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Creating Your Own Luck

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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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Scott: Hello, Kevin. How are you?

Kevin: I'm well, my friend. How are you doing?

Scott: Doing great. Thanks for asking.

Kevin: Awesome. Well, are you ready to get this party started today?

Scott: I'm ready because I heard of so many people been talking about the last one we did and they seem to be really embracing these. As I always say, if they did nothing else, the most important thing they do each month would be listen to, study, apply, implement, brainstorm as a result of this very engagement. So, I'm looking forward to it.

Kevin: Sounds good. Well, let's not waste any time. Let's get at it. Welcome everybody to the latest edition of the Dental Success Today Practice Profit Accelerator Podcast. As always, the official welcome to the show: Mr. Scott Manning!

Scott: I always think that Kevin could have been...he loves the baseball. I thought he would've made a great baseball announcer. Just, really, no matter what sentence he utters, it comes out with a passion and energy. Kevin, I'm happy to be here and I'm not going to pretend to have your level of excitement, but I just appreciate the effort you put forth in everything you do and especially in bringing value to others with this.

Kevin: Well, thank you, my friend. As we were preparing for this month's call, obviously, being the time that we're recording this is in March, and, of course, in the spirit of St. Patrick's Day waiting at our doorstep, I'm excited to explore one of my favorite things that you use often. I love that the energy and the tone and the way that you say it, which is, "Create your own luck." I say that because to me, from my perspective, luck creates this illusion that something randomly happens without effort, action, focus, participation, any of that. Instead, it's actually more accurate to state you can have good fortune, which comes about when you're actively participating in the creation of luck, better known as, outcomes in life! Which is where you really ultimately lead to in that wonderful sentence, that little statement that you make on a regular basis.

I thought it'd be great if we could explore some of the key areas of influence and, you know, one of my favorite things to talk about, each of our teams have when it comes to being someone's real life four-leaf clover, in the spirit of St. Patrick's Day. After all, how lucky for a patient to come upon any one of our extraordinary teams in the Dental Success Today universe. Scott, without any further ado, why don't you get us started, my friend?

Scott: Yeah. Thanks, Kevin. Well, first of all, I do think...as we always say, as we always say, use what you got. It's crazy to not tap into a theme every month, including in the practice. While we're not gimmicky people, it is important to have fun. I try to tie the writing into that stuff. I think that referrals, social media posts, all this stuff, it does need to tie in. As you and I came up through

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Scott:

the marketing ranks, have entered the conversation going on in their minds, and there's no greater sort of commonality, level the playing field than the topics tied to life events and holidays.

Anyways, the point of luck and then connecting that to influence, I love what you and Maegen have done to our Advanced Training in particular, of just really going all in on the idea of being more influential through verbiage. Maegen says at every rally call with team members first starting into our world, the point of DST is to help them be more influential and to do it in a way that's authentic. I think if we wrap in the philosophy of luck, so to speak, you do make your own luck by stacking the deck in your favor. The thing is, as we often say, "Either things happen to you or you make things happen." I never forget, one of my...it's an old quote, but one of my martial arts mentors I looked up to, he would say, "There's three kinds of people..." this is an old, old quote, but I heard it from him, "There's three kinds of people: the people that make things happen, that watch things happen, or that stand around and wonder what the hell happened." And the oblivious.

We have to look at, understand that we have superpowers inside of us. We have the ability at every moment in time to make anything better. I don't really care. I mean, it doesn't matter to me if it's death and disease or if it's triumph and success. Everything can be made better. The circumstance, you may not be able to change it, you may not be able to rewind it or remove it, but you can be a person that lives in the mentality of betterment. I think that that's, to me, the first luck factor here is...and then Kevin, I know I jump all over the place, but it's just apply it to the practice. Like In a morning huddle, you can bring luck to the huddle by preparation. You can bring luck to the huddle by positive attitude. And in a patient interaction, you can bring luck to that by staying in the question, being more curious, just the silly stuff of smiling and being a positive mindset, being present and in the moment.

I mean, the fact is most people are...they say they're relationship, but they're really transactional because they're running a protocol list. They're checking off boxes on a checklist, they are on to the next thing. And if you think about it, and I'm just going to speak for us for a moment, the amount of discipline required for Kevin to prepare for this call, 30 minutes out of all the minutes, if you think about it in a 30-day period of time, it takes 30 times 24 times 60. Okay. Kevin, to put intentionality into preparing for this call, and then for him and I to be present right here in this moment with all of you and, by the way, knowing that most people are not listening to it live, they're going to listen to the recording, it requires incredible discipline to not want to do other things.

The same goes for every single phone call, every single hygiene appointment, every single consult, every single patient interaction. It's just so vital that if you're going to be...the first deal of creating your own luck and being a person of influence is to own the moment, to own the opportunity of the moment, and to know that you have the power to make any circumstance, any human being, any engagement, better. And not feel as though it's predetermined outcomes by your own choosing, I'm all for that, but predetermined outcomes, it's going to be whatever it's going to be, indifferent, nonchalant, throw your

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Scott: hands up and hope, is no good. That's where I would just maybe weave in the opening, Kevin, to your quote you referenced into sort of the combo pack of themes.

Kevin: Yeah, I love it. You made so many points. It's interesting as I hear you. I'm going to maybe even work backwards, where you had talked about our intention for every podcast that we do here. We put a ton of attention to it. We talk about, what's on the minds of everybody? Where can we be most influential? It's a process and we've done so many of these, just like...I mean, I've written 400-and-some-odd messages. I can't even imagine how many you've done. Probably five, six, seven, eight times that number, given the amount of time that you've been doing this in the industry. It does take that discipline. It takes belief that we can continue to be a positive influence into the lives of those who are willing to pay attention, who are willing to engage and participate, actively participate in all it is that we're trying to do.

The key on that deal where you were ending with is that it's easy to just start cruising along. It's easy to just get into a rhythm and feel like, "Man, I'm doing a good job. Man, yeah, I feel good doing a good job, doing a good thing." Yeah. We can convince ourselves to any of that. Are we truly doing it at our optimal standard of excellence, though? That is where I would like to spend some time of finding those leverage points where we can be that, because you made a comment, Scott, where you had said, "We might not be able to change an outcome..." I might not be using your exact word. And that's the beauty of influence, because you're right. We ultimately probably have no say in what's going to happen in the end, yet, we can still insert our influence to give it the best opportunity for that outcome to be created.

It goes into this concept that I've been talking about a lot lately, because I'm always, we all are, always trying to find different ways to get people to see what we see. So we come up with different verbiage, different analogies, all these different kind of things. I have been, for probably the last six or eight months, talking about this concept of outcome one and outcome two. Outcome one is where we have total control over how much effort and what that looks like. Outcome number two is what happens after you have put in your effort, you've taken your action, and that is beyond our control. And then, we just have to deal with what comes from that. So focus on outcome one, that is where we begin to create our own luck to use this phrase.

By the way, it's not gimmicky. No, it's kind of fun, like you said, Scott, the point of entering the conversation that's in people's minds is because it's an easier way to make a connection point. The more fresh those connection points are, the more relatable you become, the easier it is to make connections to. Imagine if you came up with for the month of March a way to be a little bit playful with patients and say, "Hey, patient, this is your opportunity to create your own luck this month. Instead of leaving it to a little Mr. St. Patrick, what if you created your own luck? Here's how we can do it." You can do that if you want. If you're not playful like that, that's okay. The point of it is that we want to be creative.

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Kevin:

Scott, I just want to share a couple of general questions that came to my mind as I was preparing for this so that we could create a team activity, because everybody always asks for that stuff. Here's what I want you to consider when it comes to influence, is take a step back, and as a team, say, "What is missing in a, quote, unquote, 'typical' dental or specialty practice type experience?" In other words, non-DST influence experience. If you start there, that is basically doing what everybody else is doing. And then, thus, what are you doing? You're leaving it to chance! You are literally leaving it to somebody to flip a coin and say, "Well, this practice pretty much sounded like this practice, so let me flip a coin. Heads, I'll take practice one; tails, I'll take practice two." I can guarantee it, something crazy like that's happening with regards to why somebody chooses A over B.

That's an opportunity to not leave it to chance, to not try and be lucky, but actually stack the deck in your favor and do things that is going to give patients motivation to want to say, "Man, those are my people. That's the experience that I want to have." And another way to look at that is, "Well, what's average? What is an average experience? What is an average conversation? What is that?" Because who wants to be average? You take the best, you take the worst, you take everybody in the middle, and there you are. Well, who wants to be that? It's another version of chance. Who wants to leave it up to chance to be average? You guys wouldn't be with us if you didn't have some level of motivation. Let's face it, we're being real here. On the spectrum, it's all over the board.

You've got some who are like, "Forget it. Nothing left to chance." Every step along the way of the connected patient experience is dialed in, always trying to better our best, those kinds of things. Where can we be influential? And then, the third thing that you can do for this little team exercise is pull it outside of your profession. Take off your professional hat, put on your consumer hat, and say this: I want you to think of a personal consumer experience where you were influenced positively, by the way, to make a smart decision. Whether it was buying a TV, buying a vacation, buying a car, picking the right food so you can be healthy. Whatever is, what did they do? What was the experience like? What was different about it? What was special about it?

Friends, this is where we can begin to make more personal connections to this influence situation, because I understand I'm not giving you a path. I'm understandable. I understand that you're in this all day every day patient after patient after patient, day after day after day, and it can be easy to get into that rhythm. You've got to take some time and play these little tricks, participate in these little exercises so that you can glean on your own experiences. What was valuable to you might be valuable to somebody else. And then, you translate into that world of dentistry, of specialty work, it's no different than things Scott and I have done forever. We've always said, "If you want to be more extraordinary and be the best of the best in your industry, learn outside of the industry. You don't learn from within because they're the ones who are screwing it all up." Scott, I know I went all over the board too on this deal, so I'm going to turn it back to you and maybe we can spend a little bit of time and focus in on different aspects within the practice itself.

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Scott: Yeah. Kevin, thanks. No, I mean, look, first of all, it's awesome, and it brings me to a story shared by Dr. Matthew Parker in our Wealth Group. I gave him this book, "Unreasonable Hospitality," which I never shared the book's titles out loud because they're secret selections. I know one of the things that people look forward to most, all of our doctors coming to the Annual Private Doctor Retreat every year, is the book that you select for them. The whole year is fundamentally based on that personal development theme. In this, it talked about restaurant examples, and what he said his team loved so much is that they correlated a lot of this and then they began sharing their own stories.

I really think in every Monday Huddle that we send out, there are easy, brainstorming, extrapolation questions. There are easy, tell personal...how does this impact you personally or where else have you felt this kind of thing? I really think you made a great point about pulling from outside experience. It's funny, Kevin, because we don't talk about this very often anymore, but 20 years ago, or whenever we developed this version of what we do, I used to talk about what I call the 10 Practice Test. The 10 Practice Test was to go call 10 practices. Let me just make sure...you can still hear me right? You still hear me?

Kevin: Yes, sir. You're loud and clear. Loud and clear.

Scott: You know, I had this phone disruption and now I got this new one. I have no idea how to use it. Anyhow, what happened was this 10 Practice Test, and I said, "Do 10 things. No, experience 10 practices. Call 10 practices, play patient at 10 practices, get treatment plans at 10 practices." Nobody does this by the way, but let's just say, "Okay, and then take all 10 of those and then be the one that stands out that there's no one else like." If you can be different than one, it's not a big deal. But if you can be different than all 10, that's special. I said the obvious differentiation.

If you can level up to that regard...now, what you just did is take it even further, right? I say that, "Look at exactly the way everything is meant to be done in dentistry, and then do exactly the opposite. Blow it up completely." That's why we have come up with our stuff is because we didn't look at...people say, "Well, how..." The greatest compliment we get, Kevin, is at the end of the Champions event, some team member that's been in dentistry for 10, 20, 30 years, they say, "Wow, are you sure you're not a doctor?" I'm like, "No actually, that's the beauty of it all. But we know dentistry so well because we took all the outside principles, common sense principles, and brought them inside, instead of looking around at dentistry and saying, 'Oh, well how can we make this a little bit better?'" That's boring.

When we think about this, to go back to your question, we have to say, "As a team member and inside of my position, what can I do to have the advantage, not over a patient, but with a patient?" The advantage is, on a phone call, being undistracted, asking more questions, writing down notes. Being super engaged to know the objective of the call is emotional connection, not just an appointment. In an intake process, whether you're TMJ and sleep, whether you're implants and oral surgery, or perio and save the teeth and other things,

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Scott:

or your traditional mode of practice that you're doing everything. When a patient walks in, how could we do something that shows that we are about the relationship, that we are trying to influence them?

Example: inside of an operatory, what in that operatory, okay, what in that operatory, is educating the patient? Is subliminally moving that patient to a higher level of thinking? People love to say, "Well, we have a TV, and they get to pick this and that and whatever." It's like, that's fine, that's okay, that's differentiation. But anyone can do the easy stuff to win. It's the people who go above and beyond to the core purpose. I always say, "How can we make patients happier?" That's not hard to do. We can take their insurance, we can make them happier. We can make it easy to pay, we can make them happier. We can all smile and play music, we can make them happier. The question is, can we make them happier and healthier? The question is, can we get them to invest, more, better, faster, in themselves?

When you think about influence, you need to understand what's the point? What are we trying to influence towards? I'm not going to get on my political soapbox, but it's like why standardized testing gets such a bad rap, because is the point is being able to take a test and get an answer that's standardized to everyone else, or is the point how to get somebody to creatively think on their own and be able to color outside the lines and figure shit out and be a resourceful human being to develop independent thought? What's the point? When we think about this, this is why it's so vital. It's actually so simple to reverse engineer a lucky day. It's so simple to reverse engineer case acceptance, the schedule.

All of our four pillars: diagnosis, case acceptance, cashflow or prepay, and schedule control, we give you paint-by-number methods to reverse engineer any number you want to achieve by applying your strategic principles. But what happens, and this is...I'm done after this, but this is the punchline... everything Kevin just shared with you can be summarized into one point and that is, "Is what you're doing about process, protocol, procedure, or is it about the people?" The P that matters most, is it about the human interaction? Not even just the patient, but the person themselves. When you look through those glasses for every position in the practice, for every action you take, for every point of contact and engagement within, it changes the whole scope of your ability to create the outcome you desire for the patient. For the patient. That's where we have to go. You as a team member have to catch yourself, discipline yourself. This is why the morning huddle and the end of the day huddle are so critical. Those are bookends, but throughout the experience, if you think of yourself as an athlete...I'm fascinated by the women's college basketball these days, so if anybody of you're following this...

But when they step up to the free throw line, any basketball player, they do the same thing every time to get themselves in the state, in the zone. They don't visualize shooting; they visualize making the basket. Any athlete, we consider you athletes, both patient and dental athletes, but also life and human athletes. So why would you not apply the same thing? Is it luck or is it mastery? That's really what we're after here.

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Scott: Is it influence or is it total presence of mind and state of controlling the environment and utilizing the proper communication skills to simply be real, authentic, genuine with this human? Every position needs to apply these things. Every position. It's less about what you do and it's about who you're doing it with. It's about the state that you're in and that you are focusing on the point, which is not process, protocol, procedure, but it's about the people.

Now you follow these things as guidelines, but it's by being able to be in the moment that is going to allow you to be smart and to apply common sense. And most of all, to change the dynamic of the energy from feeling as though it is just a standardized approach versus a customized relationship. That's my thoughts, Kevin.

Kevin: I love it. There's so much, and we could talk for a long time on this. Here's a few things. Is it luck or is it mastery? Oh, my gosh, I am so swiping that, because you know what, Scott? It is mastery. We are all on the road to mastery. I did a presentation on the book, "Mastery," and it still is one of the most influential books I've ever read. Man, that was amazing. Secondly, it's interesting when you talk about standardized testing, because here's the deal: society wants us to be average, and society wants us to expect average. Guess what, friends? It's actually really simple to be extraordinary and to be influential in such a positive way.

I'm just going to rattle off. These are super basic, okay? We could go way in depth and come up with like 50-100 different things in each of the areas of the practice, but think about it from our business team aspects. What we do on the phone: super influential. Having a welcoming spirit and energy is so different than the way most people answer phones. Studying proper expectations for what a visit's going to be like, setting the tone for the start of each patient experience when they show up, and then wrapping up the patient visit the same way we started it, and then ending with setting next steps survey patient. I mean, that's influential. Clinical, creating awareness to the true state of health for each and every patient, rather than letting insurance dictate it or let the patient dictate it or tell you what they want or whatever the case is. Physical proof versus just verbal discovery, like I like to call it. Physical proof. That's why we tell you guys, "Put up every photo scan, picture, x-ray you can, because that tells the story."

Creating a vision for the future, creating an environment of care, comfort, clarity, confidence, and trust. Those things don't happen in average practices. Those are areas of influence. Doctor, creating the vision, redefining what healthy actually means to a patient, each and every patient, so that they have a different expectation of what their future health is like. Instilling confidence by guiding each patient to have a clear understanding of their state of health, what they can do about how they can control it, and not leave their health to luck or chance. Having the focus on patients to get a yes to health before ever moving on to the next thing. Because let's face it, if they don't say yes to health, they're not going to say yes to anything else. And then, teams, help each other raise your level of excellence; offer support and encouragement to those who are newer, struggling, behind, whatever the case is going to be.

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Kevin: And then also on the flip side, cheering on those who are just totally crushing it, creating accountability among each other in a supportive way, and lifting each other up versus tearing each other down, which unfortunately happens far too often. Scott, I can go on forever. I've just scratched the surface here, but I just want to say, man, thank you for all that you brought today. Because even though I put in the time that I do to prepare it, you put in the time to prepare it, we share notes, all this kind of thing, I still have another three quarters of a page of notes from things that you said and ideas that came to mind for me because I want to do all I can to be positively influential in everybody's life. I want to be a light. I want to be a catalyst for good, and so I just want to say thanks to you. Nobody else gets anything out of this, Scott, I did, and that's enough.

Scott: That's amazing. Well, Kevin, vice versa, of course, all in. But you know what? The champions keep winning because that's what they expect to do and we get things out of it. We're over time, so I'm not going to tell the story, but I will say the most successful doctors, friends, clients that we ever have, they're always the ones that get the most out of things. You wonder, you wonder, are they the most successful because they get the most out of things, or do they get the most out of things because they're most successful? At the end of the day, it's a state of being, not just the state of doing. You have to be willing to do the work. But you can do the work all day long, but if it's the wrong work or if it's not at this level of method that Kevin's talking about...

Kevin, the last thing I'll say is so many people, they say, "Wow, I can't believe we are working less, we're seeing fewer, and yet we are doing twice what we've ever done in the past." "Oh, you must have moved cities and found a better pool of patients. Oh, no, you're in the same damn place! Well, I wonder, what the fuck got better?! That's right, it was you." That's the message, team. That's the message. Choose your better, double down, and let's run.

Kevin: Thanks, Scott. Wonderful words of advice, always. Everybody, what Scott just said there boils down to one word, which is, "committed." Are you truly committed to what it is that you want to do and be the influence that you are in other people's lives? Be vitally engaged in everything that you do all day long, patient after patient, minute after minute, until the day you go home, then you'll be vitally engaged at home because they deserve it, too.

Friends, thank you all for listening in on another extraordinary edition of the Dental Success Today Practice Profit Accelerator Podcast. Create your own luck this month! Don't leave anything to chance. We'll talk to you all again next month.