Practice Focus

Practice Focus

Series 7
Bettering Your Best

Session 1
Better Tracking
(Part 1)

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Scott: Hello everyone, and welcome to our next Practice Focus. And boy oh boy, do I have an awesome surprise for you. We keep leveling up, we keep making these better and better, and today we have Maegen and Scott, doing a very unique engagement here that's going to drive you to results like never before. So, I want to just always thank you so much for your commitment to your own success, for taking personal responsibility and doing the work, meaningful work necessary to continue to improve and to put a lot of deliberate focus and intentionality on your goals of helping more patients get healthy, but do it in style, where you get to win and benefit too. So Maegen, welcome to Practice Focus. When Maegen's around I like to step back and watch and let her do the work. So we're going to do a little bit back and forth on that today, and Maegen, I'll let you say hello.

Maegen: Thank you, Scott, and I'm really looking forward to being here with you. I always get a new gem or a new spark that happens whenever I listen to your ideas, so I'm excited to do it together today.

Scott: Well, thanks for putting together a powerful schematic here for us to help everyone with. So team, today we're going to talk about something that's so important and yet it's probably the thing that's least respected, least exciting. Oftentimes the most worthy work is that which is not so easy to do and get done—and we're talking about tracking—but really we're talking about accountability to results, accountability to actions, accountability to outcomes. So, tracking is that scoreboard that we all know that tells the tale. The challenge though, and the reason why we wanted to do a deep dive on this, all of that brief Practice Focus, is because most people, they're tracking in arrears, they're tracking the past. We do need to know about the past. We got to pay attention to production and collections. We got to know what was presented and what was accepted, and we say that all the time.

But it's really not just about the statistics, it's much more about, what do they mean and what are we doing with them? And really setting a commitment that if it's worth doing, it's worth tracking. If we want to do it well, then we have to follow up and follow through, and we have to base our decisions, our improvements, our focuses, we have to base them on reality. And that's the old saying, "Numbers never lie." Now, they also don't tell the whole story! You're going to fill in the gaps, but we got to have those to keep us on track. Got to have tracking. Maegen, what say you?

Maegen: I really like what you're saying, Scott, and I think it reminds me of something I've heard you talk about in the past where it's "facts versus feelings." And it might have been, I think Kevin talks about it too, and this idea of, we can make decisions using one of the two, and sometimes both are good, but when it comes to tracking, being able to make fact-based decisions for the future on what's happening now, it's the patterns and trends that really tell the story. So, it's never just about the numbers, it's about, what are the numbers revealing to us? And it's through that consistent pattern that we can really see. So, great topic, I think it's going to be a really powerful one to lead to a good team discussion.

Scott: Awesome. Yeah. Well, that's great. Well, I guess I'll let you ask the first question or set up how you'd like to start today.

Maegen: Yeah. Well, I think knowing that tracking is the ultimate accountability tool for ourselves and to better our best, what do you think is the most important thing for our practices to think about when it comes to tracking? What's the biggest lesson you've learned or you've seen our practices learn, and what do you think they need to know?

Scott: Well, it's a great question, Maegen. I think, look, first of all, it has to be important to you, just like sharpen the saw, just like reviewing patients or people, humans, charts before the day begins, just like anything else that matters, role-playing, verbiage, we have to prioritize it and we have to say, "We want to know how we're doing." It's basically, the world's going to divide into two sectors. It's going to be that people think they're doing better than they are, or people think they're doing worse than they are, and very few people know what they actually are. So we have to prioritize this.

Now, more importantly, what I want you to think about is not just understanding that we're not just talking about statistic or data-driven tracking. We're talking about patients here, people's lives. And the more that we pay attention and we're accountable to results, the more people we help. The more that we are monitoring valuable diagnosing, case acceptance, prepay, value-based scheduling, the more intentionality, the more focus, the more control we will have on creating those outcomes.

So again, prioritize, know what the most meaningful things are that you must pay attention to, so that you can base decisions on reality and so that you can drive your focus to the things that matter. And the last thing I will say, that this goes back to going through the motions or getting the job done. This goes back to checking off lists or tasks, or appointments, or patients, versus driving outcome and result. The more the data, the numbers, the follow-up, the accountability, the tracking is about the outcomes, the more you're going to be able to learn and to adjust and to improve on the things that really matter.

Maegen: That's great, Scott. I think that's a powerful reminder of the basics and we always have to come back to the basics. It's through that simple but consistent tracking that we really see the results pay off. So, the next place I'd want to go with that is, knowing that a lot of our practices that are listening to this right now are already doing it. There are good practices that are better than most that we work with that are consistent with their tracking. They know what their opportunities are, they're following the patient throughout the whole experience. They're already solid. What could they be doing to better their best? What do these great practices, what can they do when they're already in a good groove to level up at that point?

Scott: Yeah. Listen, well, first of all, I think you've got some thoughts and ideas here that are way better than mine. But just to avoid repeating myself, friends, team out there, the best of the best, the only people that listen, I'll tell you this: it's just like a morning huddle.

Scott: You do it every day, it's consistent, it happens. It's built into your protocol. It's built into what we call the Daily Success System. It's how you win the day.

Well, first of all, two things. One, tracking and accountability needs to be built into your day too. And mostly, that means everybody finishing their job to completion. So, Maegen's going to close the gap on this, but as an assistant, our powerful clinical team, you have an ability to "track or follow through" and be accountable for different things than say a treatment coordinator, all of that, they need you to do what you're supposed to do for them to be able to do what they're supposed to do. As a hygienist or in any of our specialty practices, the people that are taking care of the patients on a frequent basis, there are also other things that you would pay attention to. So, it's really important to understand that to everybody in the practice, there are unique things about this that can always be leveled up.

The second thing I would say, is like a morning huddle, and we can always do a better job of getting down into more specific details: visualizing the day, talking through the patients, coming up with a game plan, a strategy, communicating with each other in advance so the day flows better. Well, tracking is the same thing. You have to, at the end of every day, be accountable for this and look at what actually happened today. If you want to review it at the end of the month, guess what? You're going to have 12, 14, 16, 18 clinical days of potentially going off the rails and looking at things. So you want to do it day-by-day, patient-by-patient and build it into the protocol in the system.

And just like you would ask yourself, "How can we get better patient engagement with diagnosis?" "How can we improve the quality and effectiveness of our triangles?" "How can we improve the morning huddle for a better usage of the day?" You have to say, "How can we improve what and how we track, how we use the data, what we pay attention to, and how everybody has some type of qualitative or quantitative, probably both, that is the thing they're responsible for, that tells them how well they're doing?" Maegen?

Maegen: It's great. I think you hit the nail on the head with that, so I'll just share one example of what one of our practices has done successfully. To take what you just said, it's not just tracking for the sake of it, it's to really do something with these numbers. And one of the things that they've set up as a consistent flow is at the end of the day, the treatment coordinator and the main clinical lead, so this is someone that's owning the new patient experience, they made the agreement that they're going to meet and they're going to review what happened with the new patient. This is tracking, this is still a creative way of tracking, making sure all the steps were complete, making sure the verbiage we agreed on was reinforced, making sure the triangle of trust was completed and that we reinforced whatever we agreed to there, just essentially making sure no one slips through the cracks.

Like Scott said, these are people, these are our patients. We care about their health. We have to make sure we're watching them and making sure they're

Maegen: moving along our flow. And this is the accountability check that they've created between that treatment coordinator and clinical lead to make sure it happens. So, I wanted to share that as an example of a way that they have given the feedback that it's one of the best things they ever did. And for every new patient now, they feel really confident that everything was done on their end and they feel like they're delivering on that new patient experience that they're promising on the first phone call. So, I wanted to share that.

And then the other question I wanted to go to, Scott, which I'll share an example first and then pass it over to you for your feedback. But one of the other things that I'll say has made our best practices really successful when it comes to tracking, is to identify and admit, we have to be honest with ourselves, admit to ourselves what has blocked us from consistent tracking in the past. And a lot of the times it can come back to things like, "We don't have time." Or, "We don't know if so-and-so is supposed to do it. I thought so-and-so was supposed to do it." And so, what they do is, once they identify that block, we make a solution.

And so, it might not be perfect, but what can we do? That's the question to ask. Is it possible to block time in the schedule where that's going to be done and that person makes it the most important part of their day? Could it be that we have a meeting to have better clarity of who owns what? What does a completed task look like? What kind of information is entered and ready to go? That's tracking too. So, think about the blocks, but not in a complaint way, but really to use it as, how do we know it's coming? We know it's coming back, it's going to come back to us. So, what are we going to do to overcome it when it does? So, Scott, I'll pass it back to you with that exact extension of the question, what do you think are the common mistakes that happen when it comes to tracking, that our great practices can watch out for and get ahead of?

Scott: Well listen, you just gave great examples and really, you kind of blew the doors off there with really getting to the heart of the matter. And again, I think this is why I go back to prioritization, just because it's not. And so, it's all reactive. It's reactive. Our theme here in the DST universe and what we have ingrained in you is this ultimate secret to success, aside from being positive and not negative, is to percentage of time spent more on being proactive invested, I should say, than reactive. And so, tracking is the same. So, it's tracking; being future-focused with what you're doing.

Now, I'm going to tell you the mistake. So, number one is don't be reactive with it, be proactive with it. And number two, utilize and take action based on it. Don't set goals based on what was, set goals based on what you want to be, and then allow the paying attention to the result. I want you to…Maybe tracking, I hesitate to even use the word because it is bad. I like, look, follow up and follow through. I like paying attention and being aware and keeping score. Whatever you want. But this is the thing. So, Maegen again is going to give a little bit better example of this, but I want to say something. What you have to do is say, "How can we move the needle? How can we do a better job of getting more patients healthy and improve our ability to influence?"

Scott: <mark>Remember, it always comes back to the four pillars:</mark> diagnosis, the origin of all things, creation, right? Number one. Number two, the presentation of everything diagnosed into a cohesive pathway to health. That is treatment acceptance, right? Case acceptance. And that's about the size of the yes, the size of the yes is made possible by the size of the opportunity. And then keeping the integrity of that. Third is money in advance, right? Breaking apart production, collection to substantially prepay. Now, if we want to dip our toe in the water and get deposit, or we want to swing for the fences and get the total treatment plan, pathway to health investment only. And then break it down to money, not breaking down the treatment. Size of the ask of money based on the size of the presentation. And then you have to keep the integrity of that. And lastly, we have pillar four, is the schedule, value-based schedule. Once again, the size of the value based is the size of the commitment, the investment, the bundling of the dentistry or whatever. The case acceptance leads to size of appointment, the diagnosis leads to size of appointment.

So, all four of these are interwoven, they're locked together. And the reason why I say that is because the biggest mistake is tracking stuff like you're reading it in the newspaper about what happened. Instead of saying, "Are we on point diagnostically, based on our objectives and our goals?" Now for me, it doesn't matter if your goal is let's say $5,000 or $10,000 or $25,000 a day. If you're doing a good job, you're going to have more opportunity every day with your patients, if you're asking the question, "What can we do to enhance their health? My responsibility is to discover opportunity to make a difference, to serve the patient."

<mark>If you're expanding vision, if you're diagnosing the principles and philosophy and pillars of health, you're never going to be short.</mark> Never going to be short. So, then it's about execution, executing the case acceptance. So, if we track only case acceptance, to Maegen's point she's going to make, we may be really good at case acceptance, but we may be getting yeses on stuff that's insignificant, it doesn't matter. If our case acceptance is tied to insurance visits, we're screwed. We're always going to be limited.

Vice versa, if we're diagnosing a lot and we're giving patients an opportunity to get optimally healthy, then what happens is, your case acceptance may be less, but it's still more than what it otherwise would've been. And on top of that, we follow through, we continue the patient experience so that we're cultivating more health over time. Same thing with money. We're getting prepay, but prepay on what? Okay, prepay on more stuff. Prepay on asking all of it. Prepay on structuring money to flow in advance, prepay on financial plan.

So, the mistakes people make is, they don't put any time into reviewing, I call it the game film. Sitting down at any other business, we'd call it a sales meeting friends, that's what we'd call it. In any other business, we'd sit down and we'd say, "How did we do on the customers from the past week? And where are they at in the process? Who owns the follow-up steps and what does next week look like, and how can we be prepared in advance?"

Scott: And then lastly, we get fixated on schedule, daily goals, production anchor appointments. Guess what? We start there. The first thing that we go over aside from mindset is that. The challenge though, is it's the end result. And so, if we're scheduling visits and units a piece, if we're scheduling things incrementally or in phases; I'm talking about even for, if we're talking oral surgery, we're talking perio, we're talking sleep and pain and ortho. We have to make sure we are balancing the creation side of the practice, not letting the production take precedence over the creation, but let production take precedence over anything else. And all this requires that you're paying attention to the people, to the outcomes, and to the numbers.

And I would just finish by saying the number one giant mistake everybody makes, aside from not giving this time and space, is they make it about the statistics, instead of what the statistics mean. "Oh, I hate tracking, it takes too much time. It's this and that." Or they look at the numbers and they don't… Maegen said, "Facts, not feelings." Yes, numbers are facts. They should then illicit feelings! Because then you should say, "Whoa, this is really good." Or, "Whoa, not so great." And then we challenge ourselves to improve.

So, I want to remind you that every task, every outcome, every result, every number, every tracking, every treatment plan, everything, it all comes back to a living, breathing, human being. And the more we are disciplined, structured, and controlled in this way, the greater impact we have on people and the less stress, the less extra effort, the less double work, the less chasing things down you have to do. So it's really, what seems like it's on the back end, actually becomes the greatest ounce of prevention for the pound of cure. It becomes the greatest means of preparation. You know, "Proper preparation prevents poor performance." And that's really what tracking and accountability is all about.

We want you to do a daily reappointment, case acceptance, new patient flow, tie up loose ends in your end of day huddle. We want you to do weekly treatment plans, patients of major case acceptance and last week, next week kind of a thing. And of course, we once you're paying attention to the global scoreboard, past, present, and future on a daily basis, but certainly on a monthly review with big picture goals quarter to quarter. Maegen, I send it back to you to close it up and summarize what you want these wonderful people to do. And we'll talk a little bit about the assessments and activity for implementation.

Maegen: Thanks, Scott. Well, I think you gave so many good examples there. I'll just elaborate on one of the ones that you shared because it makes me think of this idea of grading ourselves. And tracking is a way to grade yourself, but it's also very validating because it tracks your growth. So, think about how you can get out of your comfort zone and grade yourself differently. And an example of that that Scott kind of alluded to is, don't use the measure of how high our close ratio is, as the only way that we're tracking success, because that might be boxing ourselves in. All of a sudden you might be saying, "I have a great close ratio, but we're really only going for the low-hanging insurance fruit. We're not really presenting anything else. So, because we're keeping our

Maegen: presentation small, yes, we're getting all of it." And that might not be very validating when you really look at it that way.

But if you look at it as, "I'm going to go for giving the patients a bigger opportunity to say, 'Yes.' I'm going to really swing for the fences with presentation." Well now you start to use that as your grade, or your grading, I should say. So, now you get to see, "Wow, look at the case size that I'm presenting. From last month to this month, they can see that I'm really swinging for the fences here." So, this is something that, be proud of yourself for taking the risk, for looking for opportunity, for as Scott mentioned, those four pillars. It's like a funnel. The more we diagnose, it gets a little bit smaller with what we tend to present and a little bit smaller with what's accepted. So, we've got to go big up top. And so, we want to think about that when you use the tracking, think about the stories it can tell you and show you about your own growth and your own way that you're expanding in your role in this. It can feel really nice. It doesn't always have to be something that is intimidating. So, wanted to share that.

And the final thing that I'll say, just to wrap it up, Scott, before we close things out with the activity, is keep it simple. One of the biggest ways that you can avoid that trap of starting it and then stopping it or falling off later, is keep it simple. Don't overcomplicate the tracking. Start with the new patients, minimum. If you have nothing in place, minimum, new patients is a great place to start. Tangible things we can track, like insurance information is entered in the chart. The new patient emotional connection questions are already entered as well before the patient arrives. The proper triangle of trust is happening from the clinical team to the treatment coordinator. These are things that they either happened or they didn't.

And so, be strict with yourselves, is the best thing I can say. But keep it simple. Do your role really well and track that consistency. It's with consistent daily growth that the compound effect really takes off. And it's amazing to see where it can go from here. So, use the tracking as a motivator. That's how I want to summarize it all, and it'll be really, really cool to see what you've accomplished and how you've grown when you have the proof to back it up. So, Scott, I'll pass it to you.

Scott: All right, Maegen. Great stuff. I love that motivation. So, team, here's the battle plan. Obviously, we want you to make a round-robin discussion of the takeaways, and not, what are you doing now...not only, you can talk about that, but what can you do better? Maybe what aren't you doing now that you know should and set a commitment to do so. We gave you so many different things to think about here, it's going to blow your mind. And most of all, what it's going to do is, it's going to move the needle and we're going to help more people. So, I want specific actions in addition to your general takeaways and your personal commitments. I want everybody in the room to make a specific individual qualitative and quantitative, a outcome-driven metric that you're going to commit to tracking, monitoring, accountability, constantly paying attention. Okay? Individual.

Scott: Number two, I want you to go over your Daily Success System, revisit it. From the huddle to the end of the day, walk in the door, walk out the door, what does it look like and where does this kind of approach fit into that, so you can build it into your flow and your stream. It's patient-by-patient at certain times of day, it's beginning and end, whatever. Additionally, I want to make sure that there is a masterful meeting between doctor and treatment coordinator at a minimum, check in weekly to review last week, next week. Core patient acceptance, core treatment planning, pathways to health, and anything else that needs to be dealt with. You can loop in clinical lead if you need to discuss about labs and case preparations and stuff like that. That's going to prevent a lot of mistakes from happening, a lot of extra work needed on the back end. Again, that's weekly.

Now, I also want you to double down on, are we practicing what we preach in the flow of new patients, and any patient really, but flow of patients, from phone call all the way to treatment completion, phone call to follow through. Are we monitoring every step of that person's life cycle and experience within your practice?

Lastly, I want you to set goals as a practice, of what numbers you're going to move the needle on. The beauty of this, as I always say, "A million dollars of growth is a quadrant a day." It is a sleep or TMD. It is an implant a day. It's very small. It is a couple crowns in a couple people's mouth, okay? So, if we just want to move the needle $1,000, $2,000, it doesn't matter. The point is, the beauty of math is when you qualitatively improve, but you quantitatively measure, when the number moves, the whole equation changes.

So, incremental improvements make outcomes of grand magnitude. There's a famous saying, "Little hinges swing big doors." We want this stuff to be the little hinges that swing big doors wide open of opportunity for you. So, I want tangible goals written down. All right? So, what we do, I finish with this. If you master this month's Practice Focus, you will find increased consistency. You will find incredible effectiveness. You will find a dramatic ability to work smarter, not harder, and stop wasted effort and unnecessary double work and mistakes for rushing and being too damn busy. And you will also achieve the next level of leverage, and it will make you more proactive than ever before. At the end of the day, that's good news for everybody involved.

So, thanks everyone. Let's make it happen. And I'm going to leave you with a quote that I recently got, that's so special. And it says, "Confidence is the difference between being inspired and actually getting started, between trying and doing until it's done." I want you to not try, but do until it's done. I want you to remember how confident you are, how capable you are. And it doesn't matter how many motions we go through, how many patients we see, how much work or effort or time we put in. What matters is, what's the result? What's the outcome? What do we have tangibly to show for it? And that's what this Practice Focus has been all about. Maegen, I'll be back with you next month to carry on with this conversation and move forward with implementation strategy, with role-playing and examples. You've got meaningful work to do. Thank you so much everybody. Let's make it happen.