The Kisco Perspective Newsletter is a quarterly publication from the founder and president of KISCO, Dr. Joe Steven, Jr., who is a full time practicing dentist in Wichita, Kansas. For the last 18 years, he has been lecturing with Dr. Mark Troilo in presenting “The $1,000,000 Staff” seminar to dental groups across the country. He also presents 3 other seminars: “Efficient-dentistry”, “Efficient-prosthetics”, and a new one called “Efficient-endo.” This newsletter is intended to be an aid in helping develop a more successful and enjoyable dental practice through efficient and proven techniques.
Message from the Editor

Our new expansion to the dental office and KISCO is 99% completed! We’re ready to move into the new addition. What an experience it has been! The new associates, Dr. Jasmin Steven and Dr. Jake Krehbiel, are doing great. Once the new addition is functional we will have our new expanded schedule in place and things should run smoother. I’ll keep you all posted!

After much encouragement from a few dental friends, I finally got certified with Invisalign. I should be beginning my first 3 cases soon. So far, it has been a very fascinating venture and one that I would suggest that every dentist get into. Of course, don’t take it from me since I have no experience behind me, but read Dr. Steven Glassman’s article on page 22. He was one of our instructors at the certification seminar and has been extremely successful with offering Invisalign to his patients. I hope to share similar positive stories with you about it later on.

You will also enjoy Dr. Jeffrey Hoos article about Planting the ‘Dental’ Seed. He told me a great story over the phone a while back and I talked him into putting it into an article so that we all can benefit with his approach for excellent customer service and great case acceptance.

Wow! Some of you may have already heard about or have used Mr. Jay Geier’s services for improved skills over the phone for increasing the number of new patients that get scheduled. Once again, after repeated recommendations from others to use his service, we are just getting started with his program. As great as I think my staff is especially at the front desk, Jay’s tips have already resulted in an increased number of patients getting scheduled. Don’t miss his article on page 12.

KISCO is bringing back Dr. Alan Grodin to Las Vegas for a repeat performance of “The Total Veneer Experience.” The feedback that we get from the attendees is outstanding and many doctors are doing more veneers in a more efficient manner as soon as they return from the seminar. Check out a great testimonial on the ad for that upcoming seminar on page 21 and read his very motivating article next to it.

In the last issue, Dr. Craig Callen presented Part I of his article series, “The Secrets of a Million Dollar Blue Collar Practice.” As you know, that is right up my alley so I particularly enjoyed that one. Don’t miss Part II of his article on the back cover which is the next step that our office is moving towards.

Don’t miss the boat! That is the KISCO Cruise which is going to Cozumel on February 7 - 11, 2008. This is our biggest seminar of the year and the best seminar you could possibly enjoy with your staff. Reward your great staff and show them your genuine appreciation by taking them to this highly motivating presentation that will help take your practice to higher goals. Speaking of that, you don’t want to miss our new upcoming seminar with Dr. John Jameson and his wife, Cathy Jameson. Dr. Mark Troilo and I will be doing a new combined day and a half seminar in Tunica, MS on February 29 and March 1 with them. This one of a kind meeting will also include a panel discussion with the four of us which you can participate in also!

Are you the Lucky Winner? In hopes of encouraging more readers, we’re giving away $500 worth of KISCO products or $500 towards any seminar tuition if your name appears in this newsletter. Look it over and give us a call to claim your prize if you find your name somewhere in this issue.

I hope you enjoy this issue and I look forward to seeing many of you at one of our upcoming seminars!

Joe Steven, Jr., D.D.S.
THE $1,000,000 STAFF SEMINAR

Motivate Your Staff!  

Reward Your Staff!

A new perspective on creating The Dental Office Dream Team!

The #1 key to a more successful practice is a great staff! This highly motivating, entertaining seminar will energize your entire team to win over your patients which will generate tons of new patient referrals! The team will learn how and why they should work together more as a team for the success of everyone in the office. Plus, the best part is that this seminar will help you bring more fun and excitement to your practice while becoming more profitable!

- Secrets for a Winning Attitude
- Every employee makes a big difference
- Simple PR techniques to win over your patients
- How to generate patient referrals
- How to really enjoy your career
- Communication skills
- Secrets of effective internal marketing
- The limitless value of staff teamwork
- The profitable effects of a fun dental environment

Coming to Las Vegas, NV • Mar. 7, 2008

for further information Call: 800-325-8649 or www.kiscodental.com
Do as I say, not as I do! Or, I should say, as I used to do, until I finally learned my lesson when it comes to working with Prima Donnas. Most dentists know what a Prima Donna staff member is, and they have had the same frustrations that many of us have had when dealing with them. I say staff member vs. team member because by definition a Prima Donna is not even close to being a team player. So, what exactly is a Prima Donna that dentists often refer to, which often leads to employer frustration and numerous problems in the office?

A Prima Donna is a staff member who believes that she (or he) is above the rules and that they are more valuable to the doctor than the rest of the staff. They feel that the office policies do not apply to them because they are indispensable and the doctor will allow them to get away with bending and even breaking the rules for them. Examples of this would be an employee who doesn’t come to work on time regardless of how much the doctor stresses the policies of the office. They also don’t feel that they need to be busy all the time and that it is okay to take a break as long as their invaluable skills aren’t needed at the time, whereas everyone else is looking for work to do as is the normal policy. They also think that they can pull rank over other employees and serve as their “boss” and order them around.

I know that in my situation, I have lead to the creation of a Prima Donna by putting them on a pedestal and allowing them to get away with many of these things because I felt that they were indeed indispensable. In the past with certain employees, I would think that I just couldn’t get along without this person because she does so much for me in the office. I would overlook some of their flaws because of the skills she brings to the office. A Prima Donna could be your excellent front desk employee who is a master at case presentations and collections, and you think you would be lost without her. Or, it could be your excellently experienced expanded dental assistant without whom you feel you wold be doing more work yourself. Or, it could be your excellent hygienist who really works the recall program and produces big numbers in the hygiene department, and you just know your numbers would suffer if you had to let her go.

Team morale improves, the doctor gains more respect from the team, and everyone is happier!

Well, take it from someone who has been there several times throughout my 29 year career: You are better off without that Prima Donna! You hear this from so many dentists, yet so many of us don’t believe it. Every time that I lose one of those types of employees and think that I will be headed toward disasters, a replacement comes in and everything in the office improves. The only thing that goes down is my stress level! Team morale improves, the doctor gains more respect from the team, and everyone is happier!

One very common effect of having a Prima Donna on board is that many times they run off other employees and new employees. I had situations where for a period of time, I had a revolving door of several new staff members that didn’t last but a few weeks or months. I couldn’t believe it because it never happened before, and these were quality people that I was anxious to have with us and didn’t want to lose. But unfortunately, I know now that a Prima Donna will often run new employees off faster than they do your regular staff and rightfully so. That new employee doesn’t have any long term relationships established at this new office and may have had other options available to them. They come to work in a new environment and see that they are working with a “doctor’s pet” who thinks she is better than everyone else and even feels like she is the second in command sometimes. Quality employees will not tolerate that for very long. They will be out the door shortly looking for something else. And I don’t blame them! This fact alone should convince you not to put up with a Prima Donna! I learned that lesson the hardway years ago.

So, how do you prevent a Prima Donna from ruining your office? First of all, don’t create one! Yes, of course, there are some people that come in as one, but many times it is the doctor who creates one. We don’t do it knowingly, we just simply give preferences and certain liberties to some employees whom we think are extra special to our practices. We can’t do that! Because when we do, many times that employee will take advantage of the situation, and Presto: you have a Prima Donna! And then, look what happens to the rest of your staff. No one wants to work around that person or in that environment.

I have always advocated that in developing a $1,000,000 Staff, we should always praise our staff members for the positive qualities that

(continued on page 6)
Success thru Efficiency!

95% of all attendees highly recommend this seminar for the entire dental team!

This fast-paced, entertaining seminar is packed full of efficiency tips that will help your practice become more profitable the very first day back in the office!

Dear Dr. Joe,

Every member of my staff has commented on how great the seminar was. Your approach is down to earth, practical and economically oriented. We picked up lots of pearls. Your enthusiasm and realism was most refreshing. We all came to work the next day energized, and thoughts from the class still surface during our morning meetings. Thanks to you!

Dr. Larry Hogge and Staff, Logan, UT

✔ The most efficient and effective way to present comprehensive dentistry
✔ Why you should be doing first visit prophies
✔ See how to transition many of these first visit prophy patients into a very profitable soft tissue perio program
✔ The most efficient way to virtually eliminate post-op sensitivity with posterior composites and amalgams
✔ Efficient and cost effective ways to generate tons of new patient referrals
✔ Automated molar endo in less than 30 minutes
✔ Absolutely the fastest and most efficient way to take C&B impressions without the use of retraction cord or hemostatic agents (H&H technique)
✔ Learn the most efficient way to manage your practice through a teamwork approach
✔ Efficient appointment scheduling
✔ Help you decide if you want a Type A practice (higher volume general dentistry) or a Type B practice (lower volume cosmetic emphasis)
✔ Efficiency systems and tips for both a Type A or Type B practice
✔ ................... and much more!

95% of all attendees highly recommend this seminar for the entire dental team!

This fast-paced, entertaining seminar is packed full of efficiency tips that will help your practice become more profitable the very first day back in the office!

Doctor or the first person: $295 Staff members: $75

Practices Discussed:

- 3 Appointment New Denture
- 3 Appointment Duplicate/Replacement Denture
- 2 Appointment Immediate Denture
- Efficient Chairside Relines
- Equipoise Removable Partial Dentures
- Zest Locator Anchor Retained Dentures
- H&H Cordless C&B Impressions

Procedures Discussed:

- 3 Appointment New Denture
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- 2 Appointment Immediate Denture
- Efficient Chairside Relines
- Equipoise Removable Partial Dentures
- Zest Locator Anchor Retained Dentures
- H&H Cordless C&B Impressions

Are you missing out on the largest growth potential in dentistry?

- Approximately 20 million Americans wear dentures.
- Approximately 1/3 of Americans over the age of 65 have not teeth.
- Approximately 1/3 of Americans over the age of 65 have less than half their natural teeth.

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Perform safer, faster & more cost effective engine driven endodontics while virtually eliminating instrument separation.

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Oct. 27, 07 Kansas City, MO  
Dec. 15, 07 Oklahoma City, OK

Efficient-endo
Hands-on with
Dr. Joe Steven or Dr. Barry Musikant

Oct. 26, 07 Kansas City, MO • Dr. Steven  
Nov. 10, 07 Phoenix, AZ • Dr. Steven

Dec. 1, 07 San Francisco, CA • Dr. Musikant  
Dec. 14, 07 Oklahoma City, OK • Dr. Steven

Efficient-prosthetics
Hands-on with
Dr. Joe Steven

Oct. 26, 07 Kansas City, MO • Dr. Steven  
Nov. 10, 07 Phoenix, AZ • Dr. Steven

Dec. 1, 07 San Francisco, CA • Dr. Musikant  
Dec. 14, 07 Oklahoma City, OK • Dr. Steven

Hands-on with
Dr. Joe Steven

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or Visit our website at www.kiscodental.com
they bring to the office and show them our appreciation with verbal comments and also financial gifts such as bonuses, trips, etc. Some doctors believe that you should not do that too often because then, you may create an employee who feels like you cannot do without them or worse yet, they feel that they are so good they deserve more money. I don’t believe that. Sure, there may be some exceptions, but for the most part, positive reinforcement always is the best policy. Where some of us go wrong is that we let small little “breaking the rules” occurrences slide by without notice. We just let it go because she is just so good at everything she does for us that it’s really not that big of a deal. Oh yes it is! Because that is just the start of it. You have to nip it in the bud as soon as it happens to curtail this tendency of becoming a Prima Donna. So, yes I do think that many times we create this type of employee, but we don’t have to. Make an extreme effort in treating all employees the same and continually enforcing and reminding your team about your policies.

What do you do if you do have a Prima Donna on staff right now? It can be a very difficult situation but not hopeless. I always advocate trying to get them more on board and give them another chance because I am well aware of how difficult it is to replace an excellently skilled employee. You have three options, one is to fire them which is never pleasant. Another option is to work with them in trying to get them to change which can be even less pleasant but sometimes works. And the other option is that when trying to change them with weekly if not daily conversations about their needed attitude change, they get frustrated, upset, and quit. That has happened to me twice which I prefer more than firing them with all the unpredictable possible consequences that could follow. Either way, we cannot tolerate Prima Donnas on our staff!

As I jokingly say at many of my seminars when addressing the staff, most offices have a Prima Donna and everyone knows who it is. Now, if you don’t know who it is, it just may be you!!!

(continued from page 4)
You and your career deserve the best

ErgoVision® HD
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The original high-performance sports frame, only available through SurgiTel

Patented Ergonomic Designs for Your Comfort
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Every article that I ever write always circles around maintaining the BALANCE between the art, science, and business of dentistry. It has been said many times that you can do the most beautiful dentistry in the world but unless you have patients who are willing and able to afford this dentistry, you will not have a successful dental practice. Another important aspect of success in private practice is the relationship you have with your patients.

All of us have patients that have been treated in our offices for years and years. It is the most successful practices that maintain their patient base. It is so interesting to see a thirty year old practice that has a part time hygienist or worse, the doctor is doing the "cleanings" themselves. WHAT HAPPENED TO ALL THOSE PATIENTS????

Remembering that there is no such thing as a new dental patient except a baby who has never been treated or someone who has moved into the area, all of these patients have had dental experiences. Some of them good and some of them very bad.

My goal in our practice is to keep our patients in our practice and from all accounts we have done a pretty good job. Our office is open six days a week, with three evenings with late hours. We have four full time hygienists and a part time hygienist to fill the extra hours needed. So, where did all these patients come from. It is not from tremendous external advertising; in fact our number one referral is still from our existing patient base.

I believe that we treat our patients as we would like to be treated, and we try very hard to make their dental experiences a pleasant one. Who likes dentistry? Well it can be said that we all can go a long way by making our offices pleasant smelling, staff well groomed, putting smiles on our faces and providing pain free restorative experiences. This includes painless injections. It can be done and for those of you who have attended my seminars know the simple secret.......it is not topical.

Being treated like a member of the family or an invited guest in our practice goes to all aspects of the patient's care. We truly partner with the patient in trying to understand and listen to their desires, needs and wants. Of course they do not understand the dental part of their dentistry but they certainly have opinions about what is fair and what they would like their teeth to look like.

"Planting the 'dental' seed" is something that I learned a long time ago from a patient that I really respected and admired for what he had done with his life. Sure he was successful in business but his greatest success was with his family. His wife and himself really teamed up to raise their children and all of them have developed wonderful lives and families. My patient took care of his wife when she contracted Altzheimers and sadly so did he. The family has rallied together to take care of dad after his wife passed away. He still says that she is living down stairs in the assisted living home. So what was the lesson he taught me in my early years of practice?........."Plant the seed!"

My patient came in with a broken front tooth. He had stepped on a rake and like in a cartoon, up came the rake and broke his front tooth.
off. We saw him right away and was treated with a root canal, post and core and crown. When I was inserting the crown that I had done over three times to get the match correct......a nice A5....he said.....“what would it take to make my teeth white?” Well I could have just died after working so hard and in 1979 the only choice was to crown his teeth which were in fact pretty well broken down. Then he said: "If I could do this in a couple of years, would you charge me to redo this one since most of the work is done already?" It took me about 30 seconds to realize what the answer would be. "Of course I will not charge you and we would have to do five more crowns." He said ok and thanked me for the wonderful job and the great painless service.

This whole thing got me thinking. What can we do to partner with the patients and how can we "Plant the seed" for further treatment. My really good friend, Barry Vine, who is in the costume jewelry business says, "In sales, pressure creates resistance.” In dentistry I truly believe that. When someone says that the hard sell works in dentistry, I believe they are wrong. I believe that you have to plant dental seeds all day long and watch them grow your practice. I am not saying: "Let's put a watch on this and wait on that.” I believe things have to be done but I would like you to think about the following.

Many times a patient will come in needing a quad of crowns done. They have broken the cusp off of a tooth and they may have a collapsed bite. We know the upper molar has come down into the space and the lower has come forward into the space. We all see it all the time but the immediate thing is the broken cusp on the lower molar. You present what you would do for your sister, and they just can not do it right now. As Joe Steven says many times, "We forget how expensive dentistry is.” So this is what we do in our office all the time. The molar is fixed and the patient is told that when they can do the ideal which is a three unit bridge and the upper crown, the cost of the molar will not be charged again. Now before everyone jumps all over me, think about what has happened. You have treated the patient. They are in your practice and you get another bite at the apple.

The other day and this is why Joe asked me to write this article, a patient of mine for 22 years had a Maryland bridge done to replace tooth #7. It had never come off; just lucky I guess. She reminded me that 22 years ago I had told her it would not last and that she would have to do something else. Now 22 years is a very long time, and how long does she expect me to stand behind what I said. I had made a promise and my promises I keep. So we got to do an implant and crown for $4500 and subtracted the $250 from the total fee. I think that that was a good way to maintain the balance between the art, science, and business of dentistry. She was very happy and so were we. The best part was that she got a five per cent booking courtesy for paying up front.

I am seeing this in our practice all the time. A patient who we were discussing cosmetic dentistry with but could only afford the bonding procedure at the time, they come back later to have the veneers done with the bonding courtesy given to them and discounted off their new practice and you get another bite at the apple.

Foundation

A Revolutionary New Bone Augmentation Material

Used clinically in Japan since 1998, Foundation is now available in the United States. It is not a bone substitute, but rather stimulates new bone growth at an accelerated pace.

Following an extraction, Foundation is placed into the socket. The surrounding cells and capillaries gradually infiltrate Foundation. As the extraction socket heals, it is filled with new augmented bone. Foundation is helpful in maintaining bone following any permanent extraction and it produces a rapid buildup of the patient’s own bone in the socket. It is shaped in “bullet” form for easy placement and is available in both small and medium sizes.

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800-325-8649
The way this is presented to the patient is as follows. "Mrs Jones, you should have the following done .... to achieve an ideal situation. It will cost X and will take about X. When would you like to do this?" The patient will then say that they can have treatment or not. Many times the patient will ask what is an alternative for treatment. You should be very quick to provide the alternative because in informed consent, all alternatives should be given. Once the alternative is given, follow up with the statement "Because this is less then ideal, I would like to partner with you on this procedure. I would like you to have the ideal treatment and understand if you can not do it now. I do not want you to feel that you have thrown your money away so if in the future you decide to go forward with the ideal treatment, I will subtract the fee of what we have decided to do today from the other fee in the future."

Now of course, before you all go nuts, there are limitations of what you should or want to do. All I am suggesting is that you partner with your patients and do not punish them because they have to wait to have complete treatment. Give something back so they can feel good about their future treatment. You see it really is all about finding the balance and creating a true partnership with the patient.

Jeffrey C Hoos DMD FAGD
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Learn Everything you need to know in order to become successful with veneers in this 2 day seminar with
Dr. Alan Grodin
January 11 & 12, 2008
Las Vegas, NV at the Flamingo Casino & Hotel

If you are like most dentists, you would like to be doing more veneers. Dr. Alan Grodin probably does more veneers than 99% of all the dentists in the country. In this 2 day program, you will learn everything you need to know about the veneer experience. You will learn exactly how to prep for excellent veneers, you will learn how to make beautiful provisionals, and most importantly, you will learn how to market your practice so that you have many patients seeking this service from you!

Coming to Las Vegas, NV • March 7, 2008

The $1,000,000 Staff Seminar Las Vegas

for further information Call: 800-325-8649 or www.kiscodental.com (for all 3 seminars)

Las Vegas, NV • March 7 & 8, 2008

2 Day Seminar
Implantology for the General Dentist
Featuring Dr. Jeffrey Hoos
This seminar is for dentists
Sign Up Now! Limited Seating!

who want to place mini implants.

who want to place and/or restore single root-form implants.
KISCO Presents

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Las Vegas, NV
March 7 & 8, 2008

12 CE hours

KISCO Presents

2 Day Seminar

Implantology for the General Dentist

Featuring Dr. Jeffrey Hoos

Las Vegas, NV
March 7 & 8, 2008

12 CE hours

Dear Doctor,

My good friend, Dr. Jeffrey Hoos, has a dental practice that I consider to be one of the most successful ones in the country. He has been restoring implants since 1985, placing implants since 1991, and lecturing about them since 1993. Not only does Dr. Hoos teach a great course on implants, the audiences are always amazed to learn many other innovative procedures that are responsible for building his very successful practice in Stratford, CT.

If you want to rejuvenate your enthusiasm for dentistry while building an additional profit center in your practice, sign up early for Las Vegas. This location will surely be sold out just as the others were. The meeting in Las Vegas will be on Friday and Saturday, March, 7 & 8.

This 2-day program is structured to teach general dentists how to place straight-forward implants as soon as they get back to their offices. Jeffreys will show us how to select, present and sell, and perform overdentures, Imtec (MDI) mini-implants, and single root-form implants. Half of Day 2 will consist of a hands-on session where you actually place different types of implants.

If you're like me and have been wanting to enter this exciting adventure in dentistry, this is the ideal course to get you started. This meeting will sell out fast, so sign up now. I look forward to seeing you in Las Vegas!

Joe Steven, Jr., D.D.S.

This seminar is for dentists

who want to place mini implants.

who want to place and/or restore single root-form implants.

$1195 per doctor or first person from an office • $195 per staff member

Call 800-325-8649 to register.
Odds are your practice is suffering because of a hole in your patient pipeline that I guarantee you’re not aware of, which is costing you $5,000 - $54,000 a month (maybe even more). A hole that, if plugged, could boost your new patients by 20-50%, maybe even as much as 80%. Ninety percent of my current clients were skeptical about achieving these results; until I proved to them it was happening in their very own practice, right under their noses. Their amazement grew when I proved to them how focusing on this one specific facet of their operation could have such a dramatic impact and produce such incredible results. What if in your case it was only 15%...the effect is still huge.

Needless to say, the one and only regret these clients have is that they didn’t figure this out sooner. Even the hard-core skeptics (and the most successful dentists in the country) after discovering and eliminating this problem, have added new patients at a rate beyond what they ever imagined. It might seem simple; all it takes is plugging the hole. But it’s difficult when you don’t know what it is, and impossible when you don’t know how to fix it.

The Record Setting Solution 601 New Patients In One Week!

It all started about a decade ago. I was VP of Marketing for one of the largest private practices in the country. My sole responsibility was generating new patients and I employed every imaginable tactic for doing so – screenings, health fairs, referral programs, contests, magazine, newspaper and yellow page ads – just to name a few. It was never a question whether or not my efforts were successful. They generated hundreds of calls every month, but the hard-earned calls just weren’t translating into new patients. I’m sure you, too, have experienced this frustration.

As you can imagine, this was a “beast” that had to be tackled. So I started sinking my teeth in to it to figure out how to close the huge gap that was negating every marketing dollar spent and costing the practice thousands of dollars a day. I knew I had cracked the code when the calls started translating into booked appointments. Armed with a staff trained with my proprietary techniques, the practice set a record, scheduling 601 new patients in ONE week! A few years later I decided to go out on my own and share this secret with dentists worldwide. That’s when I created the Scheduling Institute.

Is Your Staff Helping You Create the Practice Of Your Dreams or Actually Flushing It Down the...

To eliminate the hole in your patient pipeline, it doesn’t require an additional investment. It doesn’t require a new source of new patients. It requires an open mind because it almost seems too simple to be true. The secret lies in your telephone and your team, specifically your front desk team. Both are investments you have already made, but I’d be willing to bet you that they are not being leveraged to their peak performance potential. Would you like to know if they are? Request a Custom Analysis of Your Staff by calling 770-518-7575 or visiting www.RemoveMyBlindSpot.com.

You get calls you never know about from people referred to you by other patients, new homeowners, real estate agents, business neighbors, your Yellow Page ads and other marketing tools you’re using. They call; they disappear! You pay to get them to call, but you never get any value from doing so. It’s not because they are “cheapskate price shoppers.” It’s simply because your staff isn’t focused on new patients and handling these calls effectively.

Do a quick test. Go ask your front desk staff, “What is the most important contribution you make to the practice?” Their answer will reveal what they put the most attention on. If their answer is not “New Patients,” you have an opportunity.

No doubt your staff is courteous and helpful to everyone who calls your office – and while that’s a good thing, it’s simply NOT good enough. In fact, their courtesy is probably resulting in lost new patients. And lost new patients mean lost money. Let’s look at the Lost New Patient Revenue Analysis below using $1,500 as your new patient value. (Keep in mind yours may be more).

In a study where I conducted 985 test calls to different dentist offices (of all sizes all across the country), only 21 made any attempt to close the caller on scheduling an appointment. That’s only 2%! Only 41 offices asked for the caller’s name and phone number when s/he didn’t schedule an appointment. That’s only 4%!

Being courteous and helpful are NOT praise-worthy qualities if your staff DOESN’T produce a profitable result and, even worse, if it is costing you money. Actually, effective ‘closing’ skills are the attributes your staff should strive to master. But you can’t just expect them to possess this and know how to effectively use it. No one is born with these skills. Even I had to spend four years crawling through the trenches to build an entire team of profit producing people. Are you ready to take on that challenge alone?

Learn How to Turn Your Largest Expense Into Your Greatest Investment!

It takes a lot of skill – and an open mind – to scrutinize your practice like I did. It takes even more talent, knowledge and a gift for teaching to work with your staff on (continued on page 14)
Learn Jay Geier’s Practice Building Strategy That Has Changed the Lives and Practices of 2,148 Dentists Across the Country!

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“Jay, I want to relay to you the incredible influence you’ve had on our office. It has been a practice-altering experience! In the last year, our New Patients have increased 145%. Our practice growth has been incredible as well. This is a remarkable statistic as I have been in private practice in the same location for 25 years and we have always been busy and successful.”
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“When we started with the Scheduling Institute we were averaging 198 new patients a month with a conversion rate of 64%. In the last three months we have averaged 358 new patients a month with a 91% conversion rate.”
- Dr. Michael Abernathy, Texas

“From our first month back in April, we have been up anywhere from 60 to 75% each month in our new patient volume compared to the previous year. That was just incredible for me and that also meant a great return on investment because our practice also jumped about 20 to 25% over the last six months. And so we’re just thrilled.”
- Dr. Ron Senn, WA

“The doctor who sold me on Jay and the Scheduling Institute had just seen his new patients increase from 200 per month to over 350 per month in just 30 days. I was blown away! Since then, we introduce Jay’s program into every office we service!”
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“The $12,000 a month we were spending on advertising was performing less and less. We made the bold decision to discontinue our paid advertising at the same time we started working with Jay. BINGO! In the first month our office saw an immediate jump from 175 to 250 new patient appointments. Jay’s wisdom and ‘keep it simple’ strategies are refreshing and can be implemented economically and immediately.”
- Dr. Roger W. Abbott, Georgia

“Working with the Scheduling Institute has actually been a mini miracle in my life. My new patients have increased effortlessly 30%. I was averaging 35 to 40 new patients a month and now I see about 65 or 70 new patients a month.”
- Dr. Larry Kaplan, New Jersey

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the fine points of the changes needed to take your practice to the next level, and way beyond. You may have top-notch interpersonal skills and be a proven, effective leader, but you’re not the expert. If your $80,000 Mercedes needed a tune-up, would you try to fix it yourself or even trust it to the lube shop franchise around the corner? Or would you seek out the most experienced, well trained, certified expert in town?

The fact is it’s better for all concerned if you have an independent expert as an intermediary. I know that at least once a week a client admits to me that he tried to teach his staff my strategies before he became a client, but his efforts were unsuccessful. This admission is no surprise to me, I hear this all the time. But I still cringe every time I hear it because usually this one simple mistake has cost the doctor thousands of dollars.

“But…My Practice Is Different”

If you are among the majority of dentists who works with a practice management or marketing consultant, you are absolutely not an exception. In fact, the reason for recognizing this gap and taking action to eliminate it is even more compelling because you are investing thousands of dollars, maybe tens of thousands, to get your phone to ring. And if the phone rings and it’s a shopper and the shopper doesn’t translate into a new patient, you might as well take every dollar, one by one, and flush it….

Your staff can be one of your best and most profitable marketing tools if you leverage them correctly. But you’re not the expert; you can’t do it alone. There’s obviously a reason why the nation’s leading practice management and marketing consultants have sought us to help their clients eliminate this hole in their practice. They feel confident handing the reins to us as our experience and expertise far surpass any solution they have to offer in this area. When it comes to discovering the hidden profits that are getting sucked into the hole, they know we can achieve phenomenal increases in new patients with no additional expense and little to no extra work. Our sensitivity to how employees may react to these strategies and our excellent interpersonal skills encourage, teach and motivate employees to produce new patient results that leave dentists thunderstruck.

For more information on how Jay Geier can help your practice, call 770-518-7575 or go to www.RemoveMyBlindSpot.com


by Dr. Charles Blair

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Efficiency Tip: Gutta Cut

by Dr. Joe Steven

Endodontic obturation just got a little easier since I came across Gutta-Cut! I started using Dr. Barry Musikant’s Endo-Express/SafeSiders system a couple of years ago and just love it. I’m actually doing hands-on seminars whereby participants can actually use the system at the meetings. Anyway, I have always been frustrated with searing off the gutta percha points after obturating the canals. We would use a Bic lighter or one of those small flame torches to heat up a spoon excavator and then seer off the point. If you didn’t heat it up just right, it would cool down too soon and not cut through the gutta percha. Or, worse yet, it would pull the cone all the way out. Plus, it’s not a good idea to be lighting flames when our patients are breathing nitrous oxide!

With Gutta-Cut, our problems are solved! This small cordless, rechargeable unit heats up one of the four reusable wire tips and cuts through the gutta percha nicely. I position the unit a few millimeters from the cutting site of the cone and then depress the button. I wait for it to get real hot for a few seconds and then slice through the cone. Done! My assistant puts the unit back on the recharging stand so it will be fully charged the next time we need it.

It’s clean, fast, and efficient. And needless to say, we look a little more high tech if we don’t have to pull out the old Bic lighter. Give it a try!

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- No need to use open flame.
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Dallas, TX • Fri. Feb. 22, 2008

Shelly Ryan, R.D.A.

Shelly Ryan has over 20 years experience in dentistry as an Assistant, Financial Coordinator and Office Manager. As a consultant with Advanced Practice Management, she has successfully worked side-by-side with staff members on collections in offices all over the Midwest.

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Tips for insurance coding that GET YOU PAID!

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“I took my three business administrators to see Shelly Ryan with every intention of leaving them there at lunch while I went out golfing. After the morning session, there was no way I wanted to leave. This meeting has something for every member of your team. You don't want to miss this seminar!”

Joe Steven Jr. D.D.S.
KISCO
My dental practice is proof that we are in the midst of a cosmetic revolution in dentistry. Porcelain veneers rule the day at my office. Walk into my building on any given day and you will find a veneer patient somewhere on my schedule. I’m either prepping for veneers that day, or seating veneers or performing a veneer consultation. I’m in veneer heaven! This situation with veneers did not just magically happen. It is the result of a calculated plan that I implemented several years ago, when I felt that after 20 years of practicing bread and butter dentistry, I was becoming burned-out and stressed-out (two very bad “outs”). Many of you have been there, or are currently there.

When I made my conscious decision to become a “cosmetic” dentist, some strange things started happening to my practice numbers. These things were not noticed immediately, because it takes a bit of time to actually realize the shift in philosophy and discard the old methods. The most astonishing and significant change that I came to notice (and now expect) was that I found that I was making much more money than before, yet I was seeing fewer patients. Even more surprising was the fact that as each year passed, the trend continued to the point where I’m now seeing approximately 1/3 less patients and collecting around 1 1/2 times the amount of revenue, compared to my “pre-veneer” days. I’m a perfect example of someone who now works smarter, not harder.

Another interesting shift in practice parameters was seen in the number of new patients seen in the office. We found that our new patient numbers sky-rocketed as a result of a carefully planned marketing campaign that we began a few years ago. Through a combination of radio, television and magazine ads, my phone was ringing off the hook with perspective patients who wanted to enhance their smiles. Once I began concentrating more heavily on having a great website (www.flossininclawson.com) and promoting myself on the Internet, all bets were off. Truthfully, I was quite surprised that there appeared to be such a desire for this kind of service (I wish I had started years earlier with veneers). As already stated, the total number of patients seen had declined. However, since so many of the new patients were smile enhancement people, each new patient represented quite a bit more revenue than in my “old” world.

I’m one of those dentists that is always excited and happy to come to my office. A big reason for this is that I really never know how much we will collect in any given day. Most of my big collection days occur when a patient pays me up-front for his/her smile makeover case. Because we often have patients who decide to commit to treatment and pay at the initial visit (the “free” consultation), we are pleasantly surprised when a $3,000 day magically turns into a $23,000 day. It happens so often that I’ve now come to expect to get paid at the consultation. Again, it takes a bit of planning between myself and my excellent staff to have all the pieces of the puzzle in place to do the kind of collection numbers that we regularly do. I look at the consultation as the coolest thing I do all day. I get to meet the patient personally for an hour and we both explore all the possibilities of what a smile enhancement can do to improve his/her life. It’s very rewarding. Even if the patient is not ready to commit (for whatever reason), there’s a good chance that they will be back in the future to go ahead with treatment. It happens all the time.

It’s amazing how a great collection day or two in any given month can change the whole perspective of a dental practice. Bills can be paid much more easily, the stress level is reduced, the doctor is happier (which in turn makes the staff happier) and other things which caused anxiety seem to magically become less important in the scheme of things. Using a great clinical technique for my veneers and joining forces with my great lab (Aesthetic Porcelain Studios), I’ve found that even the stress of doing large smile makeover cases is greatly diminished. Introducing porcelain veneers into my practice and doing beautiful cases on a regular basis has definitely been a win-win-win situation for myself, my staff and most importantly our patients.

Start the New Year off right in Las Vegas at Dr. Grodin’s upcoming seminar,

The Total Veneer Experience!

January 11 & 12
The KISCO Select Consulting Program is the first and only program that can save you tens of thousands of dollars that many doctors spend for in-house consulting services. Each month Dr. Joe Steven will bring you the essential information and tools to help you build a more successful practice. Each monthly recording will share insightful philosophies and practical strategies for developing a highly profitable practice. With many of the recordings, you will also receive separate CDs that contain the respective documents in Microsoft Word that are discussed in each recording.

Go at your own pace with this program without having anyone interfere in your physical office while trying to fit you into their cookbook formula of management. The KISCO Select Consulting Program allows you to personalize your systems and organize your practice in a chronological order of priorities starting with building the ideal team.

Rest assured, if you are not satisfied with this program, you can cancel any time. You have nothing to lose and so much to gain. Plus, you will receive 3 hours of AGD CE credit each month, and you will receive a 20% discount on all KISCO products and 20% off the registration fee for any of the great KISCO seminars you may attend as long as you are a member. These benefits basically make this unique consulting program free!

Each month this program will deliver to you refreshing, constructive, enthusiastic, success-building messages and tools that will accelerate your practice to higher levels.

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Learn *Everything* you need to know in order to become successful with veneers in this 2 day seminar with

**Dr. Alan Grodin**

January 11 & 12, 2008
Las Vegas, NV at the Flamingo Casino & Hotel

Doctor (or first person) $995 • Staff Members $195

If you are like most dentists, you would like to be doing more veneers. Dr. Alan Grodin probably does more veneers than 99% of all the dentists in the country. In this 2 day program, you will learn everything you need to know about the veneer experience. You will learn exactly how to prep for excellent veneers, you will learn how to make beautiful provisionals, and most importantly, you will learn how to market your practice so that you have many patients seeking this service from you!

Would you like to:

- Look forward to coming to work every day?
- Be the envy of all the other dentists in your area?
- Greatly increase your profitability?
- Become the “Go-To” dentist in your area for veneers?
- Reduce your overhead?
- Improve your confidence, your self-esteem, and your life as a whole?

I have to admit that I was a little skeptical when I decided to go, but I was extremely impressed with his entire 2-day presentation. I was so impressed that I asked Alan if he would like to join our KISCO Seminar Series. So, we invite you to join us in Las Vegas at the Flamingo Hotel on January 11 & 12.

His seminar is designed to help dentists market properly for these patients, how to present and close the case, and most importantly how to prep and finish the case. He tells me that if he can do it in Detroit, MI with its poor economy, anyone can do it. This is not a seminar that is a primer for another seminar. You will learn exactly what you need to do both clinically and from the practice management side. I hope to see you in Las Vegas!

**Dr. Joe Steven, Jr.**

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For further information, please visit www.TotalVeneerExperience.com
Using Invisalign in the General Practice

by Dr. Steven Glassman

Having been part of the “Cosmetic Revolution” in dentistry that occurred in the early 90’s, I was (to say the least) a little skeptical about attending a workshop in December of 2002 about Invisalign and how it could be beneficial in a General Dental office. Like many general dentists, my orthodontic training was very limited in dental school, in fact we often joked that the answer to many of the multiple choice questions on our orthodontic exams was always D. “Refer to an Orthodontist.” In cases where orthodontia was an inevitable component in the care and treatment of a patient, there was only one option: Refer the case out. So, in December of 2002, sitting in the back of the room with arms folded, a brash look on my face and a defiant attitude, I began to listen and was drawn unexpectedly into the speaker’s words. What happened next, I can only describe as a complete paradigm shift; I started to see the amazing benefits my patients would receive, how Invisalign fit so seamlessly into the cosmetic practice and how it could potentially become very profitable to the practice if integrated correctly.

So, here I am, almost 5 years later and Invisalign has become a huge part of my practice. In fact, if you were to measure it as part of total revenues, it was about 22% of my production in 2006. For those of you who may not be up to speed with this technology, Invisalign is a series of removable aligners that a patient wears up to 22 hrs a day, removing them only for eating, drinking and oral hygiene. Each aligner is worn for 2 weeks, at which point the patient moves on to the next aligner in the series. The software used to create the aligners translates the impressions and bite registration into a 3-Dimensional digital model. This model allows doctors and patients to actually see the movements involved from virtually any angle as their projected treatment progresses from aligner to aligner. Typically, the patient is given 3 sets of aligners at a time and we see the patient every 6 weeks for short monitoring appointments. The research shows that as soon as the second molars are erupted, one is a candidate for Invisalign treatment. Because compliance is a big factor, I have found young patients harder to treat with this process, so older teens and adults of all ages make up the majority of my Invisalign cases. Patients are so excited and appreciative of this treatment that I really look forward to their appointments.

The types of cases that Invisalign is appropriate to treat are quite prevalent in the typical General Practice. I would divide them into 4 categories:

1. **Crowding and Spacing:** According to a random sample of hygienists, they see 4 patients each day that have mandibular crowding. Many of these patients have indicated an interest in making their hygiene visits easier and are generally great candidates for the Invisalign treatment. While crowding issues may contribute to esthetic concerns or compromised periodontal health, spacing issues are usually esthetic in nature. Flared teeth that have spaces are among my favorite cases to treat. The movements are predictable, the visits very short (5-10 min) and the outcomes are dramatic.

2. **Orthodontic Relapse:** Many of the patients who are interested in Invisalign start out by saying, “I had braces when I was a kid and now my teeth have shifted.” Shortly followed by “I just can’t imagine going through that process with brackets and wires again as an adult!” These patients make ideal Invisalign candidates.

3. **Smile makeovers:** This term was non-existent prior to 2002. The Extreme Makeover movement has created a huge interest in Cosmetic Dentistry. Many of the patients I see come in asking for this, not quite sure what treatment will be necessary, just knowing that they have a very clear idea of what they don’t like about their smiles.

4. **As a tool in restorative dentistry:** I now understand the value of Orthodontic movement in conjunction with cosmetic dentistry. To give you an example, a patient may need to redo an old crown on the Maxillary Anterior teeth and I notice that there is a deep bite or a narrow arch. With Invisalign, I can offer them the option for a much more comprehensive, more complete result, simply by using it in conjunction with the restorative treatment. In the case of Porcelain Veneers we can optimize the set up, using Invisalign to align the teeth first. This allows for a much more conservative prep (or no prep if you choose) that is minimally invasive.

**Most Common Questions**

Besides the fact that the Aligners are virtually invisible and removable, how do they compare to traditional braces? While conventional braces generally move all the teeth connected to an arch wire, the aligners are designed to move specific teeth in specific ways, even independently from surrounding teeth if necessary. Movements like rotating lower incisors, tipping teeth in a facial or buccal direction, and intruding teeth are generally very predictable using Invisalign as the stand alone force system. Other movements that are not as predictable may require an attachment to be placed; these attachments are composite material bonded onto the surface to help “grab” the tooth and aid in certain movements. We might also consider auxiliaries like clear (continued on page 24)
Join us in Ft. Lauderdale and you’ll be ready to take these types of photos and more as soon as you get back to your office. Before you leave the meeting, you will be taking and printing similar photos with your own camera and printer that you will receive at the meeting.

Spend the day with well known author/speaker, Dr. Martin Goldstein and expect to be provided with the bare bones information needed to have a digital photography system up and running right away.

Dear Doctor,

I’m proud to announce another great KISCO seminar! This one is with Dr. Martin Goldstein on digital photography. Like me, many dentists are interested in digital photography and some of us have made some attempts but really don’t know enough to benefit our practices. This seminar guarantees that you will be taking and printing excellent photos on your patients Monday morning following the meeting. You will leave the meeting with a camera, printer, accessories, and the “know how” to take excellent dental photographs that motivate patients towards more cosmetic and restorative procedures.

Dr. Goldstein is one of dentistry’s best expert dentist/photographers who will teach you everything you need to know about dental digital photography to get you started immediately. In the afternoon, each doctor will follow his directions with their own cameras and learn to take specific photos for dentistry. This one seminar can dramatically improve your practice as soon as you return to your office!

Hope to see you there!

Dr. Joe Steven

KISCO GUARANTEE

If you are not satisfied with the seminar by noon, you can leave the seminar and leave behind your camera and all the accessories and receive a full refund of your registration fee.
buttons bonded to the teeth and used in conjunction with clear elastics to facilitate movements like extrusion and translation. The treatment planning process with Invisalign factors in tooth movements in small, steady increments, each aligner creating between .20 and .25 mm of movement (4 mm - .5mm per month). Because of the controlled and predictable nature of these movements, patients report much less discomfort compared to traditional braces; 90 percent less discomfort according to one study. Patients often report that the aligners fit tightly at first and are very snug for the first 2 days, but by the third day they feel noticeably more comfortable.

The next most common question is about speech. The neuromuscular system is quite accommodating in this respect. Most patients, while initially reporting minor speech difficulty, acclimate quickly, and after only a few hours of wearing the aligners, feel perfectly normal speaking. In fact, many singers, newscasters, lawyers, salesmen and clergy for whom speaking is a vital part of their livelihood are pleasantly surprised by how easily the aligners are accommodated.

Submitting Cases.
Once Certified (more on that later), Maxillary and Mandibular full arch Polyvinyl impressions are taken along with a centric occlusion bite, and 8 digital photos (3 extra oral photos and 5 intra oral photos), these records, along with either a full set of x-rays or Panorex are sent to Align Technology. Only the impressions and bite record need to be sent physically to Align Technology in Santa Clara, California, the prescription, photographs and x-rays are sent digitally through their web-based interface. Once the impressions reach Santa Clara, they are scanned and the data (including the photos, x-rays, prescription form and now the digitized impressions) are sent electronically to San Jose, Costa Rica where a team of highly trained technicians use Align’s proprietary software and input from the doctor to project tooth movement based on a data bank of predictable movements. Once the set up is finished, it is sent back to the doctor’s inbox on the Invisalign website.

Once certified, the doctor receives a user name and password in order to log into the site to access the set ups in their inbox. The doctor studies the set up and either accepts it as-is or asks for changes. The setups are usually edited within one business day and sent back to doctor for approval. Once the setup is approved, the data is sent to Juarez, Mexico where the actual fabrication is completed. Each stage of movement is represented by a clear polyurethane model from which the aligners are formed. The aligners are precisely trimmed, polished and packaged (each package is labeled with patient's name and stage of the aligners enclosed). The doctor generally receives the completed aligners about 28 days from impressions. The patient is then scheduled and treatment begins.

Currently there are about 25,000 GP's and 8,000 Orthodontists certified in North America. Certification happens at 2 levels. Certification I is designed for easy to moderate cases that a GP would see on a daily basis without the use of auxiliaries (composite bonded brackets). The course is changed regularly and involves a hands-on portion that allows the doctor to read and edit the software setups. Certification II is for the doctor that has done a number of cases and would like to learn to use the auxiliaries to treat more difficult cases. To sign up for a certification call 1-888-415-5951. My five years of incorporating Invisalign into my practice has created a more comprehensive approach to treating patients, is well received and brings a new profit center into my practice.

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Dr. Eric Kaleka
Los Angeles, CA

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Dr. John and Cathy Jameson built a successful, profitable practice by providing comprehensive diagnosis, treatment planning and case presentation. The systems they will teach you during this session will prove invaluable to you, your team and your practice. The bottom line to success is communicative skill. Most doctors have more dentistry sitting in their charts than they have ever performed. Learn proven presentation and communication skills to be used by the entire team that will increase your case acceptance to 90 - 95%.

Also, learn to overcome the “fear of cost”, which is the number one reason dental treatment is not accepted. Case acceptance is not just the doctor’s responsibility. Everyone on the team has a significant role. You DO make a difference!

This First Time Ever presentation features the best of “The $1,000,000 Staff” Seminar with Joe Steven, Jr., DDS & Mark Troilo, DDS

No matter how good a dentist you are, there’s one element of your career that could be keeping you from having the best practice possible. That key factor in your equation for success is your staff.

FACT: The #1 most common characteristic among the most successful dental practices is that they have little to no staff turnover. This seminar will help you reach that goal.

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CAN YOU LIE TO A DRUGGIE?

by Joe Steven, Jr., D.D.S.

My associates are catching on! There is so much to learn that is not taught in dental school. Dr. Jake Krehbiel had an interesting experience shortly after he and my daughter, Jasmin, joined our practice this summer. He did a charity extraction on a patient that said he would pay later since he had no money that day but was in terrible pain. Yeah, right!

I explained to them my philosophy of taking care of a patient in pain and worry about the money later knowing that some times we may never get it. This turned out to be such a case with another lesson attached to it. You see, Dr. Jake had his first confrontation with that patient who was really more interested in pain medication. He prescribed some Lortab that day, and the patient came back a few days later wanting more, and then a couple days later he wanted even more.

He brought it to my attention the third time he came in and he explained his concern that this guy may cause a problem if we didn’t accommodate him. That’s when I pulled out an old article of mine that may be somewhat controversial in its approach but works every time in these situations. He read it and applied it to this patient and the patient gladly left our office never to be heard from again. No, he never did pay.

The following is that article that allowed Dr. Jake to avoid a potential problem with these irrational patients. Hopefully, it will work for you also if you find yourself in one of these situations.

About ten years ago, I was leading “Tiny” from the treatment room as he pulled me aside halfway down the hall to kindly ask for another prescription of Percodan. Tiny is a pretty unique kind of guy. He’s about 6’6”, 300 lbs, and well decorated with tattoos and attire that accentuates his role as a motorcycle gang member. One tattoo on his arm had me looking straight down the barrel and cylinders of a 38 handgun with the words beneath it that read, “I’m gonna kill sum’pun!” He bragged that he always dated nurses so that they could sew him up after his fights. (If only one of my daughters could bring home a guy like that.)

I had removed some impacted third molars and had prescribed Percodan for him. I refilled it a week later. After he went through that, he was back in the office because he was still having quite a bit of pain (so he said). (Lucky Winner: Dr. Henry Thomas, Jacksonville, FL.) After I quickly examined his mouth, I was pretty sure he was a druggie (what was my first clue?). He said to me in the hallway, “Hey Joe, can you get me another prescription for some of that Percodan.”

I didn’t want to write him another one, but wasn’t really sure how to handle this one. All of a sudden, I embarrassingly said, “Tiny, I sure would like to help you out here, but I recently had a visit from a couple of DEA agents because they thought I was writing too many prescriptions for pain medications. I think they’re crazy. But now, they watch me like a hawk, and I’m scared to death that I may lose my license if they see me writing too many scripts to the same patient. Now Tiny, I hate to lose a patient over something like this; but to be honest with you, I would rather lose a patient than my license.”

I have used this approach a couple dozen times, and every time I hear something like, “Oh doctor, I wouldn’t want that to happen to you. I’ll try to get by without it.” Not only do they not want to get me in trouble, they also don’t want any DEA agents seeing their names again (it’s really probably the latter). I have used this on druggies and also on very nice patients who I felt were starting to get addicted. I’ve used it on friends and distant relatives. It works every time while preventing any hard feelings from erupting. Plus, this is the most efficient way to handle these time-wasting patients. We’ve all had way too many patient visits that have annoyed us repeatedly while taking up our valuable time.

As far as the lying part, two DEA agents actually did pay me a visit because someone stole one of our Rx pads and forged my signature. So in a way, I kind of just stretched the truth with my elaboration. But it works. I never thought I’d be recommending lying to your patients; but, in this case, I really do believe the end justifies the means!
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(continued from back page)

series of staff turnovers at the third front desk position (my first problem with staff turnover in 20 years). It seemed like every time I turned around I was refilling that third position at the front desk. The front desk problems eventually spilled over into my clinical staff. The tension in the office became evident. I started to dread going to work in the morning because of the constant problems. Eventually, I had no choice but to let the two more experienced staff members go. Six months later I had to let the third front desk person go because she couldn't handle the job. While we were fortunate to have hired some top-notch people at the front, only one had front desk experience in a dental office and it was not with our software program. The other two had no previous dental experience at all. In our busy two-doctor practice that meant that any decrease in our operating efficiency would lead to a huge drop in production. They were not able to do the basics necessary to keep our normally well-tuned machine running. The computerized operators and competent, well-trained clinical staff saved the day! Anyone who tells you that they never have staff problems is either very lucky or are given to gross fabrications (a liar). We immediately made the following changes in our procedures to adapt to the new conditions (crisis):

1.) All treatment provided to the patient was entered in the computer chair side. With our “point and click” program the assistants didn't really have to know the dental codes to enter treatment. All of our primary procedures were represented by a short cut button. They did understand the treatment and more importantly, what treatment was provided to the patient at that appointment. Studies have shown that up to 5% of the treatment you provide to your patients is NEVER charged to the patient. Why? Because the person entering the treatment either can't read your notes, doesn't understand the treatment, or is interrupted while entering the treatment by another patient or a phone call and forgets to check their entries. In a typical dental practice, that is $20,000 a year in lost collections for treatment provided. Our patients were simply told to stop at the front desk to “Pick up your receipt” at the conclusion of their appointment. This insured that if there was any money to be collected, the front desk staff could handle it. They already had a printed state-
ment waiting for them and their co-pay was already figured and listed on the walk-out statement. A side benefit to entering treatment chair side is that it also decreases the chances for embezzlement. One of the most common ways to embezzle is to not enter the treatment provided or enter a lower fee but collect the full fee. Having two people involved in the check out transaction lowers the risk of someone playing with the numbers.

2.) All future appointments were now scheduled at the chair (provided the financial arrangements were in place as indicated by a copy of their two-part financial arrangement form attached in the back of the their chart). What better time is there to make the next appointment? You have privacy, the patient’s full attention and the schedule is right in front of you. Their motivation should be highest at that point. It is necessary that all staff scheduling patients understand the scheduling goals and procedures. The computer helps to remind them of those rules with pop up notes. If my assistant would try to schedule a procedure in a time it did not belong, or double-book the doctor, the computer would alert them to this fact. This one step, scheduling appointments at the chair, eliminated a huge bottleneck at the front desk and expedited checking out the patient. No more waiting at the front while the employee tries to figure out what is written in the chart. Not only were the front desk staff happy, but the patients enjoyed the streamlined checkout process. With two doctors and three hygienists working, the time savings to the front desk staff is phenomenal. That time is better spent on making firm financial arrangements and scheduling new patients among other things.

3.) All clinical charting was completed on the computer with the use of “quick buttons” and “pop up” menus in the program. For instance, there is a section under restorative that has buttons to activate for crowns, onlays, fillings and so on. Then, when you activated a button, it would give further choices as to what materials were involved. We enter both existing restorations and problem areas, followed by treatment proposal(s). So if you entered proposed treatment for a crown on tooth number 12, the computer would give you the choice of a multitude of materials from all-porcelain to full gold. We found we could quickly and accurately assemble a detailed and easy to read chart.

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We also had configured our head and neck exams, TMJ exams, PSR scores and Occlusal exams in a “pop up” menu form for quick entry. For instance, our oral cancer exam is set up on the computer with check boxes for “normal” and “abnormal” that is date stamped and becomes part of the patient’s permanent record. Because these forms within the chart are time-coded and can’t be altered, they are a legal record.

4.) The Doctors started doing all of their treatment planning on the computer as opposed to making some notes and passing it off to the front desk staff. Not only was this faster, but there were also less coding errors. Multiple treatment plans could be entered quickly for patient options. Again the “quick buttons” that corresponded to procedures made the planning quick and accurate. Treatment plans were organized by priority for phasing treatment, finances and ease of scheduling. Our treatment plans became more comprehensive and detailed. Because it was so quick and easy, we were more likely to add options to the treatment such as cosmetic procedures. All of the treatment plans entered in the program could then be tracked and followed up on easier.

5.) All written patient and professional communication was placed in the computer for ease of access including:

- All prescriptions on a three part form (prescription, instructions, copy for chart) - Specialist referral letters

- Motivational and educational patient information letters. For example if a patient had a crown prepared when the treatment code was entered in the computer, it automatically triggers the printing of a letter explaining why the tooth was crowned and what to expect such as a sensitive tooth, or a temporary crown coming off.

- Thank you for referral letters (also tracked by the computer)

- Marketing letters

- Post-op and instructional letters

- Consent forms

- Broken appointment letters

- Recall letters

All of these forms and letters were available to us at the click of a button, integrated with pertinent patient information. For example, the referral letters to the specialists we use include the patient’s name, address, phone number, medical alerts and first visit date with our office. The computer tracks what letters are written in the patient’s file. Some of the letters were automatically printed when a code was entered. For instance, if an extraction code was entered into a patient’s chart, then a post-op instruction letter was generated and waiting for them at the front desk. If a patient had root canal therapy, a post-op letter was generated that included what to expect following treatment and information on why the tooth needs to be crowned. The consent forms were routinely printed and attached to the chart to be signed for all higher risk procedures.

In addition to the changes in our protocol, we also added the following technologies to our computers:

1.) Trophy digital X-ray - another great time saver and diagnostic tool. The assistant could take the films chairside and I could view them almost instantly in my private office. I could also then manipulate the images for a more thorough diagnosis.

2.) Digital Photography - this helped in lab communications and case acceptance. The image quality on the new cameras allowed for great pictures for cosmetic cases.

3.) CAESY patient education - we moved our CAESY programs to the individual computers so that multiple copies could be run at the same time. A great patient motivator (CAESY is now available on a computer that stands side by side with your network server). This educational program pays for itself every day in time savings as well as increased treatment acceptance.

4.) Softcom computerized signaling system from KC International - we could signal each other through the computer workstations with the click of a mouse button. The program also allows you to send text messages throughout the network.

As a consequence of these changes, our productivity rose dramatically despite the potentially devastating upheaval at the front desk. While our collections wavered a few months while the new staff was trained in our systems, it soon caught up. The changes we made helped streamline our handling of patients to their and our benefit. We eliminated a huge bottleneck at the front, allowing the staff more time to actually communicate one on one with the patient. We could also more accurately track patients in treatment and those in need of additional treatment. The reports generated contained a wealth of information about patients who had not yet accepted treatment, or had fallen out of active treatment. It was not a problem to put together a complex treatment plan quickly for a recall patient to increase our case accept-

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ance. Our patients were better educated and more motivated towards treatment than ever before. The great news is that it has been two years since this crisis in our office and we now have a wonderful, highly competent front desk staff. There have not been any staff turnover problems since then.

If you are looking to incorporate the clinical workstation as part of your practice, you should start incrementally. Meaning that you should add the procedures and technologies one or two at a time so as not to completely overwhelm your staff. If they are too overwhelmed, they may tend to resist the change. Lay out a goal and a time line. Allow the staff to become part of the decision making process so that they have some ownership in the final outcome. You may only start with the clinical charting and treatment planning, then later begin scheduling chair side. Set aside enough time for training so that the staff feels comfortable with the new technologies, but don't delay to the point of not implementing these necessary technologies. With any new technology there will be some challenges and headaches, but with persistence the pay off can be tremendous for you, your staff and your patients.

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In Part I in the last issue of the KISCO Perspective I addressed the topic of which of the 3 types of practice models you have to choose from to practice dentistry. Now, I would like to discuss some ideas that will help you no matter which practice model you have chosen. So, let’s get started.

“*The Clinical Workstation as a Profit Center*”

Recently when updating my lecture series to a computerized format I decided it was time to completely revamp my presentation. The question I put to myself was, “What is the one thing I have done in the last 5 years that has had the greatest effect on the profitability and efficiency of my practice?” I am kind of a high tech junkie and we have added all kinds of new technologies, procedures and techniques over the years. There have been great strides in materials and wonderful new equipment to make our practices better, but the answer to this question was really easy. The one thing that we did for the practice that stood out was to place networked computers in our six operatories and integrate them into how the practice functions. Our office has been computerized for years as far as insurance and billing, but we had not made the transition to going digital in the treatment rooms. Our original purpose was to be able to save our clinical photos within the software program for quick access and to provide some chair side clinical charting. This decision ended up making a huge impact on our practice in areas we had not even anticipated. My practice was about to go through a great upheaval and the decision to computerize the treatment areas ended up saving my practice from certain disaster.

Not long after we installed the computers we had a major crisis involving our three front desk staff. My trusted business assistant, Connie, who had been a loyal employee for 18 years decided to retire and move out west to spend more time with her grandchildren. This left a huge void in the practice as I had come to rely heavily on her expertise (probably too much). The remaining staff did not have the patient handling skills, or experience that we lost when Connie left us. On top of that, the two remaining front desk staff turned out to be power hungry tyrants (if I may be so blunt). We then went through a

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