WHAT IS THE COST?

Continued from page 1

You know when you see a practice with a lack of control. Let me list a few symptoms of a practice in a downward spiral and see if you flinch as you read the list.

STAFF NOT GETTING TO WORK ON TIME:

You probably have a policy in your manual about how it is important for no team members to be tardy as it puts undue strain on the rest of the team. But, eventually someone will test you on that policy. It may be a great employee who has decided they are tired of playing by your rules and wants to test the waters to see just how far you can be pushed.

Somehow, staff can sense when your emotional reserves are low and that is when you may see them test you. If you let it go unmentioned, you can rest assured that things will only get worse and more team members will see that there is no true repercussion to missing the daily start time by a few minutes. Please don't fall victim to this.

STAFF NOT OBSERVING THEIR JOB DESCRIPTIONS:

Many times, dental teams have an internal hierarchy that you may or may not know about. Sometimes, there is an alpha in the group who usurps authority and takes it upon themselves to re-organize the flow of the practice tasks away from what you have set forth in a direction that benefits them.

I always tell my team, if a policy is written that makes your job tougher than it needs to be, let you team leader know and we'll try to make a better policy. You cannot allow staff to dictate policy. You owe it to yourself and your family to make sure that the team is running things the way that you want. It cannot ever work for the practice to serve each individual team member's desires all the time. The practice must serve the vision that you set forth and the team conforming to that vision.

THINGS GETTING DONE RIGHT MOST OF THE TIME:

Like it or not, the minute details of our daily routine can make or break your practice. The lab case that was "nearly" written up correct is still 100 percent incorrect. The hand pieces that were maintained properly "most of the time," still tear up quicker than they should. "Most" of the appointments were confirmed means that some of the appointments weren't confirmed and will likely no-show, causing major scheduling dilemmas. The list of things done "nearly" correctly that can still wreck a practice and induce major stress to dentist and team goes on and on.

Having said all that, there are practices all across America that are thriving and as under control as any reasonable person could expect. How did they do it and what was the cost? Those are the main questions I hear. Well, there is no simple one-size-fits-all answer for every dentist and no one has exactly the same set of problems, but I can define a few common traits from the best of the best.

1. They all have dental teams who show a genuine respect for the doctor. They display this respect, not in words, but by action. They simply follow the plan and the vision the doctor has instilled. Note to doctors: if you haven't yet shared your vision with your team, how can you expect them to follow?

2. They have a clear understanding of dental office overhead. Nothing kills a practice quicker than spending more money than is coming in. Whether it is staffing costs or poor purchasing choices, the great ones always have a lot left over at the end of the month to invest.

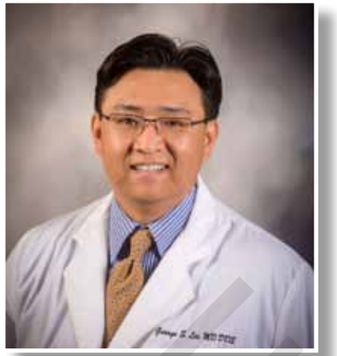
3. They are all highly productive to say the least. There is never a moment when you catch a team member or the doctor sitting on the couch during working hours reading a magazine and drinking a soda. Hopefully you or your team are not guilty of wasting precious practice time. When you're away from your family, I feel it is important to make the most of your productive time so you can spend more free time at home.

There are many more traits of the very best dental offices. More than can be listed in one article, but if you are interested in a comprehensive list to see how you stack up, please visit our website www.AmericasLeadingDentists.com to get instant access to an exclusive Whitepaper, "23 Common Traits of America's Leading Dentists: See How You Stack Up."

The cost of losing control of your practice seems minimal to many of us at first. A few wasted minutes here, an angry patient there. Still, we soldier on. Over the years, all those little losses of control add up and can have devastating effects on your practice, including burnout, overload, poor health, or even in severe cases; bankruptcy or divorce.

In those cases the costs could be more than we could bear.

Dr. Chris Griffin is a private practicing dentist from Ripley, Mississippi and founder of Capacity Academy, an education provider focused on helping dentists increase personal and practice productivity and lowering stress. He can be reached at chrisgriffin@thecapacityacademy.com.



FROM THE DESK OF GEORGE S. LEE, MD, DDS:

APSU BASKETBALL GAME

We had a great time cheering on the APSU Lady Govs and Govs January 28th as they took on the Southeast Missouri Red Hawks. Thank you to everyone that joined us! It was a special evening as we honored our Military and recognized recent inductions into the APSU Hall of Fame. We hope that everyone had a great time and left with some fun souvenirs!

HANDS ON IMPLANT RESTORATION WORKSHOP

We will be hosting a Hands on Implant Restoration Workshop this spring. This course will utilize the BioHorizons internal impression techniques on models of various diameters of implants. Bring your implant restorative assistant and work as a team. More information coming soon. Space will be limited, so early registration is encouraged.

DENTAL IMPLANTS IN PATIENTS WITH ORAL MUCOSAL DISEASES*

The purpose of this study was to reveal dental implants survival rates in patients with oral mucosal diseases: oral lichen planus (OLP), Sjögren's syndrome (SjS), epidermolysis bullosa (EB) and systemic sclerosis (SSc). A systematic literature search identified publications on clinical use implant-prosthetic rehabilitation in patients with OLP, SjS, EB, SSc reporting on study design, number, gender and age of patients, follow-up period exceeding 12 months, implant survival rate.

After a mean observation period (mOP) of 53.9 months, 191 implants in 57 patients with OLP showed a survival rate (SR) of 95.3%. For 17 patients with SjS (121 implants, mOP 48.6months), 28 patients with EB (165 implants, mOP 38.3 months) and five patients with SSc (38 implants, mOP 38.3), the respective SR was 91.7 (SjS), 98.5 (EB) and 97.4 (SSc). Heterogeneity of data structure and quality of reporting outcomes did not allow for further comparative data analysis. For implant-prosthetic rehabilitation of patients suffering from OLP, SjS, EB and SSc, no evidence-based treatment guidelines are presently available. However, no strict contraindication for the placement of implants seems to be justified in patients with OLP, SjS, EB nor SSc. Implant survival rates are comparable to those of patients without oral mucosal diseases. Treatment guidelines as for dental implantation in patients with healthy oral mucosa should be followed.

**Reichart PA, Schmidt-Westhausen AM, et al. J Oral Rehabil. 2015 Dec 21*

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DENTAL IMPLANTS: Making Patients Want Them - *Part 2*

by Dr. Jeffrey Hoos[3]

But, this still does start the conversation about dental implants with your denture patients. When is the right time and when is the best time? Like a great act on Broadway, it is all about timing and finesse to have things go well. Let's talk about the fabrication of dentures in simple terms. How many steps does it take to make great dentures? In my office the steps are as follows and they are the critical steps.

- Consultation and preliminary impressions (if you "sell the case" because you have established rapport)
- Final Impressions
- Vertical dimension and aesthetic control base
- Full try-in and the **secret critical step**, which is the clear surgical stent that is tried at the try-in appointment.
- Delivery of the case

The full try-in appointment is an extremely important step. This is where the patient gets to approve the esthetics of the case. The dentist must evaluate the esthetics and phonetics of the case in conjunction with the patient's input. This is the time to discuss important aspects of the case to the patient. The patient's interest is how their teeth look and how they feel.

The patient must have a very important simple device sitting on their lap. It is called a mirror. This should be large, clean and scratch free. When the lab delivers the try-in of denture case, you need to request that the lab duplicate try-in in clear ortho acrylic. When the try-in takes place using the clear stent, the patient, looking in the mirror, always asks, "what is this?"

Your response is critical. "If we find that your denture does not fit as we would like, I will know exactly where to place your dental implants." Remove the acrylic stent and put it away until the insertion visit. At the insertion visit do exactly the same thing. With the acrylic stent you, as the dentist, have the chance to verify the vertical dimension, fit of the lower and occlusion. If there are things you do not like such as the fit, you can then use this stent to take another final impression, change the vertical and other occlusal issues. You can then ask the lab to make these changes and then go to insertion.

The challenge for the dentist, is to have the patient understand that you have the solution to solve their problem. The problem is having non-stable lower dentures. It is like selling life insurance. The life insurance salesperson interviews his client and understands the need for life insurance to solve a problem. So, interesting that you only get the money if you die. How is this the same? We have the solution to unstable dentures. Dental implants will solve the patient's problem of unstable dentures and you as the dentist... have the solution.

There is a very interesting book called: *Killing Sacred Cows* by Garrett Gunderson that really helps complete the picture of our patient relationship.

We have demonstrated the need for new dentures. The patient has agreed to treatment. We have shown the patient that we have the solution for the unstable lower case by the secret critical step of the clear stent. Now we have to have our patient agree to the fee that we are going to charge. I'm not going to discuss establishing fees but in order to get a fair fee, you have to deliver a superior product.

Gunderson's assertion about "money" is that in order for a transaction to take place, we want something more than what we have. "We only exchange when others have something that we value more than what we currently have." I know that this sounds confusing but it is really not because we give up money for things we value all the time. But sometimes we do not believe we received a good value.
We go out to eat, the food is not great, we give up our money and we do not go back.

When discussing dentures with a patient, we do not discuss dental implants from the beginning. We talk about making the best dentures we can and during the steps of fabrication, the concepts of denture stabilization is brought up but only at the secret critical step. We are offering the solution to a potential problem in the future. The patient will only pay you for your service, or as Gunderson would say, "Believe that they are going to get something worth more than the money that they have. They want comfortable, beautiful teeth that they can chew with. You have the solution. You have a great denture method and dental implants that will give them comfort and function.

Most of my denture patients are patients that already have ill fitting dentures and we discuss fabrication of a better set of teeth. These dentures will reestablish a more youthful appearance (face lift is the concept that is being talk about), better chewing and better over all fit. By demonstrating that we have a potential solution of ill fitting lower dentures, the patient knows that you have the solution.

It is really all about finding the Balance: the Art, Science and Business of Dentistry.

Dr. Hoos has been in private practice since 1979. He has a staff of twenty dedicated professionals. The goals of his practice with his partners is to provide comprehensive care for their family of patients.

Really Taking Control of Your Practice:

WHAT IS THE COST?

by Dr. Chris Griffin[1]

Easier said than done. That is the phrase that pops into my mind as I write to you about an epidemic in dental offices around the country. The culprit and source of much angst from shore to shore is not high overhead – although most certainly high overhead will follow.

The villain lurking in the shadows is not lack of new patients – although the sheer number of practice management gurus out there claiming instant access to new patients with their systems suggests that dentists believe very vehemently that new patients will solve almost any crisis in their practice. The root cause of the disease is not the economy – although recent economic changes have certainly brought to light issues that have been hidden beneath a pretty facade in our profession for so long.

Debt is certainly a symptom, but does not get to the core of the issue.

The central cause of almost every single problem in your life that stems from your hours at the office would require such a traumatic expenditure of your effort to eradicate, that you have more than likely walled off your mind from thinking about the true problem long ago.

Let's face it, if we consistently face an issue each and every day that we know is not optima and we know deep down that we don't have enough fuel in our emotional gas tank, then it stands to reason that we are daily walking around in a fog of unresolved aggravation.

There is one thing that can make or break a successful practice. When it is working right, nothing can stand in the way of success. When it is off kilter, almost nothing else gets done in a positive or constructive manner.

That one thing is practice control. Let me define it for you. Practice control is knowing that the systems, policies, protocols and standards that you as the doctor have set forth in your practice are being followed in good faith by your entire team working as a unit.