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A re-invention of your practice is the only way to create a dramatic shift in your practice success. "Add-ons" and "tweaks" in your practice are not enough to produce dramatic revenue growth, especially in this new economic environment.

You can tweak the way you do your marketing, or tweak the way you schedule your hygiene, or you can tweak the way you answer the phone, or you can add-on a new recall system, or add-on a new scheduling system, etc.

These changes can cause a small shift in revenue, but they will not produce breakthrough growth. Only practice reinvention will produce that kind of growth in today's economic environment.

### Here's how to re-invent your practice.

There are four ways you can increase your practice revenue:

1. **Increase your case acceptance rate.**
2. **Increase your capacity to do more dentistry.**
3. **Increase your number of high profit procedures.**
4. **Increase your number of new patients.**

I call my business model Practice SMARTS, and it works on all four of these revenue-producing areas of your practice at the same time.

Practice SMARTS is made up of the following:

1. **Systems for everything** – You would never think of getting on an airplane with pilots that didn't use systems and checklists. So, why would you want to "fly" your practice without written systems? Systems make it very clear how things should be done. Systems keep your team accountable. Systems keep things from falling through the cracks. Systems keep things running smoothly and efficiently. This adds up to increased profit and decreased stress.
2. **Marketing non-stop** – Continual marketing keeps a steady flow of new patients coming in month after month. The right marketing answers the question in the potential patient's mind... "What's in it for me?" If your marketing doesn't answer that question, it will not be successful. The right marketing is also an investment, not an expense. My marketing brings me a 4:1 return every month. Where else can I get a 4:1 return on my money these days?
3. **Absolute efficiency** – Do you want to see profit at the end of the month? Make everything in your office very efficient. Efficiency creates time. The more

time I have, the more dentistry I can do. The more efficient my team and I are, the more patients we are able to see. Efficiency is one of the best ways to reduce overhead because it increases production per hour.

4. **Reward team with profit bonuses** – The right bonus will turn your employees into "business partners." They will run the practice for you so you can focus on the patients and the dentistry. Your time is the most profitable when you are treating patients, not when you are doing all the other stuff in your practice. The right bonus motivates your team, empowers them, and lowers your stress.
5. **Team "selling" for case acceptance** – "I'll think about it doctor." - or - "I'll do the fillings, but I am going to wait on the crowns." Are you tired of hearing that? Helping patients to say "yes" to the treatment you recommend is a team event. Believe it or not the doctor plays the smallest role! Your case acceptance will go way up when you and your team connect with the patient on an emotional level and stop trying to teach them dentistry. Teaching dentistry to your patients is the wrong approach. People make decisions about their dental treatment based upon emotion... not education.
6. **Same-day-dentistry** – "Mrs. Jones, would you like to get that crown done today while you are here?" Did you know that your profitability on dentistry done today is much, much higher than waiting until next week? So, why would you want to schedule it for next week, be less profitable and also run the risk of a cancellation? Patients love same-day-dentistry too. That way they don't have to make another trip to your office.

Re-invent your practice, master the business of dentistry, and make the income you deserve! You have mastered the clinical aspect of dentistry... now master the business aspect of dentistry.

This is not a do-it-yourself project. You must get help from someone who has "been there, done that." You can't re-invent your practice by yourself. If you could have, then you already would have!

Dr. Mike Kesner is a practicing dentist and author of MultiMillion-Dollar Dental Practice. He is founder and CEO of Quantum Leap Success in Dentistry, a consulting company that helps dentists build the practices of their dreams in 24 months or less... Guaranteed! Dr. Kesner speaks nationally on topics related to mastering the business of dentistry.

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

### ARE YOU UP FOR THE CHALLENGE? JOIN OUR 5 OR \$5 GIVING BACK CAMPAIGN!

The holiday season will be upon us soon. Many stores already have their Thanksgiving and Christmas decorations out. The holidays are a time to stop and reflect on what we can do for others less fortunate. This year we would like to invite your office to participate in our **5 or \$5 Giving Back Campaign**. We are collecting shelf stable food, personal items, and monetary donations for Urban Ministries. Donations are key to the success of this ministry and I hope your office will join us in this challenge.

We are challenging each office to collect at least \$5 or 5 food/personal items from each team member. The challenge will start on Monday, November 16th and run through Monday, December 14th. We will pick up all items on the week of December 14th to deliver to Urban Ministries. Acceptable items include shelf-stable foods, such as canned goods and boxed foods, personal hygiene items, and baby supplies such as diapers and wipes.

The office with the most points per team member receives a catered lunch on us!

- **Each dollar will be 1 point**
- **Each food/personal supply item will be 1 point**

We want to make this challenge fair for offices of all sizes. The winner will be based on an average that accounts for the number of team members. We will average the points per person in the office. For example an office of 4 employees turns in 15 items and \$5 = 20 points all together. Then an office with 10 employees turns in 20 items and \$10 = 30 points all together. By averaging the offices, the office with 4 employees would win because they averaged 5 items per person (20/4), where as the office of 10 employees averaged 3 items per person (30/10).

To register your office, call Katie at 931-552-3292 or email at [klee@cumberlandsurgicalarts.com](mailto:klee@cumberlandsurgicalarts.com).

### DENTAL IMPLANT LUNCH & LEARN WORKSHOPS:

Lunch and Learn sessions are available in your office for you and your staff! These hands on, educational workshops can be tailored to your specific needs. Dr. DeFelice and I provide information on dental implants and the role of 3D imaging technology implant dentistry. Examples of session topics include:

- **Implants as the Standard of Care**
- **Bone Grafting and the Atrophic Mandible**
- **Implant Parts & Pieces**
- **Advanced 3-D Imaging**

Of course, we bring lunch! To schedule your office's Lunch and Learn Workshop, call Lisa at 931-552-3292, or email her at [LDotson@cumberlandsurgicalarts.com](mailto:LDotson@cumberlandsurgicalarts.com).

### DEVELOPMENTS IN ORAL SURGERY AND IMPLANT DENTISTRY:

#### DENTAL EXTRACTIONS AND RISK OF BLEEDING IN PATIENTS TAKING SINGLE AND DUAL ANTIPLATELET TREATMENT \*

The purpose of this study was to evaluate the effects of single and dual antiplatelet treatment on postoperative bleeding in patients having dental extractions. The prospective clinical study included 160 patients who were taking antiplatelet drugs. The first group (n=43) were taking 2 drugs, mostly aspirin and clopidogrel, and the second group (n=117) were taking a single antiplatelet drug in the form of aspirin (n=84), clopidogrel (n=20), and ticlopidine (n=13). All patients had simple dental extractions, and local hemostasis was with resorbable collagen sponges, without suturing of the wound. The control group comprised 105 healthy subjects with a similar number of dental extractions. Bleeding was an "event" if it continued for more than 12h, made the patient call or return to the dental practice or emergency department, induced a large hematoma or ecchymosis within the oral soft tissues, or required blood transfusion. A total of 110 teeth were extracted on 59 occasions in the dual drug group, and 232 teeth on 128 occasions in the single drug group.

Bleeding was recorded after extraction in only one patient on dual aspirin-clopidogrel treatment, which was mild and easily controlled by local hemostasis. The incidence of postoperative bleeding did not differ significantly among the three groups ( $\chi^2=4.3$ ). However, the wound was sutured to achieve effective initial local hemostasis in 4/59 (6.8%) and 2/128 (1.6%) occasions of tooth extractions in the dual and single drug groups, respectively, and none in the control group ( $\chi^2=10.02$ ). Patients taking single or dual antiplatelet drugs may have teeth extracted safely without interruption of treatment using only local hemostatic measures.

### READER SUBMITTED QUESTIONS:

If you have a clinical question you would like addressed in future newsletters, please submit them to me via Katie at [klee@cumberlandsurgicalarts.com](mailto:klee@cumberlandsurgicalarts.com).

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## BREATHING DIFFICULTY EMERGENCIES IN THE OFFICE

### Foreign Body Aspiration or Partial Airway Obstruction



Foreign body aspiration in the dental office usually occurs when a small object such as part or all of a tooth, filling material, or small instruments such as implant screw drivers or an endodontic file, is inhaled into a patient's lungs. This is usually diagnosed by direct observation of the patient along with any coughing and breathing difficulty they may have.

Aspiration is defined as a small amount of solid or liquid foreign material entering the lungs after passing through the vocal cords. The object will immediately travel through the main bronchi, and lodge or come to rest in an air passage most closely related to the size of the inhaled object.

When aspiration occurs, the lungs will protectively begin to constrict through bronchospasm and breathing difficulty. Coughing, wheezing and rapid breathing can be observed. Depending on the severity of reaction and distress, the patient should be transferred to an emergency room for evaluation by a physician. Localization and removal of the object through bronchoscopy (a viewing tube placed into the lungs that can retrieve many aspirated objects) should occur.

Protecting the patient's airway with a barrier like a rubber dam, gauze or retractor can prevent most aspirations in the dental office. Easy retrieval can also be facilitated by securing any small object used in a procedure to a line of dental floss.

#### Signs and Symptoms:

1. Witnessed or presumed swallowing or inhaling of solid, semi-solid or liquid material that immediately results in patient having difficulty breathing.
2. Choking, gasping, wheezing or coughing.
3. Patient will usually lean forward to try to clear obstructing object.

#### Prevention

1. Use rubber dam or throat pack when introducing small objects into the patient's mouth.
2. Tie dental floss to small objects such as implant wrenches or screwdrivers when using in the patient's mouth.
3. Be extremely cautious if patient is sedated or exhibits sluggish reflexes.

#### Treatment

1. Position the patient upright or sitting.
2. If air is being exchanged, as determined by coughing, wheezing, gasping, let the patient continue to try to clear obstruction.
3. Do not perform the Heimlich Maneuver unless there is a complete obstruction.
4. If object is not obviously cleared and depending on extent of breathing difficulty, activate **EMS** to have patient transported to hospital for x-ray localization of obstruction and further treatment. (removal, observation, medication).

## Re-Invent Your Practice

by Dr. Michael Kesner<sup>1</sup>

Aren't you tired of hearing how bad the economy is?

Guess what? You don't have to participate in this economic downturn! I am serious. You can have unbelievable practice success in spite of the economy.

Don't get me wrong; I am not saying our economic problems are not real. They are very real. What I am saying is that you don't have to participate in this economic downturn... if you will re-invent your practice.

The economy did not cause the problems in your practice; it has just magnified the problems that were always there. The things you could get by with when the economy was good, you can't get by with now.

Times have changed. You can't run your practice the same way you have the last few years and expect it to continue to grow and be financially successful. Our economy has changed. The consumer has changed. How people pick a dentist has changed.

Breakthrough practice growth requires a willingness to let go of comfortable long-held beliefs about how a dental practice should be run, and re-invent your practice into what works today.

Steve Jobs was probably one of the best examples of someone who would adapt and change his company and products to the way the world is today rather than the way it was a few years ago. Mr. Jobs was not afraid to re-invent his business to take advantage of the changes taking place in the world today.

Apple, Inc. has continued to have quantum leap growth as a company in spite of the economy.

#### Here's how this translates to your dental business:

I am a practicing dentist. I have had more revenue growth in my practice during this recession than before the recession. My revenue went from \$675,000 in 2003 to over \$7 million in 2011.

The dentists I work with around the nation have also experienced more growth during the recession than any other time in their practice history. Many have revenues that are up 50% to 100%, this year over last year.

Why then, during the worst economy since the Great Depression, are we experiencing our largest growth ever? Let me answer that by asking you some questions.

Doesn't it stand to reason that the dentists, whose practices are in the top 1%, are running their practices differently than the other 99%?

Doesn't it also make sense that the top practices do things that don't come natural? In other words, if it came natural, wouldn't everyone be doing it?

Doesn't it also stand to reason that what they are doing is probably a little counter-intuitive?

What if you could find out what the top practices are doing, then duplicate that in your practice? Wouldn't you get the same results?

To dramatically change your level of success, shouldn't you dramatically change the way you practice?



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