



PPA
Podcast

PPA Podcast

May 10, 2023

The Four Pillars (Part 3)

Listen Online
dst.media/ppa89

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

Enjoy listening to all the insight shared in this action-packed podcast.

PPA Podcast

Kevin: Well, here we go! Good day, everyone! And welcome to the latest edition of the Dental Success Today Practice Profit Accelerator podcast. And as always, the official welcome to the show, Scott Manning.

Scott: Kevin, just happy to be here and we have so many great things to talk about. You've been organizing some really great principles and things that I think really, it's the view of basics, but at the same time, advanced application of those. And people are loving it. People are loving it, so let's make it happen.

Kevin: All right, sounds good. Well, my friend, we are at the point of the final installment where we have been focusing on the four pillars. So we've already covered diagnosis, case acceptance, and pre-collecting, which means we're ready to wrap this up as we get into value-based scheduling. And just to add a quick comment from what you said, I love that people consume this aspect of the information that we send out. And it's interesting because the feedback always is, "You know, Kevin, it's interesting how you guys always talk about the fundamentals and there's core things that you always want to pay attention to." And they always joke, because I make the reference to baseball and things of that nature based upon my path, but they say it's like, "Every time we hear you guys talk about it, we hear something different, almost new."

So they're confirming how important it is to always go back to the principles that build the foundation in order for you to build the type of practice that gives an incredible patient experience, while also equally creating value for team so that everybody can be excited and happy and given the platform to give their best. So if you don't mind, my friend, I'm going to have you take the lead here and dive in to one of the most important things we do, which is to be able to prepare for the day in order to set the initiatives to be able to achieve what we believe to be good outcomes for all.

Scott: Well, listen Kevin, I think it's interesting that it takes so long to get here. I guess I'm probably not going to answer that question again, but I'll do my best. So one of the things that I wanted to say, as I know you were preparing for this topic, we start with the lowest hanging fruit possible, because quite frankly, everybody confuses the idea of patient service with letting people shit all over the schedule. And so what we do is flip it to authoritative positioning and control, which ultimately leads to better patient experience. And the reason why I say this is because we start with schedule because it's time, space, people management.

It's doing a better job being more methodical with what is in order to open up opportunity to do what you just said, which is begin with the end in mind. Start by visualizing the perfect day. And if nothing were in your way, how would you want to deliver extraordinary patient experience, extraordinary patient care, extraordinarily high value dentistry, and then organizing the schedule to be that on-the-field application of making this possible.

And so we start with schedule, but yet with our four pillars, with the things that actually make the practice grow, when you look at basic level of practicing versus sophisticated, advanced level, it's the same four pillars, but

PPA Podcast

Scott:

yet we bury schedule at the end. And the reason is because the schedule will always be a product of what you just described. Now we said it in terms of our pillars of diagnosis, case acceptance, prepay, and technically prepay doesn't have that much bearing on schedule except for if you master collecting money in advance, then by definition you can master putting more dentistry in per appointment. If you don't do money like this, well, then you're either going to do dentistry and not get paid, which is worst and stupidest, or you're going to only have the fortitude, the confidence, the approach of doing in small pieces because it's easier to deal with the patient on that.

But most of all, nothing in the schedule is possible without what's diagnosed. So that's why these pillars all link together, and technically the first and the last are interwoven with each other. And then the two in the middle are how it's brought to life. So when you say preparing, I guess what has to happen and it has to be revisited, the reason it has to be revisited because the busyness gets the best of us, the more successful you become at case acceptance, at practice growth, the more demand you have in the schedule, and you have to approach it differently than what you once did. Same principles, but different approach, because you're ready for something different.

So when you prepare for the day and you look out ahead, you really have to do the visualization of not letting the schedule happen to you, but how you are going to strategically orchestrate the day to where everyone is fitting together from the triangles, from the patient, what has to be achieved, like photographs, x-rays, treatment discussion, da da da da. We think of visits still transactional. Patient come in, check in, go to operatory. Now it's clinical team, then exit operatory, ok back to business team. And then patient leaves the practice. And so it's like this segmentation of things. Now what Kevin coined the term, and Maegen have helped everybody listening to this the most, is building a seamless flow, we call, "connected patient experience." I say, "full circle communication."

But you understand that this schedule is a byproduct of how well and how effective and how high-level we see the view of the practice, going back to Kevin's point. So if we stayed bottom-up in terms of, "schedule happens to us," and we look up and we try to make shit happen out of the schedule, we're always going to lose. If we start top-down and we say, "Look at this beautiful vision," just like we do a patient's mouth, "here is the best way for us to organize the flow for us to execute within the schedule."

So this is schematic. It's just like he did on all the pillars. We're talking very conceptual here is what I'm saying. But until you get the conceptual piece, the visualization, until you begin with a blank slate and you create what you want to see happen, then you will always be reactive to the schedule hindering versus facilitating your ability to break through.

I'm going to let Kevin clean all that up and actually make something practical and helpful out of it. But I wanted to start with philosophy, because we meet people and we simply empower them or we help them discipline their

PPA Podcast

Scott: approach to scheduling, and all of a sudden life gets better. But the fact of the matter is, you'll always be limited if you're starting with schedule first as this tactile thing that you are trying to, it feels space and engineer. Versus if you back up and say the schedule is the vehicle. It is the way that we bring to life our vision of what we're trying to do. It's the vision that makes the schedule possible, not the schedule make the vision possible. And if you start big picture, you'll make different decisions about how you build the flow, how you place the treatment, how you manage the patient: experience, communication, all the other things.

Kevin: Yeah, it's a great place to start, Scott. And I love taking notes as we go along the way, because even though you and I have talked about this and every other topic under the sun how many times, there's always something different that comes to mind based upon the season that we're in and the clients we're helping and things of that nature. And where I want to go with this is I think one of the fundamental principles that gets overlooked is that everybody on a team, whether you have a team of four or a team of seven hundred and forty-two, everybody has influence over the schedule and can help to influence the schedule to come out the way that you have designed it.

And what I mean by that is this: so many times everybody...people love the queen of the schedule. We always talk about the queen of the schedule, who's going to own it? And they love the fact that other people who are skillful at it help out or whatever the case is. Yet almost simultaneously, we also throw our hands in the air and we say, "Well, but I don't do the schedule. Well, it's not my fault." And it's not about placing fault when you feel like you're not having the pace of the day that you want. You're not hitting the daily goals, weekly goals, monthly goals, or whatever the case is going to be. Instead, let's shift that. And if everybody just took some responsibility and said, "Hey, queen of the schedule, do me a favor. Every morning, come to the huddle and tell us where you need help." Wow, team, thanks so much for that. So I'm king. Well, I'd be king of the schedule.

So let's say I'm king of the schedule. I show up and I say, "Team, here's the deal. I'm looking out over the next three weeks and I got to tell you, we're looking pretty good. Although there's five days where I need help on an anchor, here they are. I printed out the list, I'm giving it to all of you. Can you help to influence a patient to pick one of these days and time? It sure would help me by the time they get to me." Because some of the things that happen is we're over promising and then we can't get a patient in. Or we're creating too much urgency, we can't get a patient in. Or we're not creating enough urgency and now patients delaying. It's all these different kind of things.

And that to me means this. We are disconnected. So when Scott talks about the...I love to call it the connected patient experience. Scott calls it the full circle of communication...is that this one, I believe, the majority of people want to not have any say in it, because they don't want any responsibility in it. And that's a shame to me. And I don't think that it's out of a bad thing. I think just there's a lot of people who are like, "Man, I don't get the schedule."

PPA Podcast

Kevin:

So this is a bit of a long-winded response, Scott, only because I believe that if we did this every morning, “Team, here’s my opportunities for new patients. Team, here’s what I need for anchors. Team, here’s a day that’s just a total mess. Help me. Team, here’s a great day. Don’t focus on it. Let’s move to the next one.” If we would go there and we all understood that and knew it, we could support our schedulers who have a very difficult job to make it a little bit easier, little less stressful, and create more opportunities to get the outcomes that we ultimately want. Because if we’re prepping the patient from moment number one, as an example, if we can’t get somebody in on an anchor for three weeks and we’re telling somebody they should be there in two days, well, how’s that going to make us look?

It makes us look like we were fibbing. “Well, you said this was so important, but I can’t get in for three weeks. You wanted me to get in within forty-eight hours.” And unfortunately our doctors tend to step on the feet a little bit here and get us into some trouble when this happens, and it’s not intentional. I just believe that we aren’t deploying the day with the proper information to be able to insert that into all of the other steps of the experience that we’re providing. Because we want a good pace. We want to have it manageable. And if we’re not aware of what the reality is today, then we’re going to have ourselves in trouble. There has to be space for the opportunity given each patient procedure, whatever the case is going to be. And if that space doesn’t exist or we’re not aware of it, what are you going to do? So Scott, let me turn it back over to you and let you take it from there.

Scott:

Well, the fact is that’s what I love about it. It is a connected patient experience, and it’s beginning with the schedule. It’s beginning with our philosophy of winning of the day and starting where...and I just want to add the only words “future focus.” And we talk about it all the time. We’ve done these calls about it. We say future-focus nonstop. But to what you just said is, future focus for the day where we need help, future-focus for the schedule where we have an opportunity for an anchor, future-focus where everybody is not siloed in it’s somebody else’s job, but we’re all interwoven. So that’s number one, get it right.

The number two that I think, Kevin, would be, and again this is old news, this is a review. The most powerful thing to do with the schedule is to sit down, just like you would review a treatment plan, just like everybody in the practice should be doing, put up the photos and let’s team diagnose this person. Let’s make sure we all understand what we’re doing, why we’re doing it, what we believe in, why we believe in it. And we all come together in terms of thinking about it in this way. The other part though is you got to do that with the schedule; schedule review.

We take the last two weeks of the schedule. We say, “What were the best days and why? What were the worst days and why?” Then we take the next two weeks of the schedule and we say, “What are we like looking out and saying, ‘Oh, this is going to be a beautiful day.’” What do we look at and say, “Oh, I don’t want to come for that one.”

PPA Podcast

Scott:

And what are we doing two weeks at a time to make sure that the schedule is not sabotaging, but instead, it again is facilitating our ability to perform at a high level and deliver the type of standard of excellence we have. So that's like tangible activity that we can do to be the conscience of each other. And as Kevin pointed out, the queen or whoever it is with the schedule, but it's not just their responsibility, because if we don't reflect and refocus, we're all going to continue making the same mistakes, because there's no consistent feedback loop.

The sports teams run off the court or the field or the diamond every time, and they say, "What could we have done better? What do you need me to do differently?" And we got to have that kind of feedback. And if you're doing the morning huddle, end of day huddle, you're going to have that stuff. Okay?

So I just wrote down a couple of what I considered the success factors in this pillar are, number one, take control. Don't give up your control. Take more control: guiding patients, placing properly, not breaking down treatment. Take more control: time management, of visits of doctor or assistant time, of room turnover and flow. Every person, Kevin just mentioned, everyone is involved in the scheduling. I can show you where every person could do better job at taking more control over effective use of time, effective flow of patient, all the things.

Number two is the mindset. Stop thinking that you're doing bad things for people by executing more to your priorities and your standard. It takes one person to be apologetic and to blow up the schedule and throw a wrench in things that it derails the whole situation. Okay? Stop that. Mindset of, "What's best for us is best for the patient, because we're the ones delivering the experience." And then in terms of very, very specific, understand that the value-based idea is fewer people, more dentistry. Or for our specialists, more prepared, qualified patient opportunities to start a case, or to initiate a surgery, or to present a comprehensive plan.

So this is all about bundling and making sure we make every opportunity count. The more we water down the visits that we have, the patients that we see, the opportunities that we create, you start chopping yourself off at the legs. You know? You can have all these things happen, but pretty soon, if we take a month, and we take X number of clinical days, and half those days or half those patients, we squander because we're rushed. We're busy. We're not controlling. Understand, all of a sudden you're running at 50% your potential. Not your capacity, not your goals, but your potential, which is worse, of wasting that. Because these are the things where we can do twice as much with half of what we need. So you really have to pay attention to this.

And then the other place that I would just add, and I'll let Kevin, he'll again fix all this. The other place I would add is never forget that proper scheduling, it allows you to comprehensively diagnose, comprehensively communicate, comprehensively educate, comprehensively present treatment. Just like if we have to email patients, follow-up phone call patients, if we have to chase people down, if we let insurance get in the way. You think this has nothing to

PPA Podcast

Scott:

do with schedule? It has everything to do with the schedule! Because we're not looking at a visit as a clinical transaction. We're looking at it as a complete experience. So these are the things I want to mention.

And then, I don't know we have time for it. So the last thing I want to say is if you're scheduling visits out, you must make sure you're protecting the...and Kevin does it better. Because he always punches me in the gut and says, "Listen, you got to remember, tell them, protect the anchors." And if the anchor times aren't filled at a certain point, then you have to collapse and you have to go to second tier value. You cannot leave white space open forever. I'm not afraid of white space. I'm the person who said, "Who cares about white space?" But you also have to be smart if you're scheduling out denture visits, ortho visits, sleep or TM visits or implant follow-up visits, or you're scheduling out just giving crown deliveries or finishing off somebody's veneers. Like, everything that gets scheduled out that is technically not productive, there has to be a strategy and a purposeful, methodical means of not letting that stuff encroach upon the creation and the production time.

And unless it is paint-by-number, then you cannot just look at a schedule and have a template. You must understand how the procedural flow and the treatment plans get integrated within the schedule. And that comes back to that communication and everyone being on that old famous saying, "page thing" that is talked about. So that's the last thing I want to say. I'll let Kevin move us forward, and then I'll do one final thing in terms of if you want to bump your daily values, just very specifically.

Kevin:

Yeah, I love it. Scott, I'm going to work a little bit on the way backwards maybe from the way that you were describing things. The key on this deal is the pressure the schedulers feel about filling specific times in a given day: anchors, new patient appointments, whatever it is that you...I call it reserving the time. People don't like the word block. Whatever words you don't like, get rid of it and replace it with something else. To me, anchors and new patient appointments, top two things that you want to reserve time for. If you don't reserve time for those two things which drive the practice, they drive the practice for the future, they drive the practice to be able to produce. And if you don't reserve that time, it's going to be so difficult to have any control over this deal. And that's where frustration comes in.

So you just have to know how much time do I need to fill this? If you can fill it in twenty-four hours, then wait. So twenty-four hours, boom, then you release it. And like Scott said, just be as productive as possible. Do what's best for your guys' team, patients, whatever. If you need three days, a week, everyone's a little bit different. Just study it, figure it out, agree upon it, and then put that into play. The next step back is when you talk about taking control of the schedule, the common pushback is, "Kevin, that all sounds great. Makes total sense to me. But the reality is I got to talk to the patient about it." I get it. There's two things that come into play here. Number one, I still believe after doing this with Scott for well over a decade, Scott's been doing it far longer than I, specifically in the dental industry, is that I still believe that we don't view ourselves as true, highest-level specialists on the planet.

PPA Podcast

Kevin:

And I think you guys are, of course. I say this all the time, “You guys are the gateway to the body. This is where it all starts.” So we’ve got...You’re the oral health specialist, whether you’re doing traditional style dentistry, whether you’re the implant kings, the oral surgeons, sleep, whatever it is, you all are so valuable and important. Yet I feel like, “Yeah, we agree, but we don’t believe it to our core, because we don’t act that way when we speak with patients.” So here’s the simple response. Patient says, “Well, I can’t come in the morning.” And you say, “Well, listen Mrs. Smith, I appreciate that you have a particular time that you would like. Here’s the thing, the reason why we schedule fill-in-the-blank at fill-in-the-blank day of the week, fill-in-the-blank time of the day is because...” And then you give reasonable answers, not for them to finally agree to, but to educate them, inform them so they feel better about saying, “Okay, fine, great.”

Room setup, team members needed and available, time allotment, doctors focused, all these different kind of things, you can come up with reasons why so it makes sense to a patient. And then you just be quiet and then let them say, “Okay, fine. I’ll do it. I’ll make it work.” “Okay, great. Thank you very much. We’re moving on.” That’s the deal: specialist mindset and a logical, concise reason why, so it makes some sense. People who want to give you grief are just people who want to give you grief, how life goes. It’s never going to change. And so I just wanted to share that with you. And then the final piece of this is, and then I’m going to turn it back over to you, Scott, so you can wrap it up, is when I built my mortgage practice for 20 years, the real estate agents drove me crazy. No disrespect to anybody who’s got real estate agents, family, spouses, whatever the case is going to be.

But when a purchase transaction’s happening, they always deferred too. “Well, we’re going to close on the last Friday of the month.” The last Friday of the month was insane! So me, my partners and my team, we always looked at everything a month, two months in advance and said, “How can we avoid this day?” And then when we did refinances, we always said (there’s always the last day of the month to do refinances based upon some technical time), we always said, “How can we avoid adding to the chaos?” So then we would make sure that people got scheduled on days that were slower with closing companies, title companies, and everybody had a wonderful experience. Everybody who had to close on these madhouse days, it was utter chaos, hard to deliver a great experience.

So we, in our own way, managed the schedule as well in order to be able to create congruency with the type of experience that we were promising. It’s our job, our duty, our responsibility. We couldn’t do it all the time, yet we did it enough where we were able to disperse some of the chaos and not be part of it. And that in the end is what we do, internally in our dental practices and our specialty practices, is we create our own chaos. So I hope a big message of this is you can control it. You can have more say in it. We just got to stand firm, be very clear of the expectations of what we’re going to do, and then we go for it. Scott.

PPA Podcast

Scott:

Well, I have to say the example you just gave with the mortgage and the Friday and all that last deadline may be the best scheduling tip and advice ever delivered. And it really goes back to a little...it's not negative thinking, but being...actually, it goes back to where you started with the preparation, a little, we'll call it realistic thinking. But in negative constructive view of things, what's the worst time? What do we not want? Sometimes thinking about what we don't want is the way to figure out what we do want. And so it's like schedule, when we do the Champions Event, most of you don't remember even probably, we say, "What are the rules and guidelines? What are the things that we don't want to do?" And so I get to Kevin's point, how can we triage and mitigate this kind of deal? It's no different than how we figure out cancellations, no-shows and prepays. And I love Kevin's word, reserve. Reserve time.

So Kevin, the last thing I wanted just to say, because I think you really brought it home. Everybody on these calls, on this podcast, it's about bettering our best. In order to better our best, we have to define what does better look like? With each of the four pillars, it's not are we or aren't we? Because, of course, you are. Of course, you're diagnosing. Of course, you're getting case acceptance. Of course, you're getting money. Of course, you're doing value-based scheduling.

The question is, what's the next level up? What's the breakthrough that makes all the other pillars more possible and more effective? And so I leave you with this: the simple way to increase the value of your days, obviously, diagnose modern dentistry, put more bundled treatment in, but it is about blowing the doors off the anchor appointments. When we diminish the value of anchors, and I long ago started doing anchors with \$3 signs, \$2 sign, \$1 sign, right? If we can close production out before lunch, happy day! If we take two thirds of the day, better than three-thirds of the day. If we can knock out two people in the morning, double anchors, hooray for us, right? It all comes back down to the orchestration and engineering of more valuable anchors. And that goes back to re-listening to every one of the pillar calls in this podcast over the last few months, and then look at them as a whole picture.

Finally, remember, do not fixate your lives on production. As long as you are beating your head into the ground fighting production dollars, you have missed the entire point and the most basic premise of what Kevin and I and Maegen and Dental Success Today stands for, which is about being creators, going on offense, doing this on your own terms and setting yourself up to not be a commoditized, production-based dental practice. And elevating to that status, authority, positioning, expert that Kevin just described, and putting yourself in a position of power on a true business principles of cash flow of money and of collection-driven dentistry. So that gives you ultimate liberation to the schedule as you wish.

Kevin, I'll sign off. Sorry for the extra minute. Thanks, everybody. And Kevin, as always, appreciate you making these productive and powerful.

PPA Podcast

Kevin:

Scott, great way to wrap it up. And I encourage everybody to take an opportunity to re-listen to this one, because it comes back to your decisions and your commitment. And if you're willing to do that as a team and any communication with your patients, I promise you, you will create better schedules than you do today. And so many of you are already doing such a great job.

Keep up the great work and just as Scott continues to stay here, "Keep bettering your best." And the reason why is because everybody benefits from it. So thanks to everybody for listening in on the latest edition of The Dental Success Today Practice Profit Accelerator podcast. Have a great rest of the month. Look forward to being with you on the next show. We'll talk to everybody soon.