



Google:
“Top ways to motivate dental teams”

Almost everything you have ever heard about motivation proves false!

Two giant myths you have been told by the great guru’s...

Money motivates !

While money can serve to motivate, its effects are often short term at best.

The Weakness of Cash Rewards



“Rewards do not create a lasting commitment. They merely, and temporarily, change what we do.”

*As for productivity, at least **two dozen studies** over the last three decades have conclusively shown that people who expect to receive a reward for completing a task or for doing that task successfully simply do not perform as well as those who expect no reward at all.*
Harvard Business Review

“Unexpected bonuses given for hard work and a job well done have a greater impact than a formal bonus system “.

Oh, and another thing ...

The Physical Plant

How important is it ?



A positive uplifting work environment !

“If I was to take a random snapshot of your office one moment next week, what would it look like?”

I say, don't overthink this...

Be positive

Be fair

Surprise the team often

Working around an upbeat, positive team is way more important than you think

Hire Self-Motivated People !

The Single Smartest Thing A Hiring Manager Can Do

By Dr. John Sullivan November 10, 2014 ERE

These require **ZERO** talent:

1. Being at practice before time.
2. Work Ethic.
3. Effort.
4. Body language.
5. Energy.
6. Attitude.
7. Passion.
8. Being coachable.
9. Doing extra.
10. Being prepared.



Look for :

Self-motivated
Driven
Strong work ethic,
Self-starter,
Hard-working,
Goes the extra mile,
Takes initiative,
Hungry,
Fire in the belly.

Where?

Resumes

Employee referrals

Existing Patients

**Do you do *anything* to
create an
environment other
than a workplace?**

Monday
morning says
it all



Do the unexpected



Food always has been, and always will be, positive reinforcement



"I love this place," stuff



What does work ?

CE Training is
powerful



Training is the new 401(k)!
It will ensure employees' productivity particularly, if they have assumed new responsibilities due to restructuring. Continuous learning is one of the best employee motivators.

Forbes

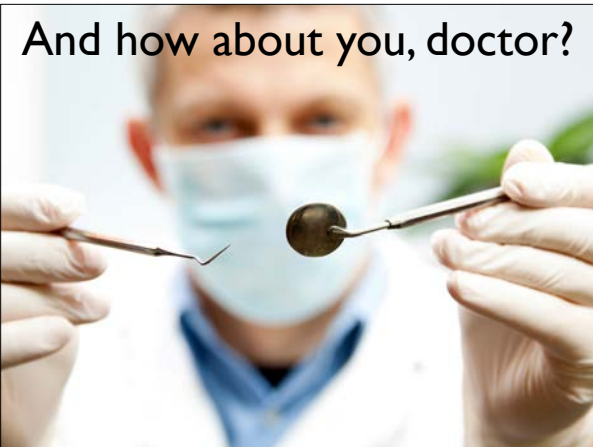
Loyalty is
huge!



Flexibility



And how about you, doctor?

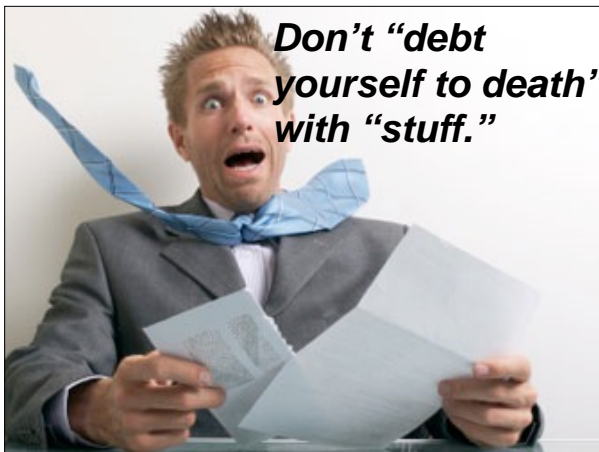


The ability for time off

Not worrying about payroll

Funding a “fat” pension plan

Freedom to do things *outside* dentistry



Don't "debt yourself to death" with "stuff."



Not new equipment
Not a new facility
Not a “crazy” new car

LIVE
BELOW
YOUR
MEANS

Keep your credit
scores
HIGH and your
credit cards LOW.

2016 Toyota Camry
\$23,000.00
66 Month Term

Person A

Credit Score: 730

Interest Rate: 1.99%

Payment: \$368.22

Total Interest Paid: \$1302.39

Total of Payments: \$24,302.39

Person B

Credit Score: 599

Interest Rate: 14.99%

Payment: \$513.97

Total Interest Paid: \$10921.44

Total of Payments: \$33,921.44

Person B pays

\$9,619.05 MORE

than Person A for the exact same vehicle and the exact same price

“There will always,
always
be a market for *fee for
service* upscale dental
care and there has never
been a better time to
dive in.”


“But if you do anything
less than a 100%
commitment ,
you won't succeed.”

Our Goal:

Remain independent
and a return to a *fee for
service* practice model.

6 Areas

- Staff
- Branding
- Community Building
- Keeping our existing quality patients
- Marketing for new quality patients
- Manage accounts payable & receivable



“It is crystal clear that the investment with the highest return is the investment on yourself.”

The most important asset in case presentation will be your confidence.
Where do you think that comes from ?

The Dream Residency

Not everyone can be ranked in the top 10% of our class. Many of my colleagues, will be left on the outside looking in with regard to the most sought after postgraduate programs. Unless you get in to an extraordinary program, I would suggest it might have been a blessing. Do you know why? An internist who may have become underwhelmed in their chosen specialty cannot just take a continuum to train in general surgery. The cardiologist can't just flip to oncology. This is one of the

Contact Information:

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Michele@pearlsmiles.com

800-337-8435

Master: (4 year blueprint).

- 1) Restorative
- 2) Occlusion
- 3) Sedation
- 4) Atraumatic Extractions
- 5) Implant Surgery & Prosto

Case Acceptance

Comprehensive Exams
From 2013-14, the number of
comprehensive exams
dropped by 69%
compared to 2010.

*Sikka research reveals latest dental
trends from across the U.S. – Dentistry IQ*



You are not going to be productive if you are providing “one tooth dentistry”

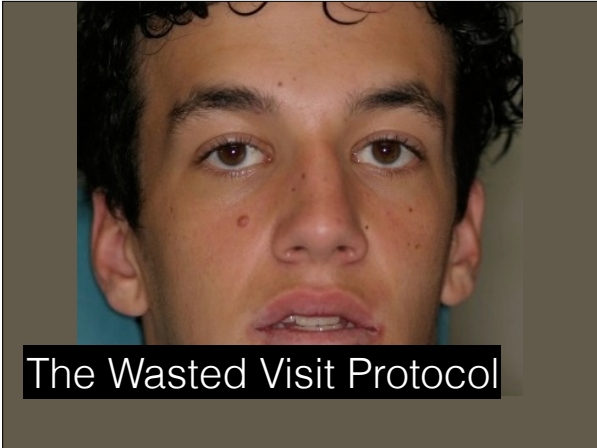
“Busy” does **NOT** equate to profitable

“A practice that sees 30 patients per day and averages only \$150 of production per patient (\$4,500) is not nearly as profitable as a practice that sees 20 patients a day, but averages \$350 of production per patient (\$7,000).” R Levin

The Answer
Comprehensive Treatment Planning



The Husband-Wife Protocol



The Wasted Visit Protocol

Think about your first contact with the new patient:
How fresh do you look?

Willis and Todorov conducted separate experiments to study judgments from facial appearance, each focusing on a different trait: attractiveness, likeability, competence, trustworthiness, and aggressiveness.

Studies revealed that all it takes is a *tenth of a second* to form an impression of a stranger from their face.

The First Two Minutes of the New Patient Introduction:

It is clear that the new patient experience begins with the first contact. This is that moment when the new patient “discovers” your organization. It could be when they go on your website, your FaceBook page, or telephone the office.

There exist abundant critical criteria that must be met prior to your first meeting that are the topic of another conversation. For now we will assume you have followed those

Do you project confidence?

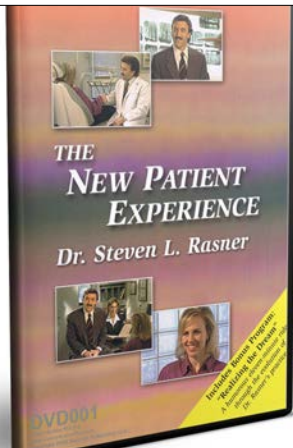
What do you think your patient thinks is your motive?

Presentation is 90% of your success:
(your confidence, vibe and image)

Everything else (before & afters, fancy computer imaging, exotic patient education tools) are all a distant second!

It's all about the 1st appointment





It starts with



the new patient coordinator

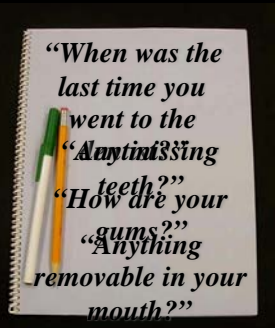
michele@pearlsmiles.com

What exactly do you say to out of network” patients?

How do you get the significant other to attend the initial visit?

What verbiage do you use in “getting paid up front”?

The
Mini
Dental
History









Begin by telling them
who you are:



Carefully treatment plan for
worst scenario

Examine with the intention of
providing the most *conservative*,
yet responsible treatment plan.



If you *know* the treatment plan on Day One, then that is the day to present it.



Don't hesitate to dissuade your patient if the “right” treatment plan isn't possible





Strategy is a higher priority than spending

- 1) Every two weeks
- 2) Beginning of the day
- 3) Written Agenda

First Work On projects that will impact:

- Cash Flow
- Improve overhead
- Improve morale

Institute Recall Quotas'

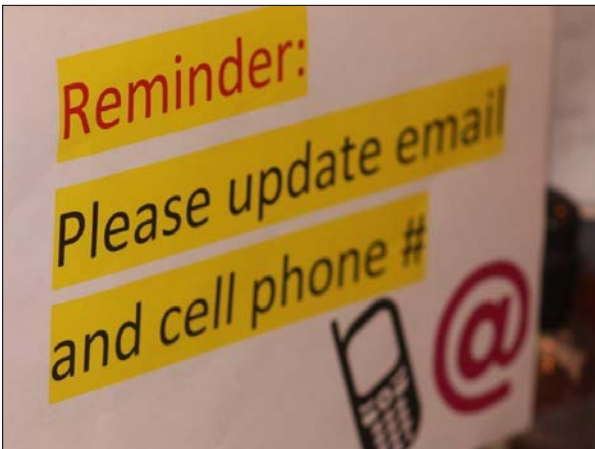
**Review Your Case Acceptance
and Presentation Protocol**

**Marketing Strategies
(Do you really have one?)**

Also remember this:



**Instituting new and better ways
will always fail if your staff
doesn't see you as fully
committed.**



**Although not profound:
It is never about your
gross revenues.
It is all about what
“sticks.”**

Practices
Should collect more than 98.5%
of all fees charged to patients.

Accounts receivable

95 %of your patients pay all fees to the
practice within 60 days.

Research has shown that you only have
about a 20 percent chance of
collecting accounts once they go past
due for more than 90 days !

**Stop being an *island*
unto yourself.**

**Find mentors and
start networking
even if you hate it !**

Ask :

What labs do you use ?

How do you pay hygiene?

How do handle ?

**You can't make money if
you don't know where your
money is going.**

If you take
nothing else
from this day;
never ever just
trust the data
your given!

Randomly (3 months or
less)
check one month of *your*
own
monthly bills; your bank
accounts; everything !

Ask yourself:

The status of insurance
aging ?

What is the true per cent
of your collections?

How under control is
your *billing*?

Ask yourself:
Do you know ?

Is your data base clean ?

Provider Information:

Group/Plan numbers
Patient & Subscriber's name
NPI numbers
TIN
Providers license numbers
Correct Ins. Information
Dental Office Address

Patient Information (what is on file):

Patient & Subscriber's address
Dates of birth
Address
Gender
Member ID Number
Is patient "active" with insurance company

Question ?

**How does your office
really stack up to
industry standards ?**

Practice Benchmarks/KPIs/ Trends-GPs

Revenue:

Dentistry to hygiene production ratio 3:1
Hygiene production to wage ratio 2.7:

Typical GP Practice.

Mix of FFS/PPO averages 18% write-offs:

A/R is generally no more than 30 days of net prod-
getting lower

\$600k Dentistry
\$175k Hygiene production
\$775k Total production

Practice Benchmarks/KPIs/ Trends-GPs

Total overhead: 55-60% (as high as 70%, as low as 40%

Wages: 23-25%

Total labor Costs 27%

Rent: 4-6%:

Total clinical: 25-30%

Dental supplies: 4-7%

Labs: 5-8%

Advertising 2-3%

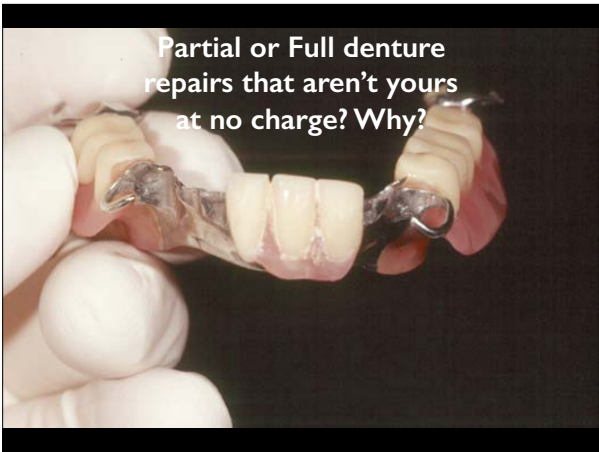
**Attracting and
keeping “out of
network” patients:**

**Quit throwing a
\$100,000 out the door
each year by
announcing:
“We don’t take your
plan.”**

**The first question you must
address is:
Does there exist any reason
for patients to “go out of
network”
To seek care in your office ?**

**A better question is why
do we do business with
the various people
in our lives ?**

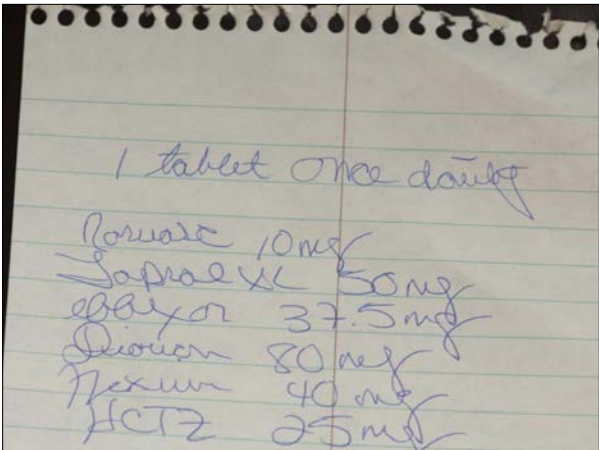












- **1 Tablet Once Daily**
- Norvasc 10mg
- Toprol XL 50mg
- Effexor 37.5mg
- Diovan 80mg
- Nexium 40mg
- HCTZ 25mg





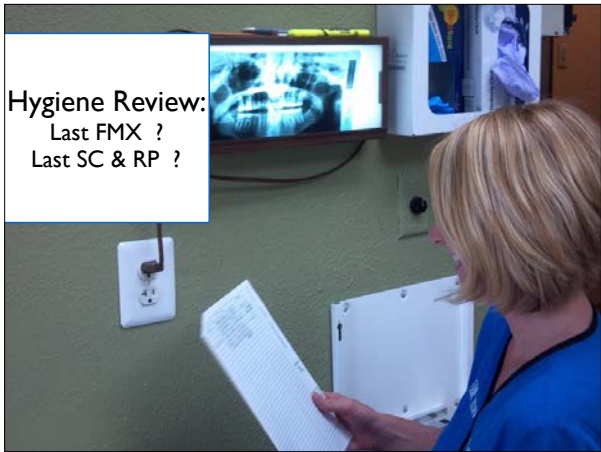






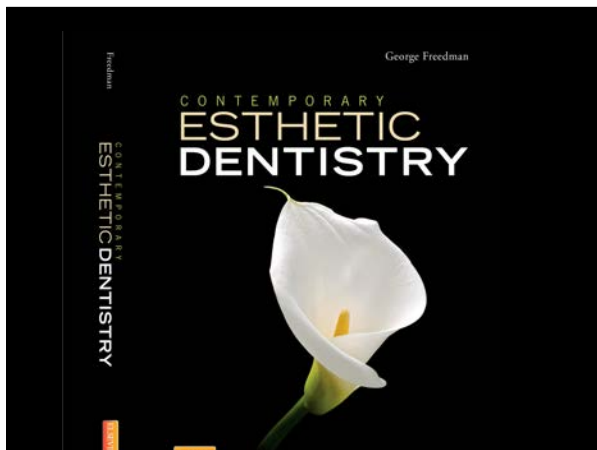
Precisely how the first 60 minutes of each day needs to flow...





Provide services
that no one can
rival”

So what are our
choices?











Oral Sedation
The “sedation cocktail”
you have *never* heard .

**Mastering Enteral
Sedation**



First you must
review the
Canadian board
requirements.





*Oral administration of multiple
sedative drugs, with or
without nitrous oxide and
oxygen.*

**We are talking:
Minimal
&
Moderate Sedation**

Advantages of the Oral Sedation Practice

Unequivocally the most powerful skill set you will ever acquire.



Depending on where you live, a single course of IVF (in vitro fertilization) costs \$4,500 to \$8,000, plus up to \$7,000 for required medication.

Donor sperm costs \$3,000 to \$4,500 for six inseminations.

They borrowed money from her parents. They maxed out their credit cards and paid them off with their line of credit. They rented out their basement to international students. They cut back on spending. They spent six months driving together to and from work when Mr. Coull's vehicle broke down.

Advantages of the Oral Sedation Practice

Scheduling:





Cash Flow:



**Reduced patient flow creates
“New Found Time”**

to bond.

When your patient realizes there's more to this relationship than just a financial transaction, you win.

The Rasner Recommended
Protocol:

Triazolam .25mg
Atarax 50mg
Benadryl 25mg

Ropinirole Hcl 0.5 mg
One tab 90 minutes prior
Restless Leg Syndrome

Flumazenil: Reversal Agent

For these reasons it is **NOT** recommended to use the SM/SL technique as a rescue method in the case of a benzodiazepine overdose. The more appropriate management technique would be to use this medication through intravenous administration and then only as a last resort. Basic life support skills such as supporting the patient's airway by a head-tilt chin-lift and providing the patient with oxygen are more important. In absolute desperation when intravascular access cannot be achieved, intramuscular injections totaling the likely rescue dosage of 0.6 mg to 1 mg (which requires 6 to 10 ml of volume) can be utilized in



Can use as an atomizer in the nose



As an alternative, can inject under the tongue.

The Nitrous Oxide Protocol:

Patient will present as:

- 1) Deeply sedated = 100% O₂
- 2) Moderately sedated = 20% Nitrous
- 3) "Thought I'd be sleeping" = 20% then 40% for 10 minutes; add 1 Triazolam crushed under tongue



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each mL contains:
Lidocaine 100mg
Prilocaine 100mg
Tetracaine 40mg
Contains 30gms
Rx Only

Lidocaine 100mg
Prilocaine 100mg
Tetracaine 40mg
per ml

4% Citanest Plain



**Then your anesthetic
of choice**





Articaine Hydrochloride 4%

Average Onset 1 minute

Average pupal anesthesia 60 mins.

Study by Malamed : Provided **significantly greater anesthesia than lidocaine HCL in mandibular molars.** *Int. Dentistry SA vol.11 num. 1*



Must stay "lean & mean"
to "thrive"
*Two cornerstones of
"lean"*

The Audit Every Vendor Protocol

*All Insurance (medical, disability, etc)
Supplies
Labs
Utilities*

154

\$102,000 Per Year



The "Forensic" accountant
appointment
Protocol

Be honest:

***How under control is
your billing?***

Let's talk about the
"core" of everyone's
practice:

The Recall Patient:
This is too valuable to
skip!

**Is everyone in the family
scheduled protocol ?**





Bi-annual
Rambo Purge
Protocol

**Putting Out the *Fires*
Cases**

**Remove hopeless teeth
SRP**

**Minor restorative
Possible endo therapy
Long term provisional**

Putting Out the *Fires* Cases

Usually **Does Not** include:

Sophisticated Tooth replacement

Definitive full coverage restorations

Implant Therapy













Quit throwing a \$100,000 out the door each year by announcing: "We don't take your plan."

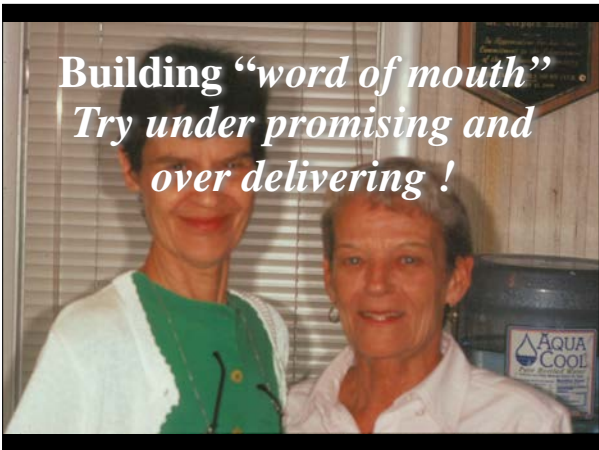
**The first question you must address is:
Does there exist any reason for patients to "go out of network" To seek care in your office ?**

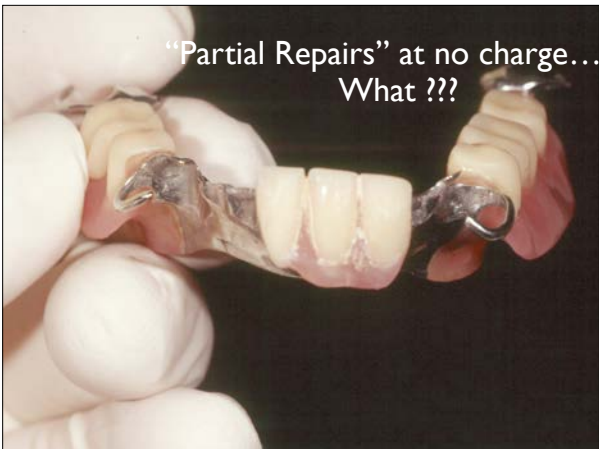
**A better question is why
do we do business with
the various people
in our lives ?**

**Think about
“value added”
services**















The entire team has to be on the same page when it comes to “connecting” with our patients.

Knowing their names:
(Caring about knowing their names!)

Personal things about our patients.

A recent vacation.
The operation on their family member.
The new baby.
The new job.

That’s what counts !



It is my clear conviction
that the huge majority of
offices lose patients
weekly by not returning
phone calls !

Call Backs Today Within **ONE**
Hour!!!!!!

Date: _____

NAME	PHONE #	TIME OF CALL	ISSUE	TIME OF CALL BACK	In

Today's Date: _____

Time of Call: _____

Patient Name _____

Phone# _____

Tooth/ Area # _____

Chief Complaint :

Next Scheduled Appt: _____

Person taking call _____

Front desk responsibility:

Example: "Loose Crown"

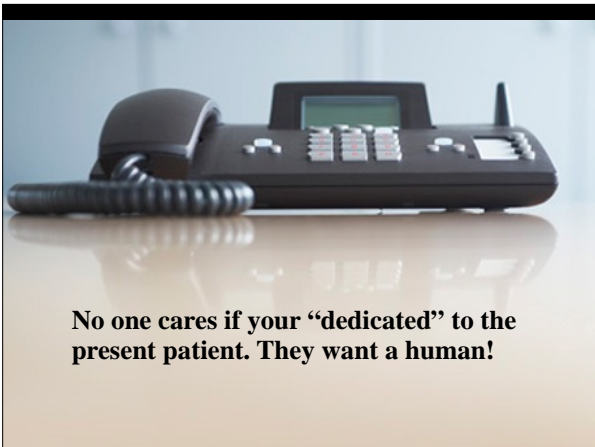
Ours?

History of endo?

How old?

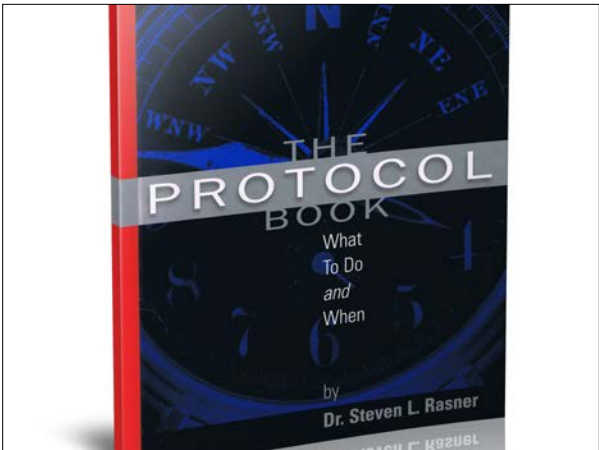
Just "google"

Small Business Phone etiquette
and see how you measure up.











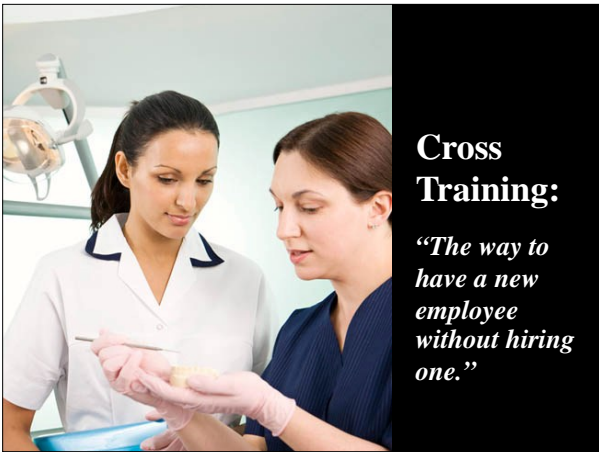
The Wasted Visit Protocol



The Husband – Wife Protocol







Cross Training:

“The way to have a new employee without hiring one.”



Need:

Need to know the difference between *lip service* and *meaningful* patient service

**“Every day do one thing for
a patient that has nothing
with anything other than
relationship building.”**

A phone call

A letter

Flowers





Increase involvement.

Connection matters:

How much do you know about your patients?

Do you do anything out of the ordinary to have them talk about you?

Think about how can you build a social community "feel" within your business?



MEET & GREET THIS THURSDAY
JOIN US FOR SOME GREAT NETWORKING!

JUNE 11 - HOSTED BY OFFICES OF DR. RASNER
2106 WEST LANDIS AVENUE, VINELAND

5:30P *Members Only* FREE TO ATTEND
Dr. Rasner has decided to offer dinner catered by Marciano's with
best selections including seafood!
First beverage compliments of Dr. Rasner.
GIVING AWAY AN ELECTRIC TOOTHBRUSH!

Don't miss this fun event!

REGISTRATION REQUIRED BY 5PM ON June 10 or there is a \$5
charge to attend.

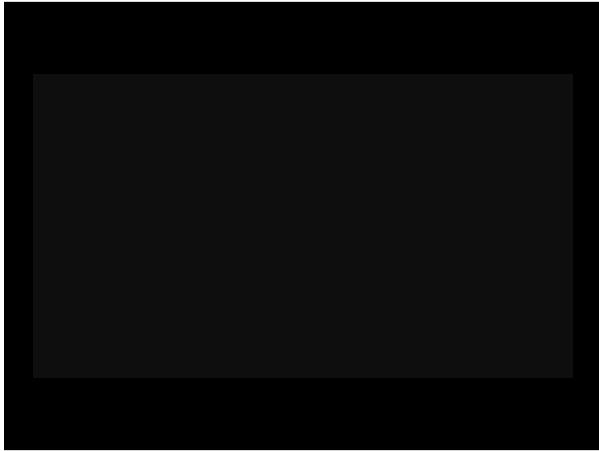


**Use blog posts,
social media, and
newsletters to
stay "connected"
to your patients.**





Exceed expectations and build trust.

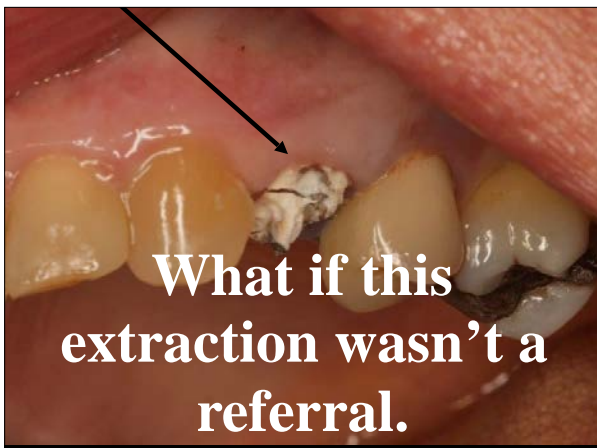


Conclusion:
Establishing protocol and policy
is the most powerful singular action
you as a team will do that will
catapult your office to the next level.

***You are not going
to be “productive”
if you are providing
“one tooth
dentistry”***

**Not all services
provide equal
productivity.**

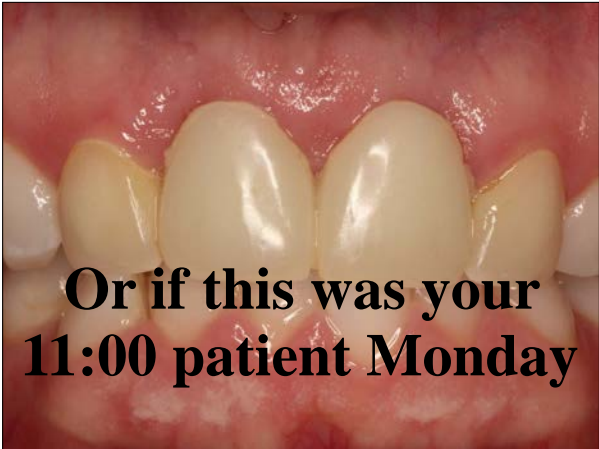
**What two skills
might be the
perfect marriage
to sedation?**



















Atraumatic Extractions for the GP
with Dr. Steven Rasner
Featuring LIVE PATIENT clinics



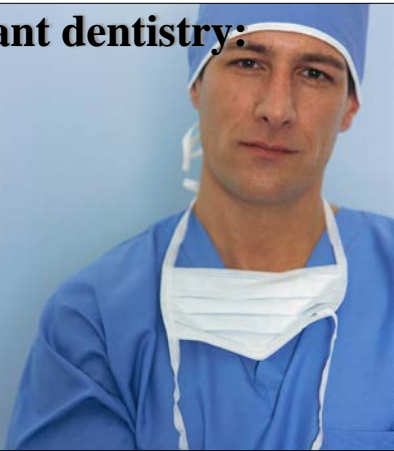
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Atraumatic Extractions
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Flap Designs
Suturing Techniques
Socket Grafting
Bone Augmentation

Implant dentistry:



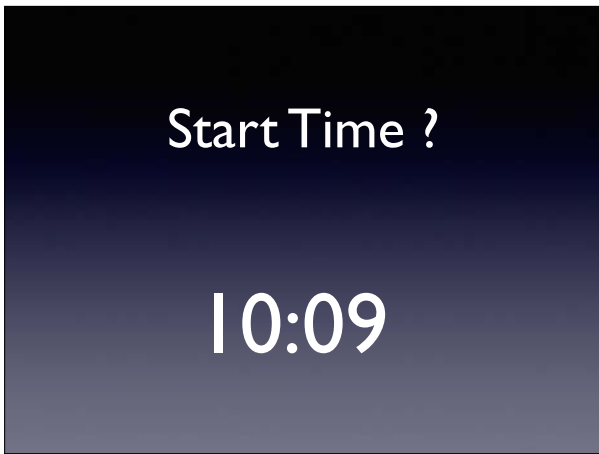
You will do cases that will unequivocally be the easiest and most lucrative service you have ever provided.





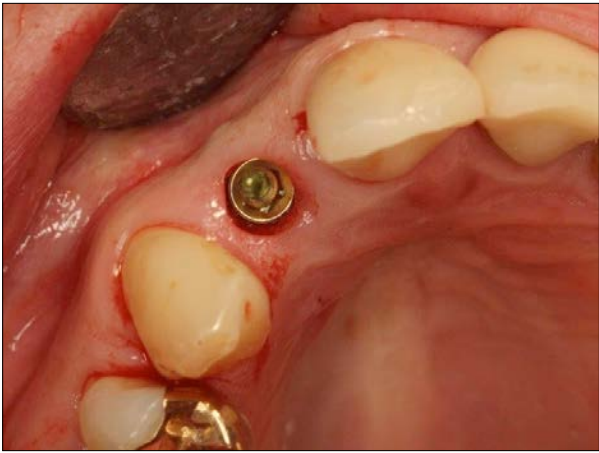










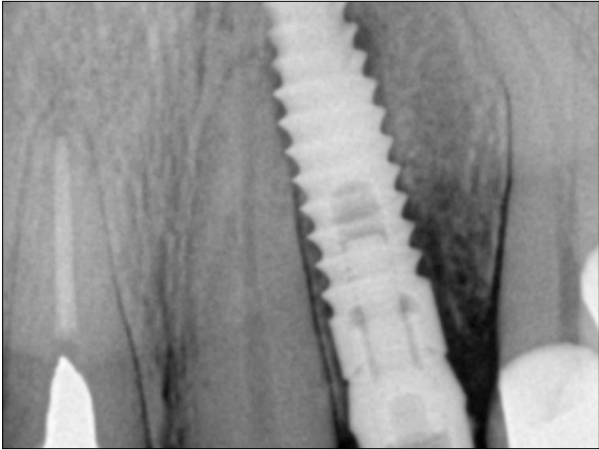






“That being said







The Implant Training Protocol

“Listen to no one.”

Dr. Carl E. Misch

- Author – Contemporary Implant Dentistry, 3rd Edition
- Author – Dental Implant Prosthetics
- Director and Founder Misch International Implant Institute



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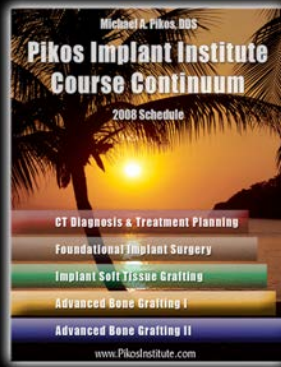
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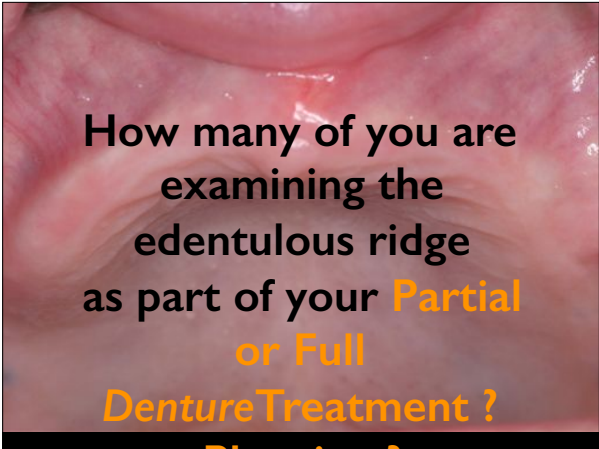
Perio Plastic Procedures



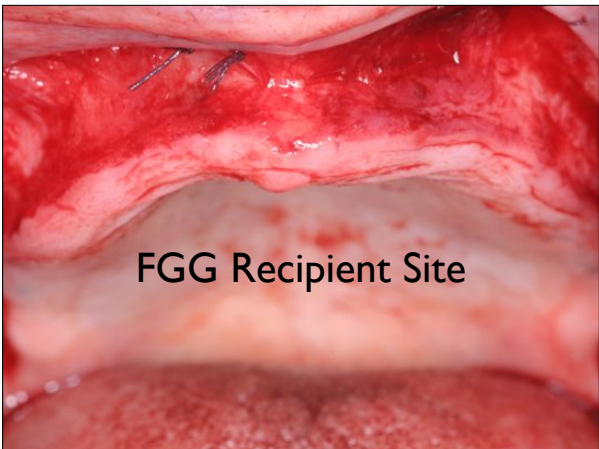
The sub epithelial
connective tissue graft

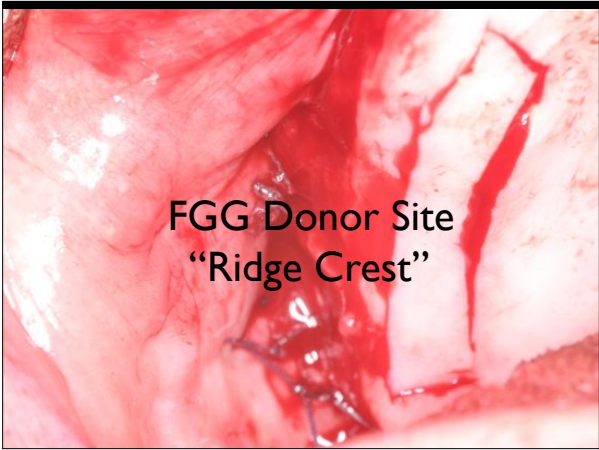


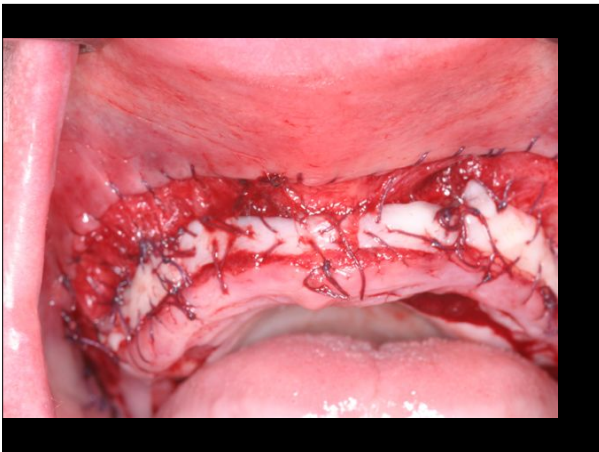






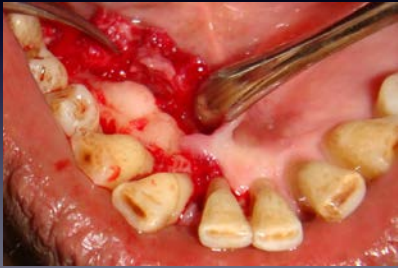




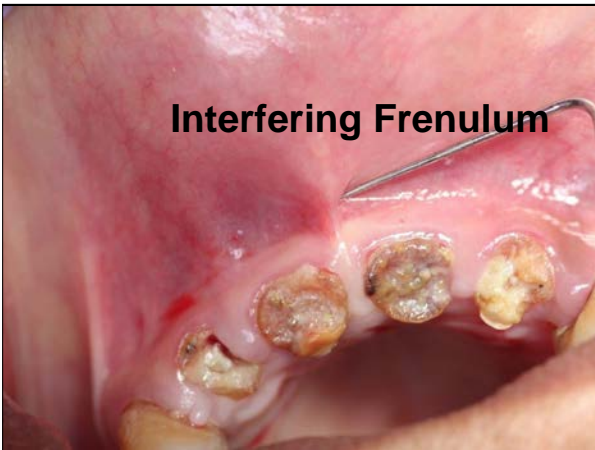




Tori Presence



Interfering Frenulum

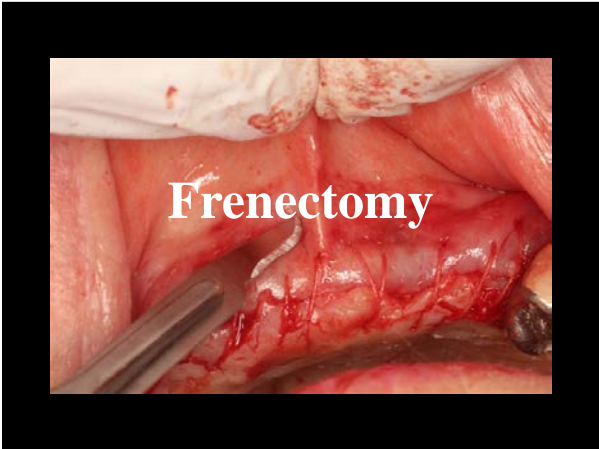


Frenectomy indications :

Interference with prosthetics.

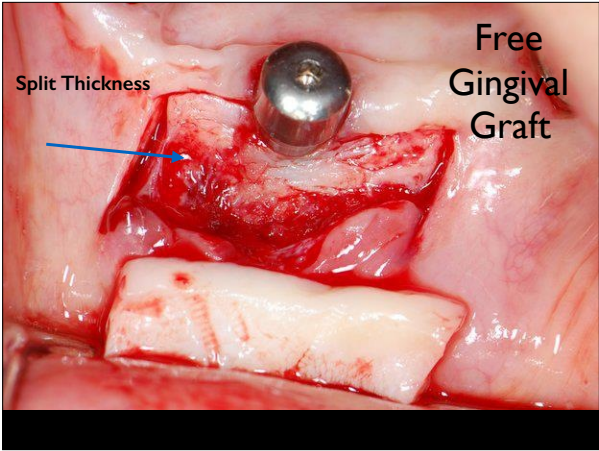
Esthetic problems: Midline diastema

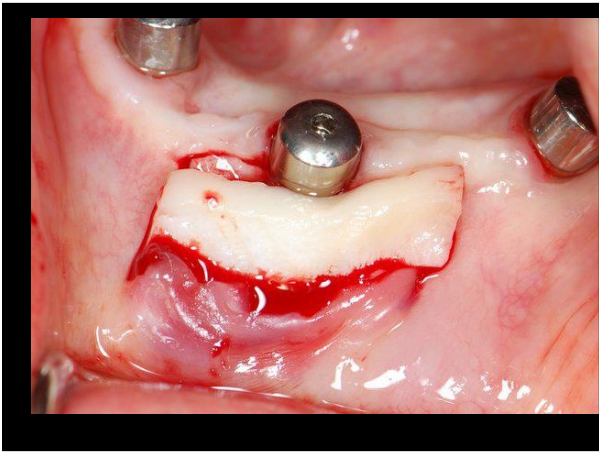
Tension on the gingival margin; frenal-pull concomitant with or without gingival recession.

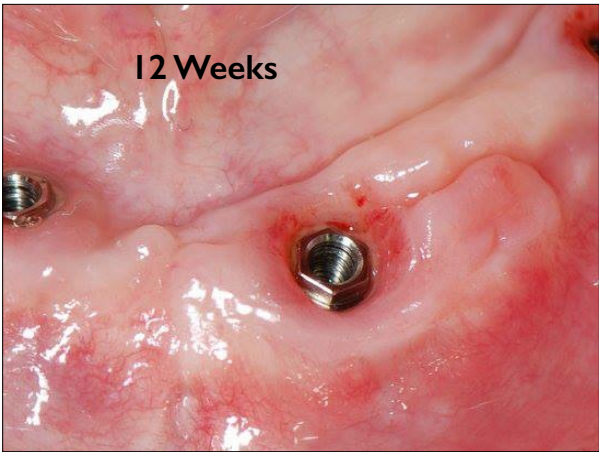












What about the role of Orthodontic Extrusion in your practice to regain bone and tissue

Contemp Clin Dent. 2013 Apr-Jun; 4(2): 243–247. Forced orthodontic eruption for augmentation of soft and hard tissue prior to implant placement

Rafael Scaf de Molon, Érica Dorigatti de Avila,¹ João Antonio Chaves de Souza, Andressa Vilas Boas Nogueira, Carolina Chan Cirelli,² Rogério Marçonar,³ and Joni Augusto Cirelli

Forced orthodontic eruption (FOE) is a non-surgical treatment option that allows modifying the osseous and gingival topography. The aim of this article is to present a clinical case of a FOE, which resulted in an improvement of the amount of available bone and soft-tissues for implant site development. Patient was referred for treatment of mobility and unesthetic appearance of their maxillary incisors. Clinical and radiographic examination revealed inflamed gingival tissue, horizontal and vertical tooth mobility and interproximal angular bone defects. It was chosen a multidisciplinary treatment approach using FOE, tooth extraction, and immediate implant

Slow Orthodontic Teeth Extrusion to Enhance Hard and Soft Periodontal Tissue Quality before Implant Positioning in Aesthetic Area

Approaching bone defects of jaws treatments, hard and soft tissue augmentation could be considered as a goal for clinicians when performing dental implant placement. The increase in patients who want cosmetic treatment puts practitioners in an awkward position when choosing the best therapy to obtain the most desirable results. A private dentist referred a young patient to the Department of Implantology in Milan in order to place implants in the upper jaw. Radiographic evaluation of the two upper anterior incisors confirmed that the teeth had a poor prognosis. The anterior ridge volume was clinically analyzed and several therapeutic choices were evaluated. Rapid extractions and immediate implant placement were not indicated because of the vertical and horizontal components of the bone defect. Therefore, the surgical team decided on increasing the bone volume by using slow orthodontic teeth extrusion technique.













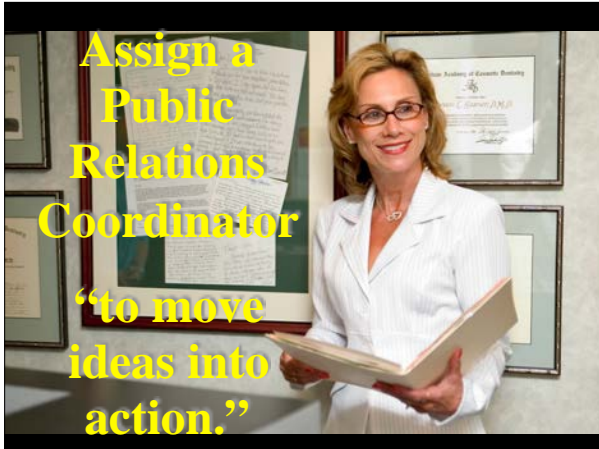




New Patients



This is going to require the whole team !



Free is the *worst*
marketing word a dentist
can use.





Think Capital One !

One More Dentist

Does this sound familiar? Your mouth is a mess. It became this way because, well you just gave up. You have had a number of unpleasant experiences. They range from being lectured, almost scolded for the condition of your teeth, to being hurt in the "chair". You have untreated problems. They don't hurt right now and it's easier to "forget about them" than go through the process once again.



I am inviting you to visit me to give it one more chance. We'll talk to you. We'll listen. There's nothing you have that I haven't seen before. I'll give you options - no pressure - just an unbelievably pleasant experience that will likely win back your trust and confidence. So go ahead, hold me to this! Give it one more try. I'll bet you'll leave smiling - and that's something I'm darn good at.

Dr. Steve Rasner:

The Dentist That "Talks" To You

You know who you are. Your dental needs are way overdue. You already used your wife's penicillin. You must have gone through two bottles of amoxicillin for the last toothache. You even got up the nerve to drive to the dental office - only to sit in the parking lot and drive away.

Well, we have good news for you - we know who you are too. At least one third of our patients have extreme fear. They come in all shapes and sizes. They may be fearless about everything else in life. Yet there is something dreadful about going to the dentist. Sometimes it's the thought of the needle. To many, it is the sound of that drill. To others, it's just the



whole thing. We have met all of you. Well, almost all of you.

Picture this: a place where the dentist will talk to you. Really talk to you. Where there aren't a zillion patients within ear's reach, where there is plenty

of time - as much as it takes to "hold your hand" and get you through it. Where medications are given to help calm those nerves or even an option to go to sleep if that's what you need.

We know you think your the worst one out there. You're not. Dr. Rasner will talk to you. You'll feel you're with a friend - not your elementary school teacher scolding you for your condition.

If this story sounds familiar, you owe it to yourself to give it one more try. Dr. Rasner and his staff will be waiting for you. The only thing you are going to feel is remarkable warmth and comfort.

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Steven L. Rasner DMD, MAGD

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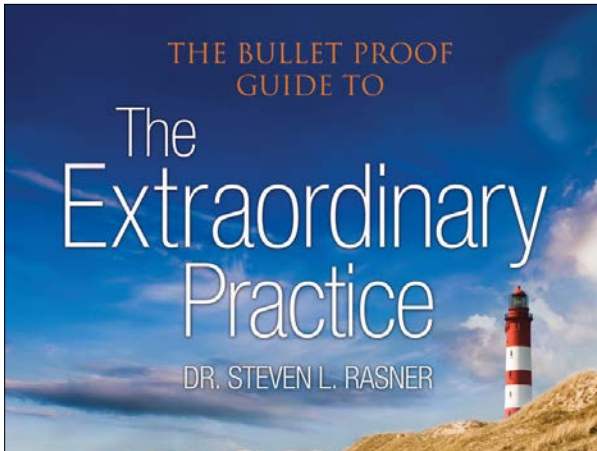
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Trust & Confidence are two very good words to be attached to your practice. As far as services go, there is nothing even close to marketing sedation dentistry.

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Your brochures
Your ads ... every piece of marketing you have!

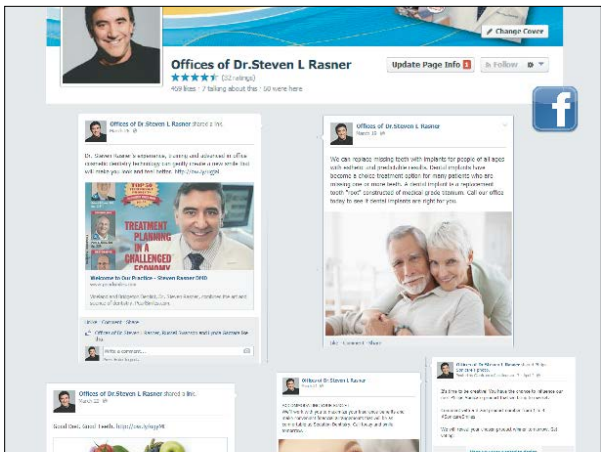
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“that one thing” that you
want to be known for?





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of
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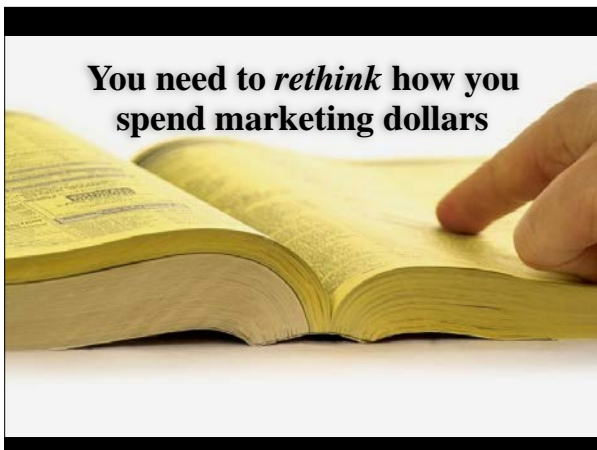
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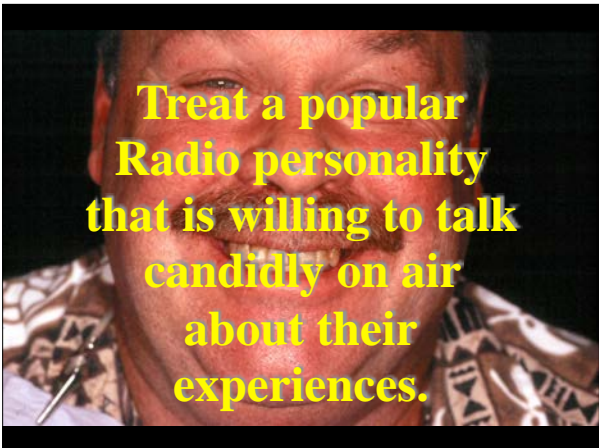
Reintroduce
“yourself”
to small
community
businesses.



Assign a
Public
Relations
Coordinator
“to move
ideas into
action.”

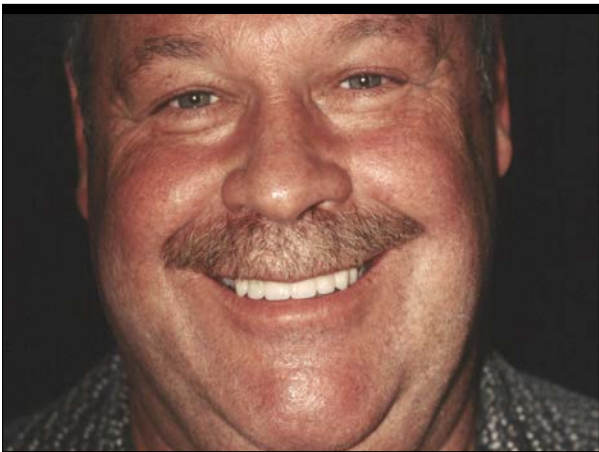


Treat a popular
Radio personality
that is willing to talk
candidly on air
about their
experiences.



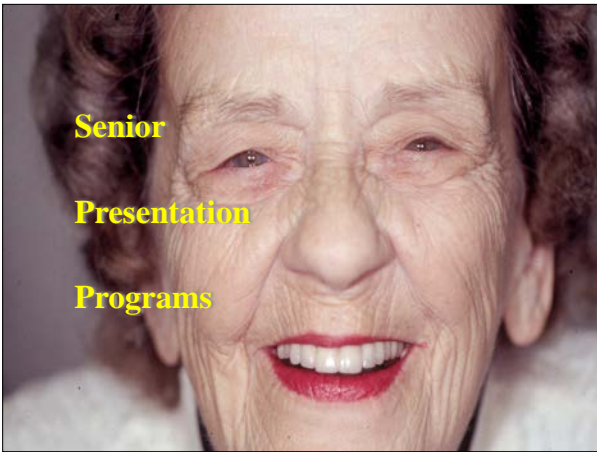








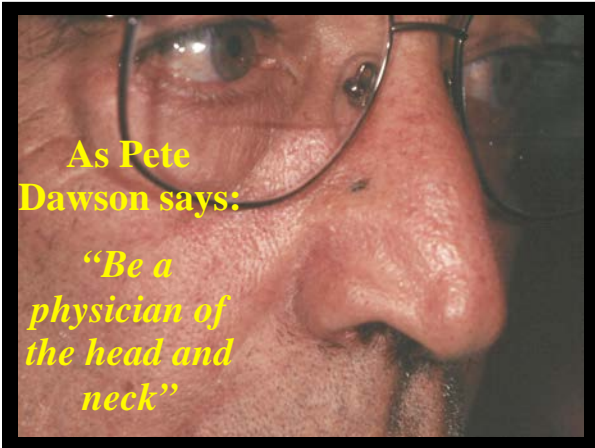
Have staff present to high end
Nursery Schools. Old school
marketing but still works.



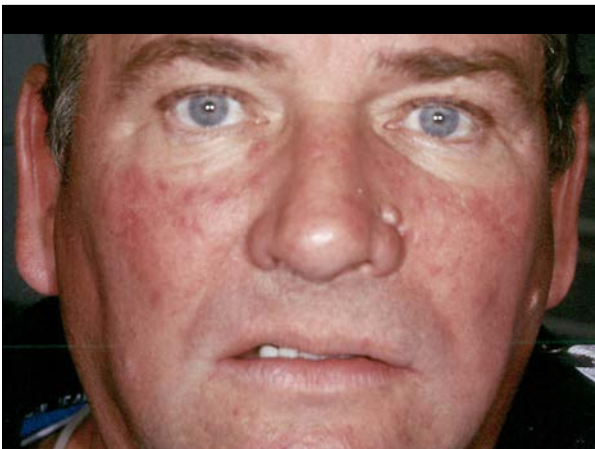
Senior
Presentation
Programs



Become the
"Referring"
Dentist

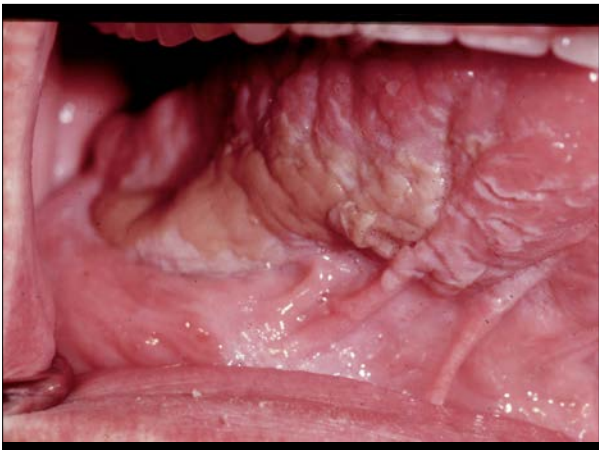














**One in four adults *has*
hypertension**



**Overall death rate
from hypertension:
16.2%**



**Are you taking
blood pressures?**

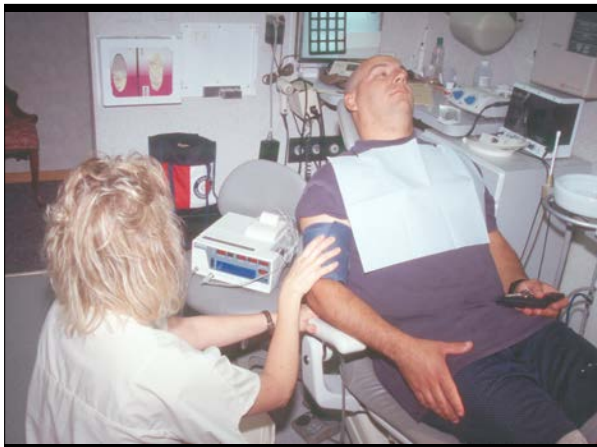
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“Even if doing benevolent acts doesn’t do one thing for your “bottom line,” the payoff is the act of working with your team *outside* the office. And the indelible impact on your heart is forever.”