being overcharged. There is no Visa/MasterCard medical healthcare program. Period. It's just a marketing hook.*

- *If you're taking check cards and using your PIN pad to enter PIN numbers, you're paying too much. Because of the Durbin Amendment, it's now cheaper to take those cards as credit cards if you're on an interchange program. Sure having customers enter their PIN is lower than the 1.49%, but a regulated check card with us, simply swiped, has an interchange cost of .05%. Which would you rather pay? You pay the .05% with the PIN number but you have to pay debit network fees on top of it. And now there are annual debit network fees and switch fees as well.*

- *If you're using your dental management software to take credit cards, you're paying too much. We've had several of our clients show us proposals where the management software company is claiming significant savings. The savings is them calculating that your staff takes 2 minutes to enter the dollar amount in the software vs. it automatically posting through their system. How long does it take to key in a six digit number? Six seconds? They weren't lowering our customers rates and were actually raising them. The supposed savings was simply in "staff time." Also, their programs are proprietary. So even if you see they are overcharging you, there is little you can do about it because no one else can process through their software.*

- *If you call about cancelling your account and it's going to cost you thousands of dollars to switch, you're being overcharged. The secret is to leave the account open but dormant and take the savings we can offer you. You can then cancel the account in the future when there are no fees incurred.*

International Payment Solutions would be happy to review your current processing statement to see if you're being overcharged. If you're getting a good deal, we will tell you. If not, wouldn't you want to know? Simply fax a statement to 844 483 1996 or email tointerpay@aol.com with your contact information and we will prepare a no cost, no obligation analysis. If you have additional questions, please call Leo Townsend at 844 843 1995

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LEUKOPLAKIA
The Masked Intruder

by Dr. Richard Fagin

Leukoplakia is a clinical term reserved for white lesions that cannot be characterized clinically or pathologically as any other disease. Their import is that any single lesion may represent one or the whole spectrum of diagnoses from benign hyperkeratosis to invasive squamous cell carcinoma. Most all lesions are asymptomatic.

Other oral lesions that may appear like leukoplakia, but can usually be distinguished as a different entity, are white sponge nevus (soft and spongy with a smooth mucosal covering mainly in children and young adults), Lichen Planus (reticular form with it's typical lace like appearance in adults), Candida or chemical burns (which can usually be eliminated with the rub-off test), chronic trauma-related hyperkeratosis, acute burns or injury.

The area's most likely to develop leukoplakia are not necessarily the areas where the leukoplakia is most likely to represent a dysplastic lesion.

Ranking of leukoplakia probability related to occurrence and probability of leukoplakia representing dysplasia, by location:

OCCURRENCE	PROBABILITY OF DYSPLASIA
1. *Buccal mucosa*	1. *Floor of the mouth*
2. *Mandibular vestibule*	2. *Tongue*
3. *Maxillary gingiva*	3. *Lower lip*
4. *Mandibular gingiva*	4. *Mandibular gingiva*
5. *Tongue*	5. *Buccal mucosa*
6. *Floor of the mouth*	6. *Mandibular vestibule*
7. *Lower lip*	7. *Maxillary gingiva*

The oral pathologist diagnosis is ultimately based on the assessment of the microscopic features together with clinical information and the pathologist experience. Lesions range from simple hyperkeratosis to defective cellular maturation (dysplasia). These changes may be minimal (mild epithelial dysplasia), moderate, or extensive (severe epithelial dysplasia).

Statistically, approximately 5% of leukoplakias are found to be carcinomas. Carcinomas on the floor of the mouth are frequently associated with epithelial dysplasia, whereas in other sites such as the buccal mucosa, this relationship is not observed. Mild dysplasia may be reversible where moderate to severe may be more likely to progress to carcinoma. It has been shown, however, that carcinoma is not the inevitable outcome of a severe dysplasia, nor is there any assurance that a mild epithelial dysplasia will not advance to carcinoma. Follow up and/or re-excision with wider margins may be recommended.

Discussion with the oral pathologist concerning individual cases with dysplasia is invaluable in forming the best treatment plan.

TAKE-HOME PEARL:

1. Location of the leukoplakia relates to its probability of representing a dysplasia or a carcinoma. The floor of the mouth and tongue being the most likely and also least visible.
2. Regardless of statistics all leukoplakia may be regarded as a premalignant lesion and nearly all require biopsy.