



Practice Focus

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Series 8 The Four Pillars

Session 2 Diagnosis (Part 1)

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Hello and welcome everyone to another edition, by the way, a very, very special edition of the Practice Focus. We call it the Practice Focus because it is focus that helps you to achieve your goals. It is focus that keeps you consistent. It is focus that drives your discipline. And today we begin a very unique, elevated and sophisticated, advanced, strategic discussion around the pillars of success. As you know, there are four, no matter what you do, no matter what type, modality, approach to your practice that you have, no matter where you are in the world, there are four, and only four, key factors—we call them leverage points—to your practice success. Today we begin with the greatest of them all, of course you know it as diagnosis.

Now, I'm going to give you a multi-layer approach to this discussion today. Remember the point of the Practice Focus: it is not to listen to me. It is to take what I say, to take the facilitation, the discussion, the questions and then to use them to go to work as a team and to figure out the places where you can tighten up, you can close gaps, but most of all, you can expand your mindset and your thinking and you can look for the breakthroughs. The leverage points that will make all the difference in the world is this.

Now, quick reminder, nothing possibly can be done to help a patient if it isn't diagnosed. Nothing can ever be produced or collected if it isn't diagnosed, nothing can be accepted or said yes to if it isn't diagnosed. The first order of the universe of dentistry is diagnosis. Now we change the terms, you understand? We talk about creation, we talk about opportunity, we talk about the degree of health impact. All of these things are diagnosis.

So the first thing that I challenge you today is understand that you must expand your vision, your definition, your scope, your belief in even how you see, not just how you do, but how you see diagnosis. We are looking for the opportunity to impact patients. We are looking for the enhancements, the move to a greater level of optimal health: the state of ideal. What we want within your practice is that diagnosis is driven by two things. Number one, principles. Objective principles, which I'll remind in just a moment. And number two, your diagnosis is vitally important that it is expansive. It is driven by, "state of ideal," not, "Is it bad enough?" Instead, we switch to, "Could it be better?" And more importantly, "How so?"

So that's the big conceptual play. Now, I want you to remember, the point of today's Practice Focus is that we must master diagnosis in our minds first before we can master the opportunity in the minds and the mouths of the patients. So go to work on you. I'll give you some activities to do for your patients also.

So number one, the pillar or leverage of diagnosis, the origin of all things is built upon these three critical elements, and this is where I want you to start. Just a quick review, first, clinical philosophy. Now, you're here with me today because we are a family. We have been together for so long. So I want to start with the philosophy of simply saying, how has it changed? Are we in alignment with it? Is our practice, our patient experience, our verbiage, are we completely in harmony with our clinical philosophy? If we have new team members, do they all know the clinical philosophy? Can we all write out, is it posted somewhere in the practice? Is it in the welcome letter material video, in the operatory even? Are we sharing our mission statement as clinical philosophy and is our clinical philosophy as mission statement?

Okay, and you define clinical philosophy by what are we here to do? How do we help people? What is our state of ideal for patient outcomes?

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The second part of this critical element is now very, very straightforward, the pillars of health. In your practice everyone knows the pillars of health. The pillars of health are how we construct diagnosis. You would understand this to be how we treatment plan. I have always been very steadfast, steadfast on, you have gums, teeth, bite, smile, you could put airway. I love to summarize by: health, function, beauty. This should be 100% like going back to kindergarten here. Also, you have hard tissue, soft tissue, occlusion, aesthetics. It doesn't matter, what I want is for you to proprietize these; I want to make sure that you have the inside baseball, secret handshake, verbiage and mysterious terminology because that's how you engage with your patients.

You do need to have the fundamentals every patient understands, we're going to look at your gums, we're going to look at your teeth, we're going to look at your bite, we're going to look at your smile. That's why we say gums, teeth, bite, smile, because everybody gets it. But then you have to extrapolate, this should be done by the treatment coordinator on the intake interview with all new patients, but it must be done with every single hygienist, with every single re-care, health enhancement, maintenance appointment, every day with everyone. It must be done in our clinical engagement as we seek patients and we lay out what we're doing, we always take the patient and we shove their face straight into their chart, treatment plan, vision of future, no matter how many times they've been here.

And we remind them that we are in every engagement, every opportunity. We're doing a full scope, 360 degree assessment of all pillars of health. This is what will allow us to reengage them on their pathway to state of ideal, pathway to optimal health, pathway. If we are talking TMJ, sleep, ortho, if we are talking oral surgery or periodontist, anything, doesn't matter, anything, pediatrics, anything, you have pillars of health, you have first visits, you have next visits. You have all the things that patients come in for, the post-op or the follow-up or the annual checkup, whatever it is it doesn't matter. You may not call it or do hygiene, you have your version of.

So this must be present in the minds of the patients. The pillars of health are objectively rubbed against the patients using very simply the scale from 1 to 10, your gum health scale from 1 to 10. Okay, where are we at? How do we get to 10? Your dentition, worn dentition, this is the part, worn dentition, or we say your dentition as a whole where are we at? So we can't be at a 10 if there's a single tooth that has a problem. We can't be at a 10 if we have all the teeth and they're all perfect, but perfect, subjective, remember we must be objective. So we say, "Well, they're all there. They all work. However, maybe even no holes and cracks, but they're worn down. Whatever it is, maybe they're out of alignment. Now we move to occlusion, function, bite, alignment." So again, each one of these we set a scale from 1 to 10, it's not perfect, it's not a 10. How do we get to a 10? Once we have all of these pillars of health organized, then we can assess, is it worth it? Should we proceed? So let's say everything is amazing, but occlusion, slightly off. What are we doing? We're doing minor tooth movement, we're doing aligners, doing something else. We're doing, maybe it's nothing to do with arch expansion.

Maybe everything is completely flawless except the smile is not a 10. Well, that's the great news. We have: gum health is great. We have: dentition is strong. We have: occlusion is fine. But we don't like our smile. Well, we do scale from 1 to 10 how would you rate your smile? And this is a very important concept. It's not, is there anything you would change about your smile? What an easy question for a patient to cop out. Of course not, or they would've already brought it up.

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The question is, if there was something we would do, what would that be, to help you achieve your ultimate aesthetic health, state of ideal smile? Now, as our TMJ side we might talk about popping and clicking. We might talk about posture. We might talk about the head position. We might talk about, again, arch expansion, facial structure. We might talk about many things. If we're talking oral surgery, we would talk about bone loss. We would talk about the alignment and functionality. We would talk about all the things, we would talk about upgrade, upgrading their denture or bridge or holes in their mouth or whatever. You get it, for everybody you have this.

And then finally we now say, how do we go about demonstrating and thereby creating the diagnosis through our diagnostic protocols? Now, those again, are going to be different. For new patient, we have the full everything. So whatever, that's the CBCT scan. That is the full mouth x-ray, that is the intraoral. That is the probing, the extraoral. The diagnodent, the this, the that, whatever you got. Okay, so you need to understand everyone in the practice, everyone, what is the diagnostic protocol? This is how we demonstrate, we bring to life the pillars of health. This is how we objectively use data to assess. Never forget pictures, proof and pain are your tools to engage patients in this activity, in this experiential diagnosis approach.

Now, the question today becomes, what about the people who are coming back? What about the people who did one arch but not the other arch? What about the people doing one quadrant but not the other three? What about the people who are in hygiene that think they're healthy, but they're not so much?

Once again, we go to diagnostic protocol. Everyone loves to think new patient, and that's fine. For our specialty, niche based practices, mostly in the new patient business, that's fine. But yet all those people come back. So now what? Where are they at on the continuum, on their journey? For traditional sense of practicing, maybe serving all ages or all people or all dentistry, we say general, but we call it traditional or advanced, everything is. We say now what do we do with the people coming back? What do we do differently with the emergencies? What do we do with the people on the pathway to health in the doctor's side or who's stalled out on the hygiene side?

What I'm challenging you to understand here is, today, in this Practice Focus, this deep dive, advanced expansion of diagnosis, you will work through all of these things and we have to assess. We have to make sure every team member's fully aligned and elevated to the standard of excellence you have for diagnosis.

Then we want to compare and contrast. How are we doing? Where are we settling? What are we tolerating or accepting less than our standard of excellence? Where are we inconsistent? Mostly because we are rushed, or busy, the schedule isn't controlled. But I want you to stay laser focused on diagnosis.

Okay, now, to move this forward, our next comment would be: what questions are we asking our patients so that we can engage them, we can bring them up to speed in the diagnosis? How are we layering this in with the patients? No different than I did with you. Mastering our triangles of trust, our clinical tag team triangle. And ultimately it's all about building a bigger, more expansive vision.

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I bring you back my great friends, I bring you back to so long ago, where we once began with two underlying foundational principles of: treat every patient like a new patient every single time, and show patients the big picture about how what you do fits into their life, not their mouth, their life.

So we have to go beyond diagnosis into benefits, consequences, long-term implication, as well as, above all else, health transformation. When we can take the diagnosis and bring it to life, it should viscerally be felt by patients. That will, later on at another Practice Focus, move us into the achievement of the clinical yes. The expansiveness of building greater case acceptance, greater value and bigger yeses. But before we do that, we must begin the origin of all things.

Your activity today is how to apply this pillar, this principle, this leverage point of diagnosis. How can everyone in the practice be in alignment and harmony and integrity with this mission? And then from there, consistency and discipline. So you're taking this blank page and you're saying, okay, everything we're doing, what is great? What is to our standard of excellence and what is not? What is antiquated and out of date? What needs to be refreshed and looked at with fresh eyes, all new?

And then above all, we say, what is our best? What is our best? Not just what's a little bit better, what is our best version? What is our state of ideal to this? And then we run.

At the end of the day, you'll never achieve greater results than the opportunities for which you've created. The value of diagnosis truly rules all things, and this is where everyone is in lockstep. I challenge you to continue or reincorporate your team-based treatment planning sessions. Make sure that you are doing your weekly treatment plan reviews from the current week to the next week, fully prepared. Make sure your morning huddles are dialed in. All of this has daily, positional, every team member, application to it.

Start broad, practice-wide, big picture, just like what we're doing, and then get down into the details and the weeds. Walk out of this on fire, making sure that everyone is doing everything possible to help patients achieve state of ideal. The ultimate, based on your beliefs, your philosophy, your pillars, your protocols. It all begins with a creation of opportunity and expanding and growing your practice-wide, individual patient, but practice-wide, diagnosis.

Let's go after it my friends. Change the world one patient at a time. Degree of impact is total value diagnosis. Take care.