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# PPA Call

**July 13, 2022**

## **Flipping the Switch**

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The Practice Profit Accelerator call is where we dive deep into the most pressing questions we're hearing from teams across North America.

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Kevin: Good day everyone, and welcome to the latest edition of—you guessed it—the Practice Profit Accelerator team call! With one of our most favorite human beings on the planet, Scott Manning, the official welcome to the call.

Scott: Well, thank you, Kevin. First of all, you carry that title, but I just keep people around me who like me, so at least I can pretend. But this is, it's a funny time, because we love the middle of the year, just as that opportunity to check in, to kind of refocus. And as you know, our wealth groups always say, "July is the new January." It's two New Years. Twice a year, we get to reset and refocus, do it again.

I like that, because people like you and I, and our great teams and doctors, they accomplish so much in a short period of time. So really, we say, "A year's worth of progress in just six months." So let's see what we can make happen.

Kevin: I love it, and you have been highlighting what I believe is just a wealth of strategies over the last four or five weeks or so in your writings. And I thought it was perfect timing for us to discuss this as we're coming into second half of the year.

It's like, halftime's over, we're pumped, we're ahead in the game, but we're ready to just put it over the top. And I love your comment there of, "Accomplishing more in six months than most would in a year."

And that is obviously what we love about everybody we get the opportunity to work with, is because we have that belief, and we have the faith that those kind of things are going to happen. And so what I'd love to do is, if you don't mind, is why don't we just dive right in?

You and I have come up with three or four topics, depending on time here, just filled with really good stuff. Why don't we start with the writing that you had labeled, let's call it, Flipping the Switch.

Scott, picture this: coming out of halftime, we're banging the ceiling as we're coming through, like they do in college football, or whatever it is, and we're about to get onto the field. What's the switch that we've got to flip?

Scott: Well, I mean, listen, Kevin, we can take one topic and go for hours on it. So you got a powerful list. Thanks for being a little bit inspired by my writing, I always am by yours. And it's a great balance.

I usually talk about the boring stuff, which is called "dentistry." And then, you talk about the cool stuff, which is called "personal empowerment" and all of that, but it takes both, I suppose.

So I think that the first switch I would want to flip, which is really more to the topic, the overall concept that you just gave us, I hope you're ahead, I hope. Now, 85, 95, maybe 99% of our power players out there in the world, DST Universe, they are ahead. But what matters is not what's up till this moment. All that matters is what happens next.

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Scott:

The first switch you flip is, it don't matter. It don't matter what you've done in 2022. It only matters what you're about to do. So that's the first mindset I would give you. And then, coupled with that, it really kind of boils it into this, what Kevin's talking about.

In the morning huddle. If I go super detailed on you, the morning huddle does not matter about what's in the schedule, what's already laid out to accomplish today. What matters is we don't yet know, what we haven't scheduled, what we haven't diagnosed, what we haven't yet made happen.

It's not about the formalities, it's really about the future. So the switch is very simple, and our doctors know this to be, to move your focus beyond the production and collections into creation and diagnosis, and really be about opportunity and offense.

The reason why that switch is so teeny-tiny small, but yet so profound and giant, is because the paradigm, Kevin, is we trust the process. We know that if we swing at more pitches, we hit more balls, okay? We know if we take more shots, we score more points.

What everybody listening to this does, works. So the simple deal is cast a bigger net, capture more opportunity, okay, give more patients the chance to get healthy in greater ways; you automatically win.

As you prepped me here, Kevin, and maybe it's yours, or words or mine, and it doesn't really matter, it's because what's what's ours is, it's a we. But it's not about the dentistry we do, or collect on, or the production or the schedule. It's about how much we can create, and how healthy we can make people.

At the end of the day, we all make up the goals. The goals are just whatever. They might be pay the bills, they might be bonus the team, they might be fund the doctor's next dreams. But all those things do not matter—nothing.

What matters is what it represents, and that representation is the greater mission and purpose. And that's the thing. Now it's nice to get excited about breaking records, about beating daily numbers, but it is far more moving and meaningful when you realize that every single time you shortchange the patient, you talk them out of treatment, you under-diagnose, you rush through a visit, and you leave opportunity to help patients on the table—meaning you don't cash it in—you not only failed yourself, but you failed the patients too.

So backing up, all right, the switch is really getting ahead of, and not chasing and being reactive, getting ahead of them, being proactive to how you make goals happen in the first place, is really that bigger, bold vision: telling patients the truth, moving patients forward, and creating more opportunity in your practice.

Kevin:

Yeah. I love it Scott, and it's a great place to start. I don't have much more to comment on that, because you've said it so well. And let's face it, we have got to keep it as clear and simple as possible.

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Kevin:

The one thing that I keep getting drawn to, and I've got, you know I've been doing this with you for well over a decade now, you've been doing it for, I don't know how long, specifically in dentistry. And the thing that always inspires me daily to do my best, and to try and be as helpful as possible with people, and adapt my ways of helping and coaching and training, and things of that nature, is because it is all about the most important thing on the planet, which is health.

If we set aside everything else, and we just look at each other and say, "What are we going to do to get everybody on the schedule today, that we're going to have conversations with—everybody who's going to call us, whether a new patient or regular we haven't seen for awhile or whatever the case is—how are we going to get them committed to their optimal state of health today?"

That's exciting. I believe that sometimes what happens is, is we get drowned in the mire of the money. Because let's face it, we've got to have a scoreboard, we've got to run profitable practices in order to maintain livelihoods and all those different kind of things.

Yet, if all we did was focus on getting everybody one step closer, all the way to their optimal state of health, you'd never even have to worry about the money because it just magically shows up, as we always talk about. So I think it would be important for everyone to take what you've just said, add to it, this one thing:

"What do I have to do to make a shift in my mindset, to think about health only for the patient? And what would I do differently if that's all that mattered, if that's all I discussed?" And see if anything comes to mind. Maybe it does, maybe it doesn't.

Again, it's like tricking your mind a little bit to say, "Wow, would I say something differently if I didn't even have to talk about the money, or worry about the money, or worry about the investment, or anything of that nature?" It's something to ponder.

We sometimes we have to play tricks on ourselves in order to be able to have more clarity, an extra layer of motivation, in order to advance our influence and messaging to the patients. Because all of you are doing the greatest thing on the planet, which is being the advocates for people's health.

So that, to me—super powerful—and would be highly motivational, you know, first thing in the morning. So Scott, feel free to comment on that, and then we can transition into some of the three particular topics that we have left.

Scott:

Well, Kevin, what I love is, as I tell everybody, nobody cares more than you do about people, and you wear your heart on your sleeve. Well, here's what I want, I do want to comment, because they can read the article, and they damn sure have better have read the articles. And the people do the best job, they replenish their motivation every week with the Monday Huddle.

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Scott:

They replenish their focus on positivity and personal development with your Thursday Leadership. And the best doctors, it's no secret that the people who put up the biggest numbers per person are taking the Friday Profit Reports and they're treating them like a playbook with a pen in hand, and they're diving in, they're ripping it apart, and coming up with things to go and do and implement.

I would just say that, you don't track numbers, you track human beings, track the people. You've got to know the people, not just know the numbers, because that's what this business is about.

Now you use numbers and metrics to see how we're doing. Well, what I wanted to say, what struck me when you were talking, Kevin, and there's two things that came to my mind.

The biggest failures are, they're two extremes. The first extreme is when people get caught up in the activity instead of the accomplishment. This is going to lead to, I think, one of our points. They forget that the main objective is move the patient forward.

And I don't know if it's too much copy or what, but I feel like I want to say bad cuss words here in a minute. But it's because I'm excited, and I care so much.

And Kevin, it drives me nuts when people, they think that educating the patient...by the way, we got to do it. They think that, taking the pictures, we got to do it. All these are part of what we're about to tell you. They think about making people happy, getting referrals. Yeah, that's all great—great shit, okay?

You've got to do all that, but guess what? None of that stuff matters if you don't get the goddamn yes, okay? If you don't get the patient to accept and pay. So that we can't be bashful about this idea that we're driving an outcome, and that outcome is not subjective. It's not a feeling.

As Kevin is famous for saying, "facts from feelings," it is a factual outcome of result that we can hold in our hand, we can count in the bank, we can see on the schedule. Eventually, we make it come to life.

Now, the further down you go in the team, and we say we're all equal, but the further, whether that means doctor, clinical team, administrative side of business, whatever, the more people get that, and are bold and proud, clear and confident, and I would say focused on achieving the outcome, not just doing the dance—and pretending to get something done—the more successful we are. That's why understanding this flip of the switch matters.

And then the second piece, Kevin, the far extreme, which is the cancer of society, is indifference. Indifference. It can't be okay to not win! And winning is the daily goal, winning is the patient's health, winning is building the big case, winning is asking for the sale, and our specialty practices.

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Scott:

So you can't be one or the other. You can't be caught up in the activity, and you can't be indifferent about the outcome. You've got to understand what success looks like, and you got to own it so much.

And this is why, just yesterday, Kevin, somebody that neither one has talked to for a long time, and we did a lot of great things for them, but he's a power player. And he gives us a lot of credit.

There's a doctor sharing about the impact and the difference. And there's literally nobody that's invested more into personal development that I have ever met as a doctor than this guy. And he was very gracious in terms of saying how much of a difference we made.

But the reason is because of this right here. It's because we care. We're not indifferent. And it's not just for us about going through the motions. We want the results more than anybody else. And, that's why we're willing, okay?

There's no one in the world that you're going to be able to have an individual call with, that you're going to be able to do a text message, you're going to email. You're going to have this kind of talk we're doing today. Nobody, nobody, period. And we are proud of that, but we also know that's true.

And that's the difference, because it's actually about a relationship. So if you embody the energy Kevin and I bring, and Maegen too, our whole team, all DST, and you understand, if your team is like that, be better than us. Be better than us.

You won't have patients say, "no." You won't have months you don't win, okay? You won't have disappointments, because the celebrations will far outweigh, and you'll always create more opportunity than you need to be able to achieve your goals too. Like Kevin said, "The patients win, your goals are easy."

So I just want to add that, because this is not about tactics and strategies, and all that check off the boxes. It's about something so much bigger. It's something, that it is facts, but you can feel that energy. And if your patients walk away, if they come in your practice and they feel what you all feel right now, in this call with us, you cannot fail!

That's the bottom line. So I know we're going to turn to tactics, Kevin, and they do matter, but this part matters more.

Kevin:

Yeah. And if you don't mind, I definitely want to add one more thing. It's interesting where these calls always go, as prepared as we are, because great things come out of them. And what struck me, and I want to make sure that everybody heard this loud and clear, and comes up with their own vision of what this is, is, what is the definition of success?

I would challenge every team, and I'm talking our best teams, to see if they all, to a person, on a team, would have a similar answer to what that is.

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Kevin:

Because as you stated, it is what matters, because if we don't have true clarity about what the definition of success is, i.e., outcome for patient, then how do we know if we're on the right path to get there?

Because it is not, as you stated, "Hey, guess what? I have 42 things I got to do all day long. I checked them off the list." "Hey, guess what? I had the conversation with every patient."

Actually, this is a little bit of a humorous story. I was in a little bit of a combative conversation recently, and I challenged a person, because they were basically saying, "Well, I have these conversations all the time. I say all this stuff, blah, blah."

And the tone and the attitude, back to me, was just interesting. I said, "Well, is this how you talk to the patient? Do you have any kind of excitement, enthusiasm? Are you more excited than the patient with regards to what their outcome can be?"

Because that's infectious, and it's contagious. It helps to bring the patient out of anxiety, apprehension, whatever it is, and brings them further along.

And I challenged the person. I said, "I would without knowing anywhere near what you do, if I came in and I came over the top with my excitement, my enthusiasm, my mannerisms, the whole deal, I guarantee you, I can get more people to say yes to their health, than you stating all this factual stuff in this voice that you're giving me, because I'm just convinced this is who you are. And well, what do you expect?"

Anyways, I share this story, because that kind of is so important. It's like, I get it. You show up every day, you go through the grind every day, and sometimes, boy, oh boy, it can be hard to bring in the enthusiasm, to bring in the energy, to bring in that positive vibe, yet guess what?

If you want to be successful, i.e., definition of what that actually is, these are things that have to happen, and you'll have more successful outcomes than being the smartest person on the planet. I just had to say that Scott, because I feel like I'm in that type of a conversation on a regular basis.

It's up to us to own our level of excitement, enthusiasm and conviction to what it is that we show up to every day. And so, man, I could go on all day about this, but of course we don't have time, Scott!

So why don't we dive into, you wrote a particular message about three tactical things, starting with question asking and those kind of things. So why don't you dive into those and we'll get through it?

Scott:

Yeah, great. Yeah, well, thanks for adding it. And it, to me, it's all that, attitude and energy, and the more passion you have for what you do.

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Scott:

And by the way, friends: phone, insurance, hygiene, TMJ, sleep, ortho, implants, smiles, it doesn't make any difference. Whatever your mission is, that's the mission that you're most excited about, and the impact on the patient's life.

Kevin, this going to sound like a broken record, but it's always the ABCs. I say this all the time, but when people want to write new words, they don't make new letters. They just put them together in a better way.

So the bottom line is, we know your famous words, again, are "smart questions." We have to do more of getting patients talking, versus us telling patients. So that's what I want you to think about.

The more they talk, the less you tell, okay, the better this deal's going to go. And you need to be purposeful with the way you engage. So everybody has a different modality of how they're going to get to where they want to be.

But you got to think about your questions being super poignant, leading questions that move that patient down the path, to a better outcome, and as Kevin says, "smart decision," but a "yes" answer.

The second thing is that we have to remember the three Ps: Pictures, Proof, and Pain. But remember that it's not about just doing them. It's about what you do with them. So we take the pictures, we tie the asking smart questions into those pictures.

And we don't leave it as, "Here's the problems, or here's what we see," but also, "Tell me how that feels. What is that like for you, when you such and such?"

And you say, "Well, wouldn't you want to know about what happens when we make this better for you, or what this would look like?" Any time you make a suggestion to patient, they're always going to say, "Sure, I would like to know." Nobody is going to say, "No, I wouldn't." And in addition to that, you use stories. You use stories about, "Well, what we find in so many patients, they didn't know if this was an issue, until they saw this picture right here and they noticed. The sensitivity comes from this and that..." "Your worn down teeth..." and you've got to use layman's terms, "...are from X or Y. But over time, what happens is..."

And then you use—Maegen has the best analogies in all the world—is whether it's bald out tires, or whether it's worn down paint or holes in the roof, so you got all kind of things. But you got to take the questions, you got to take the photographs, you got to make them interactive.

The last little point there, Kevin, and I'll let you make it better, I wrote about the third one, is just having educational focus. It's amazing to me doctors don't, every day, everybody's, "Oh, well..." it might be a little windy, I'm outside, but I mean it is what it is, that's my prerogative, I suppose.

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Scott:

So what happens is that you say, “all dentistry is cosmetic,” but then we don't do any cosmetics. Like, okay, how about we enhance someone's smile? Why are we bashful about that?

Why are we saying, “Have you ever imagined what it would be like for you, if such and such?” Or we say, “Doctor has been really taking a concerted effort to get us all more educated, and skilled with doing Invisalign. And the reason it's because people think it's about straighter teeth, but it's about so much more.”

“Did you know what crowding teeth leads to?” Or, “Did you know that, the fact that you can see in your smile here, you got more area around the teeth, and your teeth are filling up your mouth?” You come up with whatever analogies you want to use, and you start educating, but you celebrate the fact that you're growing your skills too.

You take a patient that is negligent with their perio, not because of the patient, but because you've been short-changing them. And you just elevate and educate.

These things are proactive measures you can take. Again, all stuff you already know, but it's about doing it all at once with every patient—every patient a new patient every single time type of thing—but making it interactive.

And once again, my, my main point is not doing them, but what are you doing with them? And about moving the patient down the path, building your influence, so that you're leading them to the decision that you want, the outcome that you want, which ties back into what Kevin and I said in the first time, is that you should not be passive about this.

We said on day number one when we first met, “Be a leader and a guide.” Well, Kevin said, “You need to know what success looks like.” When you know what success looks like, you know how to be a leader and a guide!

Not a leader and a guide of educating and making the patient leave, knowing more than they walked in. That ain't the deal! The deal is, what are they saying yes to, that's making an impact on their life, that you can go home in end of the day and hang up your scrubs, proud of what you have to show for the difference you made, not the difference you talked about? And I'll turn it back to the master.

Kevin:

Well Scott, a lot of great stuff in there. And where I would elaborate a little bit is, I'm in the middle of a series right now of my writings where, what, two weeks ago now, I would have the written the first message, which was this whole concept of looking at everything as if it's completely brand new to you, you've never seen it before, you've never heard anything about it, and you're in this very curious and exploratory phase.

It's interesting because, like you said, ask smart questions. I would add to that, have leading statements that the subconscious just immediately responds to.

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Kevin: “Well, that was an interesting comment, Mrs. Smith, about your health. Tell me a little bit more about that.” Right? Lead them into it.

Sometimes you don't even have to ask a question, you can make a statement, and they automatically are going to respond because that's just how we've been trained as human beings. And the thing that I would say is, it's that good and the bad at the same time: patients of record.

We know our patients, so well, dah, dah, dah. Well, guess what? That could be your Achilles heel too. Because you know them so well, you think, you believe you know everything about them, you know exactly how they think, you know what's in their mind, what they're going to do, what they're not going to do.

Well, what if you went in with this concept of, “I've never met this patient before in my life, I'm going to be curious to get to know this patient again?” Look at their mouth as if it's the first time you've ever seen their mouth. Ask them questions as if it's the first time you've ever asked them a question.

I challenge you all to do this. It will refresh the second half of the year for you. I promise you that. And I'm certain you will see things so much differently. You'll see a different path for the patient to be able to make a commitment to their health, new patients as well.

There's a lot of great things that can come from it. And I would challenge you all to go back to this concept of defining what success means to you, and look at it as if you've never done it before, for those of you who have, and say, “Okay, let's start from scratch. What does success look like?”

Everyone is always asking me, “Kevin, give me some team building things, dah, dah, dah, dah, dah.” And again, I'm not...don't come to me as the guy who's going to tell you to go do these fun things outside the office. I'm not that fun, okay? There's other fun people when it comes to that.

When I think of team building, I think of how can we create more empathy for each other? How can we get to know each other better so that we're more connected and united as a team, so that we can be a united force of good to get patients healthy? And these are some of the ways that you can do it.

I play these tricks on myself because I have my own biases too. And I've got to fight them, fight them hard. So anyways, I could carry on with all of that.

Scott, we're running up on the clock here, so why don't you, if you don't mind, just maybe breeze through...you had written this, the concept of, “The Five Exercises to Master the Full Patient Perspective.” And I think it would be great for them just to hear it, in case they haven't read it, and give them some motivation to go back and actually read the message.

Scott: Thanks, Kevin. Well, I know we're up against the clock. That was brilliant advice, some words of wisdom you just gave, and the word we both love is “empathy.”

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Scott:

Yeah. I think I can do one better, but let me just say that, so the exercises, we have to do a part two. I know we always get carried away, and then we come up with even better shit to say next month.

But I think, let's do a part two to this because I would love just to get some of your play-by-play, hand-to-hand combat on the slow down and don't rush when it comes to actual patient dialogues. But the exercise to be a patient is real simple.

I would ask you this question: "If you were the patient, what do you need to know, experience, learn, see, believe, in order to be able to arrive at the decision to invest in your health?"

The thing is, you got to actually be a patient, if every one of you haven't gone to a comprehensive exam lately, and have your mouth ripped apart, and taken taken to a higher level, then you've got to do that.

You've also got to get your friends and family in the practice, not for cheap dentistry and discounts. That's sickening that you would even want that to happen within the practice. They should pay, because if they don't pay, they don't value it. But you should have people in the practice that can give you feedback and assessments over how things are, such as mystery shopping, which is another one, okay? Such as taking a new patient, and recording it, or taking a new patient and letting them play guinea pig.

We're not looking for a patient's opinion about how you do, because they don't know nothing about that. But we are looking for a patient's impact on what would have made it better, so that they could get to a better decision.

And then, obviously, everybody knows role-playing. Depending on how long you've been in this game with us, there's entire year long experience in the Practice Focuses where it's literally month-by-month, blow-by-blow, role-playing structure.

Kevin, just real quick on the second half the year stuff. Everybody, set challenge goals. Don't be enough to just do what you did last time. Better the first half the year, better it.

That's daily averages, that's new patient values, that's obviously overall monthly objectives. But set some bigger priorities and goals as a team, quarter-by-quarter, what you want to do.

Secondly, take what Kevin and I are talking about, and ask yourself, "So what does success look like, from the clinical philosophy as a whole of the practice? How do we define health?"

Secondly, you must have diagnostic principles. Every patient is held to the standard of your diagnostic principles, of what I call the Pillars of Health. By your own definition, every patient!

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Scott:

So if you were to do the Maegen's point of scale from one to ten, every patient, or excuse me, are you on the same page with where their state of ideal is? Not a few problems to fix in their mouth, but state of ideal.

And then the other thing, Kevin, lastly, tactical, in the morning huddle, every team member should be saying, "What's success like for every patient today?" Not ambiguous and vague, I'm talking about individually and specific.

If every one of you assessed, if you own that patient today, what does success look like for that patient, and that visit, against what I just said? Clinical philosophy, definition of health, pillars of health, clinical principles of diagnosing.

Okay, now we're talking about end of the day huddle. We're going to go back to where we began this conversation, and we're going to have created so much opportunity.

Never forget that all of this is about accelerating trust. You do that through truth and transparency, by being authentic and genuine. We can list out all the buzzwords, and ultimately, that's how relationships are built, that's how more dentistry gets done, but above all else, that's how more impact and life-changing care is delivered to the patients that you have. Okay?

Thank you so much, Kevin. I know we're over. I'm sorry. I'll let you close this up.

Kevin:

All right, sounds good. Great, great as always, Scott. And team, I just want to wrap up with belief and truth. Love those two words for a lot of different reasons.

If we get the patients to believe you are the solution to their problems they've been having, whether it's been a day's worth of a problem, or it's been ten years' worth of a problem, we've got to get them to believe that you are the solution, because they trust you. And you want to know why? Because you are willing to tell them the truth. Truth leads to smart decisions, and smart decisions leads to healthy patients.

Friends, it's been another great edition of the Practice Profit Accelerator team call. Until next month, let's go get them in the second half of the year. We'll talk soon.