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**Podcast**

# PPA Podcast

**March 8, 2023**

## **The Four Pillars (Part 1)**

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The Practice Profit Accelerator 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 the Dental Success Today Practice Profit Accelerator podcast. Scott Manning, your official welcome to the show!

Scott: Well listen, Kevin, we always go over time and I'm a few minutes late, so we'll just dive in. But yeah, look, I'm excited to be here. I'm excited for the momentum we have going into this spring time and just finishing the first quarter. I feel like there's been a year worth of progress and success and it's only been two months for 2023. So great job to everybody out there in the DST universe and let's get them fired up.

Kevin: Yeah, I love it. We are hearing a lot of positivity in the start here of the year, and of course, we have those expectations. We love to hear it. So as you and I carry on in this month, Maegen and I had wrapped up, as you were alluding to, that two-part series where we were focusing on your concept of the "Think System" within the practice where we spend time on the power of positivity and the importance of creating leverage and focusing on truth, being the truth tellers as I love to say! So today, I thought it would be great after spending the time in that aspect and transition into the tried and true, Scott Manning foundational principles of the four pillars because guess what?

Spring training's right around the corner for baseball and what do they do? They focus on what matters the most, the tried and true principles, and that's where we stand with the four pillars. So Scott, just going to set it up here for everybody as a reminder as well as for anybody who's maybe hearing it and hasn't heard it in depth before. Diagnosis, case acceptance, pre-collecting, value-based scheduling. Scott, let's get it started, my friend.

Scott: Well, thanks Kevin. I like the basics because it just is simpler that way and we could come up with new stuff every month and maybe that would be more exciting for people, but it sure wouldn't be very effective. Not to mention, it's easier this way, to just do the same thing again and again. But I always talk about the hardest part of it is the discipline to do the most important things consistently and make it routine and habit. So often, a routine and habit is routine is inconsistent and habit is the bad ones, not the good ones. So the four pillars are very simple. You gave everybody these numbers or these concepts, and of course they do turn into numbers, which is what I was going to mention. But I want to just start broad brush strokes and just emphasize that this is the practice, this is the experience itself. The numbers tell us how we do, but it's the human element, is the impact on the patient.

Each of these four pillars is what allows us then the privilege of doing the dentistry, of making the life-impacting change on the human is really mastering the four pillars. The other reason I guess just to hit them with the punchline, the punchline is that any one of the four pillars can be the sticking point to success. So we may be at a plateau of daily goal, we may be at a plateau of collection or schedule of production, we may be at a plateau of diagnosis. If any one of these elements you can find and you go always back to these four, but the good news is that they also become, and I call them pillars for a reason, they also become the only place to go back and work.

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Scott:

So when we take the think system stuff and the 60-day start of the year, if we take you and Megan's connected patient experience, if we take the mastery that you guys teach with verbiage and communication, all things fit back inside of these four things. We talk about doing better phone calls to help with trust-building relationships, that leads to greater case acceptance.

But when it comes to just a pure math equation of what we track, it's these four things. So I mean, I guess, you probably want to go into more specific details, but I'll pause so I don't talk all the time and I'll just start with that. So remember, the key is mastering these four elements of looking at the results you have in your practice and always going back to work on these four things and realizing that you will never be more successful of than diagnosis, case acceptance, pre-collecting, value-based scheduling, and that elevating the value of each of these four will then by default elevate both the value of your results, but more important, the value of your impact on the patient. And of course, I know we're going to get in the weeds and talk about details. So Kevin, I'll let you make all that make more sense.

Kevin:

Yeah, well it's a great way to dive into it. There's a couple of points that really spoke to me, I want to make sure that we highlight, and I'm going to work myself backwards. Right where you ended in "value," it's such a powerful word and I think we use it and take it for granted as opposed to having a keen awareness as to what does value actually mean. I like to use some version of the phrase of an "equal exchange of value," exchange being the key word. In other words, you have to work hard and make smart decisions in order to create a powerful patient experience—connected patient experience—use the right verbiage, all those kind of things because you have to create value for the patient. And in return, they have to create value for you! So that's why it's so important to then connect the dots to being the truth-teller, because every person deserves to know any and every problem, anything they can do to prevent future problems and anything they can do that is resulting in a possibility with their mouth, their airway, any of those different kind of things.

And when you combine all that together and you give everyone the opportunity to know it all and make smart decisions, not necessarily all of it at once, but we're in a relationship for a lifetime with these people. So equal exchange of value, starting with patient, in return patient gives you value back, which most of us know is where the scoreboard comes into play. And again, as we always joke, that's what pays the paychecks. So it's so important to be there.

The other key point that you had started with, Scott, is on discipline. One of my favorite authors name is Ryan Holiday, he wrote a book called, "Discipline is Destiny." One of the things that we talk about, and it's so important in your four pillars, is pace. He's got an entire chapter where he says, "Slow down to go faster." He uses this analogy where he says they like to say in the military that, "Slow is smooth and smooth is fast. Do it right and it goes quickly. Try to go too quickly and it won't go right. How do you balance hustle with smoothness?"

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Kevin: That's why paying attention to pace and then being disciplined to go with the fundamentals: diagnosis, case acceptance, pre-collecting, value-based scheduling, because they are all connected, which is in alignment with the connected patient experience. Hopefully everybody, as we continue to do this over and over and over again, sees it more and more clearly about how everything we talk about is literally interconnected! None of it stands independently. It all needs each other. That's why it's so important to focus on simplicity, which I realize what we do is complex and that's why we're in your lives to help focus on what truly matters and what can move the needle, because the patient has to feel the value in order to make a smart decision and their smart decisions in return give us value. Scott, I'll pass it back to you.

Scott: Well look, it's beautiful stuff, and I love that book and the author and you introduce and reinforce to me all those principles and you really teach that in your Thursday leadership lessons, everything that stems from that. So what I would just piggyback on, I guess because I need to go into these specific actions here, is your equal exchange of value. I guess the point that I alluded to, Kevin said better and now I'll just reinforce, is that you will never get more value out of...and now insert whatever you want my friends...your schedule, your patients, your cases, your profit. You'll never get more value out of any of those things than what you put into these four pillars, than what you set as a standard of excellence and a new expectation. So with that, and it all comes back to changing people's lives and understanding that the greater the number, the greater the impact. It's that simple. It's that simple. If you had to argue in a way to where you say, let's say we take out a tooth, an infected tooth, or we do something here, and we leave it.

Well, it's a small value for an extraction. It's going to benefit the patient with small value. If we add some element of a solution in place of that extraction, now we know the greater investment might be the implant or a permanent solution, I would say more valuable than a partial or something removable or even crown and bridge. So that's example. If you did a few veneers, I suppose you're not going to do a few, that's the wrong way to say it because that would imply an odd number, but you're not going to do odd number. But if you do some even number veneers around the front of the upper arch, if you were to go to all the teeth or you could also do the bottom, the size goes up and the value goes up of the impact. The same deal is, let's say we do a sleep appliance. The more money you have the patient invest, the more compliant they are, the more respectful they are, the more maybe you're adding therapies or you're bundling in additional visits or a warranty on the appliance, like that's a "fixed investment."

Every appliance is the same, perhaps, but I could customize the care and add things in. So it's always value up on your end equals value up on the patient and same deal. Ultimately, it loops back to dollars. But we never think of "dollars," we think of "treatment value." We never think of "treatment value," we think of "impact on patients." Now, that should be basic stuff for everybody here, unless you're new to us in this year. Now, very quickly, I want to give you, I think I'll do the first two and then I'll stop and let Kevin go through and then we'll do the last two.

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Scott:

So I want to remind you that diagnosis, you all understand, the greater the diagnosis, the more opportunity there is to help patients. This is why we talk about going on a discovery. You are in a discovery every day with your patient to answer this question: how can we help this person today? Not just solving problems, but as Kevin actually added to my problems, possibilities, by using the word prevention. Problems, prevention, possibilities. The point is, you don't want to be in the problem-solving dentistry, right? You want to be in the possibility creation.

What I don't want you to do is diagnosing problems. That is basic, fundamental, you might say, bread and butter dentistry. What I want you to think of is diagnosing ideals, okay? We are idealistic with our care of patients, with our optimal health standard. The way you do that with diagnosis is you take it and you say, "Number one, what is our clinical philosophy?" Our clinical philosophy is what points true north every time we engage in a patient. Everyone in the practice should be able to long-form, hand-write out the definition to our clinical philosophy. Think about a mission statement for a practice. This is the mission statement for the clinical care. The second part of that is what we call "pillars of health." Now, we are giving you pillars of practice growth and success. You must have pillars of health. Now, to dumb it down we say: health, function, beauty. We say heart, tissue, soft tissue, occlusion, aesthetics. We say gums, teeth, bite, smile, airway. Now, you can do other things. You might have neuromuscular, jaw, and joint.

Depending on your modality of care, you have different pillars of health, but you always diagnose ideal pillars of health. So think about taking a patient where they are, taking state of ideal, and then rubbing that against where the patient's health is at, okay? That's what culminates into the treatment plan, the pathway to health, okay? So taking a patient where they are and building a pathway to health, to ideal, okay?

Now, the third pillar of diagnosis, well, excuse me, there's too many damn pillars. So let's say the third area that I want you to focus in the diagnostic pillar is now the tactical strategy to diagnosing. We call that the "diagnostic protocols." So this means every patient, every time: new patient, old patient, hygiene patient, therapy patient, reoccurring patient, emergency patient—diagnostic protocols. So the philosophy, the clinical philosophy, the bedrock of that are the pillars of health. The diagnostic protocols give us the pillars of health to the patient's pathway. All right? Now, if you go back and listen to all this, that won't be as confusing. It probably was what I just explained it.

But until you have those three things in your practice as a modus operandi, until every team member from phone to assisting team, to hygiene team, to surgery team, to whatever people, ortho team, until everybody is dialed in on all three of those things, you are not going to have confidence in diagnosis. You're going to have a bright, shiny object, new piece of equipment, hodgepodge. You're going to have a patient in emergency pain thrown into the middle of the schedule today, triage, right? You're not going to be building your practice from a bedrock of diagnosis. And the key to success is you will never help a patient more than what you diagnose.

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Scott: You will never out-collect, out-schedule, out-case-accept your diagnosis. So this becomes the overarching umbrella to the entire deal. I'm going to stop because it probably will need to boot a couple of these to the next month. So Kevin, I'll let you play with this vision creation of which we call diagnosis.

Kevin: Yeah, I love it. I can't even guess how many times you and I and Maegen have talked about the four pillars. Yet every time I hear it, I think of just different ways of connecting the dots, different ways of viewing this and how to extract value out of it. So I'm going to go with a few things here. You had mentioned ideal and so everyone always says, "Well, how do you verbalize that to a patient?" Well, this goes back to how, I say this often, and I'm certain that a lot of people miss this one key point, it's this, we have to increase our level of excitement, which doesn't mean jumping up and down with pompons, all this kind of stuff. We just have to be enthusiastic. We've got to alter our vibe and our energy upwards and be excited about the vision. "You know Patient, we have...When each and every patient comes through our practice, we spend time to create what we believe to be an ideal vision for your health, your oral health, your smile, your, whatever it is, whatever your component is, and say, 'and this is the reason.'"

So this is the because. You hear Megan and I talk about this all the time, give them a because and then it makes sense. You say, "Because the reason we do this is..." and then you fill in the blank.

Now for me, if I was setting up a doctor to come in and do this concept of problems, prevention, and possibility, I would say, "Patient, doctor's going to come in and he or she is going to do the exam, the whole deal. Now, I want you to know, of course you're going to hear the problems that exist. Any doctor in town's going to do that. Where we take it a step further is we talk about prevention as well, because we'd prefer not to have any more problems in the future. Because you know what, Patient? The most exciting part of our conversation is when we get to talk about the possibilities of what you can have for your smile and your health and all these different kind of things. That's what gets me up every day. So Mrs. Smith, I hope you're as excited as me once you get to hear what doctor has to say." That's what I would do every day, every patient, in order for them to know I'm all in and that you're not the 7,462nd patient of the year and I've lost my enthusiasm for you.

There's so much that comes along with the vibe and the energy beyond the verbiage, which is important, and beyond what Scott just talked about, which is where do you begin? Where do you start? Where does the truth lie? Because if it's different for every person, well guess what? You're going to get different outcomes all the time. Then we won't always know what works well, what's working the best, what maybe isn't working so well, what do we change? We might be changing things that are actually working really well, we're just not doing consistent enough to know! And then we wouldn't have to be so worried about alterations and rather just become masters at everything that we're doing. So I wanted to hone in on those few, key points to add on top of what you said, Scott, because where it all begins is where it's going to end as you alluded to.

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Scott:

Well listen, thank you. That's how it all loops together. All I can emphasize is go back and re-listen, everybody, to the way that Kevin shares and the points of the words he brings up. You'll have to go back and unpack what I went over and then turn this into an activity. We like to rally you, we like to fire you up and get you excited. At the end of the day though, there's actionable things that you want to take and the best teams, the teams that keep bettering their best, keep winning, and by the way, just bluntly do a better job with their patients, are the ones that are going to commit to really getting in the weeds on this stuff and really going and seeing, to Kevin's point, what is truth? What is actually happening? And then assessing how can we make it better. So just again, remember, the diagnostic-focused practice would be tracking not just the number, but the patients themselves. They would be celebrating the opportunity to build bigger, more complete cases.

I love the terms "complete health" and "comprehensive dentistry." Comprehensive dentistry brings to fruition complete health. Everything inside the diagnosis has to lead to that. The reason I beat this up for this whole call is because you already do well, you already do well. So if we just put in a bigger opportunity at the top end of the experience, your system is going to provide you greater results, and that's what's going to allow for these other three pillars to become successful.

Now quickly, I will just talk about case acceptance. Now, Kevin elaborated on this case acceptance on complete health and what we're talking about is case acceptance is not yes or no. Everybody loves to think about yes or no, or I get people to go from hygiene and then they or come in as a new patient, they do hygiene, they come in for new patient and they do a filling or two, they do something and so therefore we consider it successful. That's not case acceptance.

Case acceptance is the percentage of the yes tied to the total opportunity. And the more we can wrap our minds around and be committed to comprehensive case acceptance, you will understand that as humans, we tend to try to do the easy thing. So we present a quadrant and they say yes. We didn't get case acceptance on the treatment plan, we got 25% success on the total vision. People say yes to perio and there's two or three more phases of care that needs to be done. It's not case acceptance, at least the percentage is not what it could be.

I mean, I could keep going on this point. So you must accurately lay against the percentage of the yes as opposed to the total opportunity, and continuing to work that gap in closing it because that's the leverage factor that becomes a rising tide for everything in your practice. I make a joke when I do the reverse pyramid and I talk and say, "Nobody's going to pay for what they don't accept." So the trick to the collection breakthrough is the actual size of the yes. Now, they're also not going to schedule less or more than what they said yes to.

So imagine if we present insurance, imagine if we present another visit, whatever it is, we end up sabotaging our ability, one, to help the patient faster

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Scott:

elevate faster their health, but two, we limit our scope of opportunity per day. So we end up putting this ceiling over us for our daily production, for our size of visit, for our units per appointment, and of course ultimately for our collection basis.

So all these things we make up lies about, “patient has a money problem,” or, “our production, we’re scheduled out for 30 days,” but we’re not maximizing our goals per day because we’ve limited ourselves based on the case acceptance. So there’s a whole level of complexity around how we present, what we present, the way we facilitate a yes, on what the yes is led towards, and what we will ultimately accept, us accept. You want to blow the doors off your case acceptance? You have to learn to accept better results from yourself and to accept less, tolerate less, of a lower standard.

So case acceptance, you’ll be judged, okay? Help more patients say yes to the total vision and get healthy faster. Comprehensive diagnosis, comprehensive case acceptance. The tighter the diagnosis and the presentation, is to the case acceptance or vice versa, the more breakthrough you’ll see in your practice. And that’s how we can literally double your collection base. I don’t care whether you’re doing a \$100,000 a month, \$200,000 a month, \$400,000 a month, we can double the collection base for the practice by setting ourselves up in engineering properly the case acceptance. So that’s the second pillar, Kevin. I know I talked us out of time. I’ll turn it back to you to finish us up, and I always like it when we have a topic we don’t finish, because then next month we don’t have to think of anything new.

Kevin:

Good point, Scott, and I love all the detail and the depth of the conversation you went to on those first two, and so I’m just going to wrap it up with one additional point and then we’ll say our goodbyes here. I want people to understand that, of course, we want every patient to say yes to it all and to pay for it all and the whole deal. The reality is: some will, some won’t. That doesn’t mean we give up on the ones that won’t. It’s just how do we then engage in a verbiage battle with them to make sure that we keep them involved and interested so that we can see it through no matter how it is. So we can say, “Listen patient, I recognize that every patient has a different pace at which they complete their treatment. The key is that you want to do it all and get to an ideal state of health. Some will go to fast pace, others go at a slow pace. How about you and I, together, figure out what your pace is?”

Then we go from there and then we say, “Okay, great. That’s what it is. The way I look at it and the pace you want to go, we got three phases. Let’s talk about them, and, boom, let’s get going in phase one.” Again, it’s all verbiage, it’s how you wrap it up. It’s how you bring it all together. Again, we can go into that more. It’s just don’t feel like it’s an all or nothing deal. We want to give people the chance for it all and we want to give them the chance to say yes to it all, get moving for it all, pay for it all. Yet, don’t get frustrated when we’ve got to get creative on it because not everybody’s going to do that.

Scott, final words and then we’ll get out of here.

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Scott: **No, listen, thank you. Today, friends, we focused on tactics. I mean, excuse me, on the concepts and the numbers on what to track and basically how to make it better. We will get in, now, to the weeds on, we'll finish the other two and then Kevin will hold me to account to make sure we'll actually talk about how to expand diagnosis and how to improve your case acceptance.**

**First, you have to be basing things on reality, and you have to own these pillars, and make them literally the pillars of your practice. Okay, so much here to unpack, team. You got a day long seminar in this thirty minutes. Kevin, sure appreciate you. Take care, everybody.**

Kevin: **All right, Scott, thanks for being here and thanks everyone for listening in to the latest edition of the Dental Success Today Practice Profit Accelerator podcast. The four pillars, well, at least two of them from today, two more next month. They await your attention. Let's have a productive and profitable month until we're with you again. We'll talk to you all soon.**