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The Four Pillars (Part 2)

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Kevin: Welcome! To the latest edition of the Dental Success Today Practice Profit Accelerator podcast, and the official welcome, Scott.

Scott: Kevin, it's good to be here. Thanks for... I think you and Maegen carried it last month, if I remember. I don't know, maybe we did, I can't remember. But either way, I know we're doing these four pillars and I'm fired up about it. So you always take them to the next level and it's fun to... It's weird because it's like back to basics and fundamentals, but at the same time there's a super advanced strategic version of it, so let's make it happen.

Kevin: Well, interesting that you made that analogy because of course anybody who follows baseball knows that spring training wrapped up a couple of weeks ago. They're now in the throes of the regular season. And yet, what do the best of the best, the pros of the pros, the top of their game do every year, same time? They show up in a warm place and all they focus on are the fundamentals because that's what gets you from the first game of the year to the World Series Championships. And let's face it, that's what we're doing here within the industry.

And so as you had indicated, we had talked last month, we initially were potentially going to get through all four of the pillars. We covered diagnosis, case acceptance, which means that today we're going to be focused on pre-collecting and value-based scheduling. So I say let's dive into it.

I'd love to start, Scott, if you would, with the pre-collecting, and only because I think this is definitely one of the mental roadblocks that a lot of people run into. And when they get over it, holy smokes, it just opens up the world of possibilities. And when we're willing to do the pre-collection to whatever degree we are, deposit, full amount, whatever the case is going to be, it makes value-based scheduling that much easier, and easier to follow through on, both for team and patience. So I'm going to let you take it away and then I'll be prepared to add whatever value I can as you go through them.

Scott: Well thanks, Kevin. I could just talk all day about just even what you said because I always think... I have stupid analogies, but I say they don't add more letters to the alphabet. You just learn how to use the letters to do a better job with the words. So, it's like the sports. Now of course, there are some of these... I can say whatever I want, right? Because it's our call. You got these woke morons. You got these people, these thwarts, they think they want to change the rules to match with whatever bullshit. It's stupid. But what they never do is they don't say, "I think this year in baseball, let's try a tennis racket!" They don't say, "We need another base!" Or say, "How about two pitchers at the same time?" Nobody does that. It's like the sports have integrity.

And that's what dentistry is. And that's what we bring to dentistry, is we bring integrity to the fundamental principles of business, of psychology, of relationships, and we don't try to tell people how to do the dentistry. So, it's really... It's a cool thing, which leads us to the four pillars and I'm just going to... You already know this, but I'm just going to say it now: there ain't no way

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Scott:

we probably are going to get to value-based scheduling. So here's where I love about you just said, roadblock is the pre-collections. And the reason why that is the case is because it goes against the way everybody does it. And it is by definition, we are being contrarians.

And holy cow, that's when you know you're doing something right. But the thing is, is that if you look at businesses that are not commodities, you look at businesses that are exclusive, you look at businesses that have a certain amount of supply, they all do things differently! In dentistry we operate as though we have unlimited supply! We can serve all the people all the time. And in all these commoditizations, including such as insurance, they make us operate in a place of not only fear, but in a place at a disadvantage. We actually build out protocols, or for that matter, no protocols and just do it the way it's always been done, that are actually setting us up for failures.

They're creating us in a way to where we are going to be unsuccessful at maximizing our potential. Not unsuccessful at just being average. Unsuccessful at maximizing our potential. And here's what I mean by that. And this is the absolute most important takeaway that I want everybody to get on this. And we're going to get into tactics and Kevin's going to pull out his wizardry of words approach to this. Kevin, people put this self-limiting structure on top of their heads and they have this glass ceiling in their practices, all based around the way they engage with the money.

And now we think of diagnosis, we think of case acceptance, we handled that. But no matter what you do, even if we just said we're going to do quadrant dentistry, even if we just said we're going to do ortho by the month, it's the way the cash flow moves in and out of the practice that ultimately determines your business success. So by the nature of the way we present, we ask for and we collect money, it is either limiting our ability to grow or it is facilitating our ability to grow. And the reason is very simple: because money is expansive. It does not get limited by time or space, by capacity.

Everything else you do: phone calls, cleanings, appliances, dentistry, post-ops, exams, rooms, everything else you do, insurance bullshit, it has a fixed number that you could possibly execute in time, space and capacity. And because of that, you will always limit yourself. But money can go beyond those things. And this is why it is vital to master not just pre-collection, but the way the money moves. Now, the cliches, before I turn it back over to Kevin, the cliches, number one. We say, "You must get paid to do dentistry, or surgery, or ortho, or sleep. You must not produce to get paid. You get paid to produce, paid to produce, not produce to get paid."

Now, the biggest reason why people don't understand that is because of the insurances in arrears, number one. Number two is because they... We all make up this idea that, "Oh, the patient doesn't want to pay before it's done." Now, what the hell is the difference? Pay now and get it done next week or pay next week when you get it done. What we can't have is get it done and then pay, obviously. But we simply need to say, "If we're going to schedule it, we might as well take care of the money now."

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Scott:

And then we'll make up all these excuses, say, "Well, we're not sure. Might be four surface instead of three. It might be... Okay, we can't save the tooth. It might be..." No, let's not do the mights. We can always change. Life is filled with nonstop maybes. But what we know is they're going to pay something for something else, so let's just get it done. As soon as you put money in ahead of this, your entire life changes, because the patients are more serious, they're more committed, but most of all, you create the leverage factor for you to be able to build a healthier, more in demand practice, to do it on your own terms without desperation, and you achieve the epitome of "work smarter, not harder." Because you are not reliant on volume to be able to grow the value of your practice.

So I wanted to start with mindset, Kevin, because you know what? That's the deal. The tactics of it are not so hard, but first we got to understand that we're our own Achilles' heel and it is not a big deal to switch the money before versus the money after and so let's not make it a bigger obstacle than what it is.

Kevin:

First of all, I love how you have pulled this thing back into a very individual thing. It's not a practice thing, it's not a doctor thing. This is a person-by-person... The word that I would use in this is, "belief." And here's what I mean by that. As you stated about self-limiting, self-imposed ceilings that we're putting on and we're revolving around money, a lot of this has to do with the fact that for whatever reason, culture has made money taboo. Religion is taboo, money is taboo, all these different things are supposedly taboo. As opposed to just accepting the fact that unfortunately money makes the world go around.

We're not trying to negotiate with the bank on the mortgage payment or the landlord on the rent. This is what it is. Now bringing it back into the dental industry, the specialty industries that we serve is, I want to focus on that in and of itself. I believe part of the problem is because we're in this all day long, we forget that we are healthcare specialists. We're not general doctors. We are healthcare specialists who happen to be treating oral health, airway, all those different kind of things. And I'm going to give you an example.

My wife recently had a surgery. Specialist, we needed a specialist. It was revolved around some lingering impacts of the birth of Owen. And listen, this guy, highly recommended, everybody seeks him out, on and on and on. We couldn't get a surgery scheduled if we did not pay for the surgery before the date even happened. This happens pretty much in every other specialist, healthcare specialist field and we have in our own state of being, created this, "Well, we're not the same in dentistry." Or specialty work or oral healthcare or whatever the case is going to be.

And I argue this all the time, and I don't know. Maybe argue is too harsh of a word. I debate this with people on a regular basis because if you believe to your core that you're not just a general healthcare individual and that you are a true expert specialist in something so important and so vital in the connectedness of the human body and the human health factor, then you can

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Kevin:

do it with more confidence like these crazy people in these other specialty healthcare practices. Unfortunately, I've been to the doctor too much myself. I've always had to prepay for everything. They don't let you do anything without handing over some version of money. And so that goes back into, Scott where I had started this, which is a person-by-person deal. We may have somebody who's just super comfortable asking for it all. Boom, let's do it. That's why there are A, when it comes to asking for the money.

We all, to some degree, I would like to think could ask for at least a healthy deposit. And the reason why... I'm convinced of this. I'm convinced that the reason why someone is not comfortable doing it is one of two things: either they don't truly believe—if they're being honest with themselves—they don't truly believe that what is being delivered by their team is equivalent to, in value, the service the patient will receive. Which is a problem; number one. Because somewhere there's a disconnect and we've got to bring that person along to get them to understand what they're getting from us is actually at a bargain, given all of the money and time and experience that has been provided for everybody from doctor all the way down in a team.

And the second one is, is that more—probably more likely—is that somewhere in your past, usually childhood, funny how everything goes back to that, is that there were not comfortable conversations about money. There were personal situations where money was an issue or whatever it is. In other words, some sort of negative tone, embarrassing tone, or just, I don't even want to pay attention to it type of a thing when it comes to money. And so that's why things have become so taboo. Whichever one it is, or if it's both, it's even worse, we've got to deal with that. Otherwise, you're going to perpetually be on this struggle of, "Why is it we can't get this done?"

Because in the end, we could line up practice after practice who does this pre-collection and they will tell you to a person, to a team, that their schedule follows through more often than not and it's more than likely solely because of this. And so I would then encourage anyone who struggles in this capacity, whether it's an individual or as a team and say, let's start to do the, "five why process," which is why is it? Why do you feel this way? Here's an answer. Okay, well why is that? Here's another answer. Why is that? And you keep going until you get to the source and the source tends to be something personal. And in the end, it would be one of the greatest discoveries you could have because I'm certain that the way that you would feel about money is probably also being translated into many other areas of life because in the end, the source of the way that you feel comfort-wise about one particular thing tends to mimic itself in other aspects of life from relationships on and on and on.

So the mindset, Scott, I believe is the biggest deal. And again, I think we just take for granted that, or we don't view ourselves as specialists, even though all these amazing people we get the honor of working with, best of the best, in my eyes, total specialists.

Scott:

Yeah. Well, Kevin, it's just incredible stuff and I love that you went to some strategy and verbiage. Either you're going to live down to the average or as

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Scott:

Kevin's famous line, you're going to, "choose to be extraordinary." So don't do things that ordinary, normal, average, run of the mill dental practices do. Do things that are these premium healthcare providers, concierge, whatever, pick a term, whatever you like or don't like. Your feelings about it don't matter to me. You need to decide who you are as a team and a practice and then you need to live up to that, not water it down.

Now, let's just talk about a couple things, Kevin, because let's just say that people listening, probably people listening, you would think, probably already doing all this. You say, "Well, we're already doing all this." Well, I thought I told you were already doing diagnosis too, but you can do that a hell of a lot better after listening to the last podcast that we did on diagnosis. So I want you to remember this, money is a very simple concept: the size of the success is equal to the size of the request. So you're never going to get more than what you ask for. And this is why I go back to my favorite two letters. Well, my favorite two words starting with V: it's called, "vision, not visit." Vision, you have to, just you diagnose the vision, just like you case accept the vision, exactly the same as you get the money on the vision.

So remember, I promised you at the very beginning that Kevin was knocking these things down, these high-level things last time we spoke. Vision not visit, that's a common theme for all four pillars. So, it's the same token here. Now, as Kevin said, you can default down to deposit and it's fine to have thresholds. Anything over \$2,000, here's what we're going to do. Anything over \$10,000, here's what we're going to do. Anything under \$2,000, here's what we're going to do. You can do all that, but it's very simple. You just ask for everything on the pathway to health. Not the next visit, not what insurance doesn't cover for the next visit, blah, blah, blah. The whole entire path for them to get healthy. Then you can go from top to bottom, meaning that if they can't do \$7,000, then maybe we can do three.

But if we only ask for one, we would've left two grand on the table. If there's \$27,000, and they can do \$10,000 but we ask for \$5,000, we wouldn't ever have gotten to \$10,000. So you go big and then you work your way down facilitating, and we have videos on this that we're not going to teach you on the money flow breakdown here. But the key is don't break down treatment, break down money, money is very flexible. The same way it can go beyond time and space is the same way that it can be flexed and facilitated into a formula to complete the pathway to health.

Now, the three things that I would just say for everyone, even if you're already doing this, remember that it becomes standard operating procedure, normal and customary. It's not a forced, it is not a polite ask, "Would you please pay today?" It is part of the process. It's a continuation of the experience and you're going to set an expectation for yourself, and for your patient, exactly the way Kevin outlined for you. The second aspect of this, is this ties back to creation. In your morning huddle, everybody knows, now, you're going to be busy all day long. You're going to be answering the phone, checking out this and that, all these things. But everybody knows in the morning huddle approximately where our opportunities are.

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Scott:

Now there's going to be some outliers. Patient comes in and says, "Hey, you've been talking to me about this smile for a long time. I'm ready to go." And you didn't ask him about it. And so that patient, boom, all of a sudden you wrote them off in the huddle, but now they're ready to move. But most of the time you're going to have a triangle of trust strategy with every patient. You're going to know where your business team is needed. I also want to say that even though there's a particular area of the practice that is responsible for each of the pillars, and we're segueing over into the business side from diagnoses to case acceptance. It is still everyone's responsibility because the verbiage in the op, whether it's insurance or visits, primarily, or it's letting money interject too early in the conversation, it will sabotage the business team no matter how good they are. Especially a triangle of trust back to the business team that is half-assed, it's incomplete or that's rushed.

Now the last part of this, there is no one listening today that is not busy. So I want to drill down the point that as long as you are paid by the appointment and by the visit and by the day, you will always achieve your lowest common denominator of busy. It is only when you break through on the structure of the investment that will allow you to out-earn production and therefore out-earn your day. I can tell you every major breakthrough, when I say major, I don't mean 10%. I'm talking about when a practice goes from \$100,000 to \$150,000 or \$200,000 or \$200,000 to \$250,000 or \$300,000; any of these points, it always is collection breakthrough first.

Now we begin our relationship talking about the schedule because that's your field of play. That's what opens up time for better relationships, for more engagement, for comprehensive diagnosis. But when it comes down to brass tacks, financial results, it's going to be that the creation on a daily basis and the request for the money on a patient-by-patient basis is what is going to break you through to the next level. You are going to produce it eventually, and we're going to talk about schedule next time, but right now we're talking about what knows no boundaries.

And the last thing I would just say, Kevin... Well, I guess I'll save that for the very last words. I know we got to be tight on time here today. So I think that's pretty much it. Just don't undermine the language that it is vital that you are armed with a strong, confident (which is why you have Kevin and Maegen), strong and confident when you're talking about pre-offs and determination letters and EOBs and all these nonsense that gets in the way of your experience, you must be able to follow your structure, and none of that stuff has any relevance whatsoever when it comes to the vision of health, the pathway of health. Some of that stuff might be arguable when we're talking about particular procedures or visits, but it is not relevant when we're talking about the master plan for long-term health.

So Kevin, I will... I 100% love what you said about the self-worth, about the value, the belief is really the thing that unlocks the money. And we are doing it in a wonderful way. Not in a challenging way, not in somebody's paying a bail bondsman here. This is all about, we are here to help you succeed on your goals and the next step in the process is you investing so that we can move

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Scott: forward with those. Nobody really thinks it's free, no matter what kind of insurance they got. Ain't nobody listening to this that's running a practice where patients walk in thinking it's free. That's all in your head and it's because you give up your power and you let the patient control the tone versus you being their guide.

Kevin: Yeah, I love it, Scott. And I want to make just one specific point, and that is: everybody benefits from pre-collection. Here's what I mean by that. And going back to my example, because again, I can take it into any industry you want. If I'm prepaying and I've got a date, guess what day I'm showing up? So by me prepaying as a patient, I now value and honor that time more. You, in return, as the service provider, have the benefit of me valuing that appointment more, thus my follow through is going to be greater, which means less rescheduling, less cancellations, less shift in the schedules, trying to accommodate my craziness, on and on and on. And the second thing for us is... And let's face it, they're getting a service, they should be paying for it. In the end, if that's not the case, well guess what happens?

Now you're spending more time on follow-up, basically you've become a bank, you're lending them money, AR is blowing up. Again, most of the people that we're working with have got this fairly well under control. Everybody could get better, of course. Yet, there's still a ways to go. So you always want to think of it as, "well, yes, but..." No, I don't want the but! Let's think of why! Why should we do this? Why is it in our benefit to do it? And then when you can have those logical reasons that apply to both sides of the money, it becomes again, another level of ease at which we can be comfortable in wanting to execute and actually follow through on it.

So Scott, I'm going to end there, excited to be able to dive and focus into value-based scheduling on next month's episode that we're going to go through. So how about final words from you and then I'll get it wrapped up for everybody.

Scott: Yeah, Kevin, thank you so much. And always, you empower people and it's just wonderful. Team, I just want you to challenge yourself. Challenge yourself for your biggest check, challenge yourself for your biggest collection day. Challenge yourself if you're at token deposits, move up to real ones. If you're at deposits, move to 50%, and the best way to do it is start big and work your way down, facilitating the patient financially if you have to. My final words are very simple. I've been saying this to everybody and I should have been saying it decades ago. The secret is: guilt-free success. You're doing meaningful work. Maegen has a line where she says, "Do not think about what you're taking from the patient in terms of money. Think about what you are giving them in terms of health."

And so I would just say to you, be givers, and understand that the bigger the dollars, the bigger the impact. And you have to know that if that's your responsibility, that it is no different than somebody taking pictures and building a vision. It's no different than somebody educating patients, delivering a beautiful cleaning or an appliance or whatever. If you're on the

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Scott: **business side, you build up your confidence muscles and you get it done because it is no different than anything else. It's just a part of the process that you're going to carry through.**

So embrace what you're doing and celebrate, because every time you ring the cash register, it ain't about the money you're putting in it, it's about the health that you're delivering and getting that patient back on the path that they deserve. Thanks so much, Kevin. Talk to everybody soon.

Kevin: **All right, well said Scott. And final note for everybody: this week alone, I heard of three practices, biggest months ever, and not by coincidence, they all pre-collect. So there's another motivating factor for you. It works, everybody's happy about it, and we get patients healthy because they end up following through, and that's what we got to do. Let's go do it.**

Thanks everybody for being on... Listening in on the episode here of the Dental Success Today Practice Profit Accelerator podcast. Let's go get 'em, everyone. And until next month, have a wonderful beginning to quarter number two, 2023.