



# ENDO INC

## ROOT CANAL SPECIALISTS

### NORTH SHORE

A publication of Drs. Maloff, Makkar, Tsai, and Chiou

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# YOUR OWN WORST ENEMY

BY GRAIG PRESTI<sup>1</sup>

DENTISTRY IQ RECENTLY REPORTED THE FOLLOWING NUMBERS:

- Only 29% of dentists are extremely familiar with their marketing strategies and their performance
- 17% are only slightly familiar
- 9% have no engagement with their practice marketing at all

My clients often refer to me as the "Professor of harsh reality" for my "pull no punches" approach to helping them reach their practice goals. Fortunately, for you it's time for some tough love, my friend.

We need to start by looking at your primary role in your business. And what I'm about to say may come as a bit of a shock.

#### **Your #1 job is not to be a good dentist.**

I'm certainly not suggesting you be a bad dentist, far from it. I want you to be a GREAT dentist. But as the CEO, owner and proprietor of your practice, your job is just that: to own and run the practice like a real organization.

Now I know they didn't necessarily teach you that in dental school, but your main job is to be the best CEO of your practice that you can be, and that involves WAY MORE than performing good dentistry.

Your practice is a business, plain and simple, just like a luxury car dealership or high-end salon.

Your particular business offers dental services. And as the CEO, you should be aware of everything that's going on in and outside your office. Even if you aren't sweeping the floors at night, it's in

your best interest to know something about brooms and who's pushing them.

Above everything else, you need to always have your finger on the pulse of marketing. Your marketing is the lifeblood of your practice's health. Good marketing is what determines whether you'll have predictable consistent growth, or if you'll have to fire all your employees and be forced into working for a corporate-run operation.

If you are one of the aforementioned 71 % of dentists who is not extremely familiar with your practice's marketing, today is the day that needs to change. So, let's look at some right ways and wrong ways of how to change it.

#### **1. Wrong Way: Do Your Own Marketing.**

There are schools for dentistry and there are schools for marketing. You attended dental school, and most likely don't have a marketing degree.

You're a dentist. And so your day should NOT be focused on learning how to create Google Adwords campaigns, the latest way to rank high in the Google search results or playing around on Facebook. But, that shouldn't stop you from understanding the basics, so you can then oversee these efforts of the

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agencies you hire to perform these tasks and if they're doing the job effectively.

Think of yourself as the captain of a ocean liner. The safety of the ship and everyone on board depends on your ability to manage dozens of departments. Your highest and best use as captain is not to be caramelizing the sugar on the creme brulees down in the galley. Instead, it serves everyone's interests if you focus on making sure those in each department have what they need to do their job, and that they are indeed the person best suited for each position.

## 2. Wrong Way: Pass it off to a Staff Member.

You hired your office manager because he or she is fantastic with people and office systems. This person is eager to work hard, and gets everything done on time. He or she may stay late without being asked, and believes in the work you're doing.

So when you go to implement a marketing campaign for your practice, you might be tempted to pass it off to your office manager and tell them to run with it. And they'll feel like they're equal to the task and work REALLY hard to do a good job.

But here again, we run into a problem. Because they're so driven to do a good job, they will throw him or her all into it. However, you don't learn effective and sustainable marketing through a 2-hour online course or weekend seminar. It takes years of training, testing and practice to master this craft. And because they're so invested, they might be reticent to tell you if their efforts are falling short and in the process burning time and money.

A major component of marketing is knowing and understanding the numbers behind it. When done correctly, effective marketing metric calculations will tell you, down to the penny, how much you can spend to acquire a new patient and remain within your desired profit margin.

There are a lot of moving pieces to "knowing your numbers" that go beyond the scope of our time together right now, but let's focus on one of the most important ones, which is the cost of acquisition of a new patient.

Acquiring a client/patient is usually viewed as an expense. But instead of looking at the money you're spending, adjust your thinking to start viewing that new patient as an asset.

A lot of doctors look for the least expensive way to acquire new patients. But I'd recommend not cheaping out here. The way that successful companies dominate any given market is the ability to outspend the competition to acquire new patients. Maybe it costs you \$50 in marketing spend to acquire a new patient. Maybe it's \$150. But if that patient brings in \$500 in the first six months ... or even \$1,500 in a year, why wouldn't you drop a little more cash to acquire them?

Not to mention that if you add in the number of referrals they bring in, plus the amount they spend with you on their own or their family's dental care, that patient could easily be worth between \$3,000-\$5,500 in the three to five years that follow that initial acquisition.

Sometimes a patient's value is higher. Sometimes lower. But tell me this: where else can you spend \$50-\$150 acquiring an asset that returns \$500 to \$1,500 in less than a year?

That's a 7-10X ROI (return on investment) within a 12 month period. You won't find that anywhere else. So starting out, or when trying to hit your production goals, I strongly recommend investing as much as possible to grow your practice. Once you know the cost of acquisition, you understand how much money you'll need to hit your new patient goal.

And yes, it's imperative to your survival that you understand and be reviewing these numbers on a monthly and sometimes daily or weekly basis. That's how an effective and sustainable business is run. You don't just continuously and randomly throw different things against the wall to see what sticks. You devote appropriate and strategic efforts towards creating a trackable, repeatable system.

And in order to make this happen, it is absolutely essential you have your committed CEO "hat" on and are turning the ship in the proper direction.

## 3. Right Way: Hire a Pro to do It.

Undoubtedly, the best method of handling your marketing efforts is to bring in a team who does it day in, day out. Someone who knows how to create that system that will bring you a predictable, repeatable stream of loyal patients, who pay on time and gleefully refer you to everyone they know.

This isn't always (and in fact, rarely) the cheapest way to go. However, a good marketing agency or company will pay for themselves many times over. This results in less wasted time, effort and money, and allows you to focus on running the practice, and being a good dentist. (Yes, that's obviously still important.)

And let's face it...do this wrong, and you could be in for some painful mistakes (not to mention heartache and thousands of dollars down the drain).

1. Get and stay involved in the mechanics of your practice. If something isn't working, you need to know about it. So take the time to familiarize yourself with whatever elements you don't currently keep tabs on.
2. This especially applies to marketing. Learn what's involved in predictable, sustainable marketing campaigns and how this affects your ability to spend money on campaigns to acquire new patients.
3. Ideally, hire someone more experienced than you to handle your day-to-day marketing efforts and evaluation, but remain involved in the process. Ultimately, you're the decision maker.

# 3 Life-Changing Steps to Build a Great Practice

by Chuck Blakeman<sup>2</sup>

I'm looking back over the last year and I'm not sure we're any different or better off as a practice now than we were then", Sandra said. "What happened?"

With one question this practice leader identified one of the biggest issues in dentistry - we're so busy seeing patients, solving today's problems and trying to make payroll that the important decisions we've had hanging over us for months never get made. We're too busy reacting to the Tyranny of the Urgent to proactively tackle the Priority of the Important - the decisions that would actually make us a better practice.

I get it - we're always too busy to deal with the important decisions, but if all we're doing is reacting to the Tyranny of the Urgent, we can expect to be in the same place this next year as a hostage of that tyranny. There is a simple solution, make decisions differently than you ever have before - use the 3-Step Decision Making process.

## THREE STEPS TO ANY DECISION:

The most profound things are almost always the simplest. It took me twenty years to figure out the simple process of making any decision, largely because I was trying to make it too complicated. I always found myself "deciding" things that never actually happened. Here's what I learned that changed everything - every decision actually has three steps, and we almost always only do step one. Let's change that today. It's simple and it's profound.

Whether you're buying a copier, or deciding to open a second location, here's how to ensure it will actually happen:

**Make a Decision.** Making a decision is a good thing. But more often than not, we don't really make one, we just claim we did. So, Step one by itself is just a head game to pretend we're moving forward. It's the one we use all the time to avoid actually making a decision.

**Put a Date and Time On It.** When we pick a date for finishing the task or arriving at the objective, we've started some exciting wheels in motion that could lead to success. I always put a time of day on it, too, because that starts the clock ticking in my head. But even if the date comes and goes, we can always change it - no big deal.

**Go Public.** It's when we go public that we are changed. When we invite others to celebrate the date and time with us, we are now fully in the game. Going public is like burning bridges - there is no going back. It's a tough thing to do sometimes, but the focus and energy that comes from going public with your decision and your date can't be found by any other means.

## THREE STEPS TO MAKING ANY DECISION:

### The Second Most Important Question in Dentistry

Part of the Three-Step Decision Making process is getting a handle on the second most important word in dentistry (teaser-alert; we'll get to the most important one in another issue). The second most important question is, "When?" We rarely ask it.

Sandra had known for a couple years that their payment system needed an overhaul. The practice also had been toying with opening a second location for at least three years. But nothing got done - everyone was too busy just getting through the day - Tyranny of the Urgent. This time it was going to be different.

At the leadership meeting she brought up these two nagging issues again, and of course everyone agreed they needed to be addressed "soon." Sandra said something that got their attention, "I looked on my calendar and I can't find 'soon'. Maybe we should nail that down." And the discussion took off. They tackled the collections issue first. Someone got bold and said, "You're right, we've been putting this off because it will require some real focus. So, let's commit to having this done by the end of the quarter."

Sandra had learned the Three-Steps well. She replied, "That sounds better, but I'm still looking on my calendar for 'the end of the quarter' and that doesn't show up either. Let's see if we can get an actual date, and even a time of day that we will be done."

The atmosphere in the room changed instantly. And so did the discussion. In order to truly get this done, they now had to figure out a) what actually needed to happen and b) how long that would reasonably take. They made a list, put dates on tackling each step, and went public with each other. They intended

now to have this completed by Friday, March 31, at 12:00 noon. As a final step of commitment, they shared this decision with the whole practice.

They missed the date. It took them an extra two weeks to get the new process in place. But that wasn't defeat, it was victory. They had been "planning" to change the process for over a year. This time they had focused intention on getting it done in six weeks and instead it took eight. Without the actual date and time, they would have continued to limp along with the lousy process. Profits went up immediately.

Over the next year they began applying this simple principle to everything and as a result, it rewired their brains around a sense of urgency connected to important things, not just tyrannical things. Six months later they made a date to open the next practice in exactly 12 months from that date and time. They opened it three weeks early!

## STOP PLAYING OFFICE:

The key step was never declaring they were going to do something. They became manic about always putting a date and a time of day on it, and then telling everyone who might be affected that it would happen on or before that time.

It is amazing what happens to us when we take those three simple steps: make a decision, put a date on it, and go public. "When?" shouldn't be such an unusual question in dentistry, but there's no secret as to why we avoid it. It transforms us. We don't like change, even if we'd make more money in less time by changing. So, we "make decisions" without "commitments" in order to avoid actually succeeding.

A decision is not a decision until we put a date on it and go public. Until then, we're just playing office. Want something really bad? Put a date AND time of day on it and shout it from the rooftops. You're much more likely to get it done.

*Chuck Blakeman is a successful entrepreneur, best-selling business author and world-renowned business advisor. You can reach Mr. Blakeman at 303-669-2349 or [www.ChuckBlakeman.com](http://www.ChuckBlakeman.com).*

2 Winter Street  
Salem, MA 01970  
p: 978.745.6900

85 Constitution Lane  
Suite 200 D  
Danvers, MA 01923  
p: 978.750.4500

1 Merrimac Street  
Unit 18  
Newburyport, MA 01950  
p: 978.572.4100

**Arnold I. Maloff, DMD, ABE**  
**Sandra R. Makkar, DDS, ABE, FRCD(C)**  
**Carlene Tsai, DMD, ABE, MPH**  
**Justine Chiou, DMD**

## **A Practical Approach for Treating Medical Emergencies - Part 2**

by Dr. Fagin

Label each drug in your emergency kit. Include: name and concentration. Emergency use. Dose (adult), and route.

Example: Benadryl 50mg/ml ALERGIC REACTION 50mg(1cc) IV/IM

When an emergency occurs, immediately assess and manage the patient's airway, breathing, and circulation. Position the patient appropriately.

Activate the EMS unless you are comfortable with the present situation.

### **CHEST PAIN – PRESSURE ON CHEST/DIZZINESS – SHORTNESS OF BREATH**

Activate EMS. Assume that this could be a Heart Attack unless proven otherwise.

Oxygen, ASA, Monitor, and record vital signs. Although Nitroglycerin and morphine may be given to a patient having an MI, it is up to you if you want to include them in your emergency kit.

Note: Only give nitroglycerin if BP is stable, Systolic pressure is above 90 and pulse is between 50-100 bpm. Do not give if known or suspected to have taken Sildenafil (Viagra) or Vardenafil (Levitra) within 24 hr. or Tadalafil (Cialis) within 48hrs. These may cause a severe drop in blood pressure.

### **BREATHING DIFFICULTY – WHEEZING**

ASTHMA: Wheezing most asthmatics carry their own inhalers. Albuterol Inhaler 1-2 puffs is effective in treating most asthma attacks.

ALLERGY: Benadryl 50 mg injectable IM/IV should arrest the symptoms of most allergic reactions such as itching or rash.

SEVERE ALLERGIC REACTION/BRONCHOSPASM/ASTHMA: Epinephrine–Autoinjector for adult(0.3mg) and child (0.15mg) or 1/1000 –(0.2-0.5cc) SQ/IM -Activate EMS. This drug is a must in your kit. Clinical signs: Airway is severely obstructed due to bronchospasm and edema, rapid heart rate and low blood pressure, skin flushed, hives, and sweating.

HYPERVENTILATION: Extreme anxiety, rapid heart rate, palpitations, dizziness. May have followed administration of L.A. Stop treatment. Remove source of anxiety. Breathe into a paper bag, try to slow down to 12-15 times per minute. If symptoms don't improve after 5-10 minutes or vital signs are unstable activate EMS.

### **CHANGE IN LEVEL OF CONSCIOUSNESS**

SYNCOPE (Pale, sweating, nausea) • HYPOGLYCEMIA (Diabetic, shakiness, lethargic, feels weak) •  
STROKE (FAST-Face, Arms, Speech, and Time) • DRUG OVERDOSE (Hx of taking pain meds, lethargic, shallow breathing, sleepy) • EPI OVERDOSE (following LA injection, anxiety, dizziness, elevated pulse and PB)

**TRAIN YOUR STAFF TO BE AS EFFICIENT WITH THE EMERGENCY EQUIPMENT AND DRUGS AS THEY ARE WITH ASSISTING YOU WITH OPERATIVE PROCEDURES AND IMPRESSIONS. THEY CAN SAVE THE DAY.**