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OBSTACLES TO PRACTICE GROWTH

And How To Overcome Them

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BOOK 2 ■ Hurdles & Mountains

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**“The greater the
obstacle, the
more glory in
overcoming it.”**

- *Molière*



As a dentist, do you wind up playing mind games with yourself? The odds are very good that you do. It's hardly surprising. These self-imposed obstacles often help keep dentists from being overwhelmed by situations that make them uncomfortable. The trouble is your practice productivity can be affected in a very negative way.

Chances are good that you are dealing with some of these obstacles in your practice right now. It is only by first identifying these artificial barriers that you

can then remove them and progress toward reaching your full practice potential. The problem is many times we don't recognize them as obstacles — we just consider them a natural part of running a practice. Consider this your wake-up call!

In Book 2 — Hurdles and Mountains, you will find topics many doctors are hesitant to bring up, let alone discuss. I hope you find this information entertaining, energizing and ultimately, enlightening.

Roger P. Levin, DDS
Chairman & CEO, Levin Group, Inc.

HURDLES

35

**“My clinical
skills
speak for
themselves.”**

That makes perfect sense... if all of your patients are other dentists. The fact is, patients don't judge you on your clinical skills. Often, they judge you on nearly everything **but** clinical skills. Whether it's how they were greeted by your front desk staff or the appearance of your reception area, patients develop a gut feeling about you based on what they (as non-dentists) can observe. If you think it is unfair of patients to do this, well, take a number! There's a long line of dentists in front of you who are equally annoyed about the matter.

Don't lose heart, though. There are things you can do to emphasize you are an experienced clinician, such as making it known that you attend continuing education classes to keep abreast of the latest advancements. Just be ready for the fact that your interior design may do more for your practice than that last CE class you attended.

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**“Only
wealthy
patients
will choose
implants/
elective
treatment.”**

Don't diagnose pocketbooks. In today's casual age, it can be surprisingly difficult to gauge a patient's economic status. For example, a male patient you don't know especially well walks into your office wearing a polo shirt and jeans. Are you going to assume that because he isn't wearing an Armani suit that he can't afford a pricey elective treatment? Big mistake. Remember, while some people flaunt their wealth, others deliberately downplay their financial status for any number of reasons. This man in jeans might be the boss of his own company, but he doesn't like wearing suits. Who knows? The point is, passing judgment on patients can be detrimental to your production goals.

You need to present treatment options based on what you think patients need or want, not on what you think they can afford. If for some reason they can't afford the recommended treatment, they will be more than willing to let you or your financial coordinator know. That's why you should also offer a variety of financial options.

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**“I can’t
possibly
increase my
production.”**

Before we address this one, let me ask a question—can a fast runner become a faster runner? Do most runners just accept that they aren't going to run any faster and remain satisfied with their current performance? The answer in both cases is “no”. Any decent runner will find new ways to increase speed. Maybe they need to put a greater emphasis on cross-training or simply change their diet. They'll do whatever it takes. They don't settle. Neither should you.

Instead of a runner, let's switch gears and think about your office's schedule. If the schedule is full and booked out weeks in advance, can production be increased? And, more importantly, can this be accomplished without everyone in the office working his or her fingers to the bone?

The real obstacle is this—most practice schedules contain a much higher than average number of single-tooth treatment procedures. Add an ineffective scheduling system into the mix and we have a situation where dentists are working very, very hard for their income. By expanding the service mix, increasing the average production per patient and redesigning the schedule, dentists can successfully increase their production.

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**“It’s wrong
to think
of my
practice as
a business.”**

OK... if it's not a business, what is it exactly? A charity? I don't think so (and neither do you). Obviously, all dentists strive to deliver excellent care to their patients. That's your whole purpose for becoming a dentist in the first place. However, not thinking of a practice as a business has kept many well-meaning dentists practicing many years longer than they intended.

An inefficient practice is the handicap that never goes away. It's there year after year, hindering your best efforts to be a great dentist. Think about it. How can you be a great dentist if you are fatigued, stressed and anxious to go home? How can you live the life you want if your practice isn't performing to your expectations? How happy are your patients going to be when they can sense the stress and frustration the minute they walk into your practice?

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“I can’t fire her. I know she doesn’t work well with the team, but she’s so good with the patients.”

What if this situation was reversed? What if an assistant was good with the staff but absolutely terrible with the patients? Would you hesitate removing this individual from the practice for one moment? Probably not.

Granted, you may not need to fire her. It may simply be a case of giving her additional training so that she better understands her responsibilities and how to work as part of a team. However, if that doesn't work, keeping her on could be detrimental to your practice. Other highly qualified individuals may leave the practice because they can't work with her. You may spend too much time putting out fires that she has started.

If the time comes for the decision to let her go, don't be afraid to make it.

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“Increasing fees is necessary to increase production.”

I'd be very careful about falling for this one.

There could be a host of reasons why you aren't producing more. Your schedule could be grossly inefficient... Your average production per patient could be low... Your internal marketing could be nonexistent... And the list goes on.

Don't assume that jacking up your fees is the answer to all your problems. Doing that could just add another problem—the loss of patients.

Don't forget that if your patients believe your fees are too high, they won't hesitate to part ways with your practice. Patients are more willing than ever to shop around. Don't test their good will by hiking fees beyond what your region can handle.

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**“Dentists
are born
leaders.”**

Nobody is a born leader. Not really. That's a bit like saying people are born dentists.

Leadership, like dentistry, is learned. Sure, you might have some inclination to leadership, but often those are skills or techniques you learned from your parents, friends or others. Leadership is not one skill, but a series of skills you develop by interacting and leading your team.

Dentists are often in an unenviable position. They're supposed to be the practice's main producer and the team's leader, but it can be extremely difficult leading a group of individuals when you're spending most of your time providing patient care. Yet, there are opportunities throughout the day to encourage, coach and motivate your team. Take advantage of these opportunities. Expand your leadership skills through training, reading books and articles, and going to seminars. No one is a born leader, but anyone can become a good leader.

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**“Embezzlement?
It can’t
happen here.”**

No dentist wants to think the worst of a staff member. The idea of a team member taking money is so repugnant that many doctors simply push the thought out of their minds. Unfortunately, the story of the office manager dipping into petty cash to the tune of thousands—sometimes tens of thousands—of dollars a year is an all-too-familiar one. It can happen, and it can be people you would never suspect.

Regardless of their motives for pilfering, however, there is a good possibility that you are unconsciously contributing to the problem. You may have made it so easy to take a few dollars without any possibility of it ever being noticed that someone someday won't be able to resist the temptation. While you certainly don't want to walk around thinking everyone in the office is trying to steal from you, you *do* want to put systems in place to deter such activity. Think of good systems as a way of eliminating the possibility of "temptation."

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“Mrs. Jones has been a patient forever. We have to let her slide when she comes in late or fails to show for an appointment without notifying us.”

Mrs. Jones may be the most wonderful person in the world. She may also cost your practice hundreds of dollars in lost revenue annually. By itself, that's not a great deal of money. However, imagine the effect of a dozen patients doing the same thing as Mrs. Jones. Believe me, it adds up fast. Now picture the effect after 20 years of practice. That could be hundreds of thousands of dollars you'll never see.

Enforcing a few simple rules about missed appointments with all patients can eliminate the problem. Let no one slide on this, not even Mrs. Jones. Let her know that missed appointments cost the practice money and, consequently, cause fees to be raised. If she is a repeat offender, charge a missed appointment fee. That usually ends the problem very quickly.

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**“Hiring
people who
are just like
me makes
perfect
sense.”**

On the surface, this seems very logical. You know how to work easily with people you understand thoroughly. After all, they share your strengths. That's a good thing, right? Yes, to a certain degree. The problem is, they also share your weaknesses. You may be able to live with your weaknesses just fine, but it can be frustrating when you are subjected to someone else displaying them. For example, if you are a low-key kind of dentist, hiring an office manager with your personality might not work well.

A more diverse group of people will more likely be able to handle whatever situations may arise in your practice. Too much of one type of personality in a small environment such as a dental office can be somewhat stifling—not to mention limiting. You should actively seek out team members with the skills you lack. When you do, you complement each other—that's what you want.

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**“I don’t
need a
diverse
patient
base.
I never
did before.”**

“Never did” is the operative phrase there. Things are changing. You need to watch the region where you practice with an eagle eye. Many things could be happening right under your nose without you even being aware of it. If you have a very narrowly defined idea of who your ideal patients are, you could be in for a rude awakening especially if your ideal patients are actually moving away from your region in droves.

Other things could be happening to the demographics as well. The average age of the local population may be getting older, which means your patient base is probably getting older too. If this is happening, you seriously need to think about expanding into cosmetic and implant services. Also, pay attention to whether your region is changing in terms of income. If the spending power of people in your area is increasing exponentially, more expensive elective services are going to be that much easier to present to patients. If income is stagnant or declining, you need to decide what will work for you in terms of services you wish to offer.

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**“My patients
aren’t really
interested
in cosmetic
dentistry.”**

Really? How do you know? How can you be certain? Have you asked them? Or, have you committed the classic mistake of diagnosing pocketbooks rather than patients? Don't feel bad if you have, it's easy to do. However, keep in mind it can be very counterproductive.

In today's society, it would be strange if your patients weren't interested in cosmetic dentistry. They are literally bombarded with media messages promoting cosmetic dentistry on a daily basis (extreme make-over television programs, for example). No longer is there a perception that cosmetic dentistry is only for movie stars and celebrities. In fact, the public is very anxious to have a more beautiful smile with various cosmetic treatments.

Practices looking to grow cannot ignore cosmetic dentistry.

(See Obstacle #36: "Only wealthy patients will choose implants/elective treatment.")

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**“I don’t
need to
know the
numbers; my
accountant
does.”**

Is your accountant a member of the practice? Of course not. So you better have a firm grasp of what's going on financially in your practice! It's your money after all. If your practice underperforms, it doesn't affect your accountant. He or she gets paid the same regardless of how your practice performs. At the end of the day, *no one* is as concerned about your practice as you are.

I can't count the number of practices that Levin Group comes across where the doctors are only vaguely aware of how their practice is doing. When we ask doctors in those practices specific financial questions, their response is invariably, "you'll have to ask my office manager about that." This isn't the best way to operate. To grow the practice, you need to know the "state of the practice" at any given time. In other words, know the numbers—what Levin Group refers to as Key Practice Expanders™.

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**“It’s
inappropriate
to ask for
patient
referrals.”**

Why? If patients are happy with what you have done, it is only natural to ask them for referrals. Truly satisfied patients will not think less of you for asking. If they are pleased with their experience, they will often be more than happy to tell friends and family. In fact, truly happy patients will often serve as a walking advertisement for your office. They will talk you up to others and even provide education about procedures they underwent. In a way, they have already started your case presentation for you. What could be better than a new patient coming to your practice already “pre-sold” on a procedure?

Getting enthusiastic patient referrals doesn't take any prodding from you—just the slightest bit of encouragement. Soliciting successful patient referrals is as simple as letting your patients know that recommendations are appreciated.

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“I know I’m successful because my case acceptance rate for elective procedures is nearly 100%.”

This high case acceptance rate may be accurate. However, declaring yourself successful based on it could be the biggest lie you can tell yourself.

Why? Well, *who* are you presenting to? People who already want the procedure? People who are already highly motivated to accept treatment? Are you simply preaching to the choir?

To really grow the practice, doctors must present to all patients who stand to benefit from treatment. Pre-screening patients may seem like a time-saver but it is ultimately self-defeating. You have to present to more patients. Yes, your case acceptance will drop a little from its artificially high percentage. However, this is how you are going to truly grow your practice.

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**“Patients
want
dentures,
not
implants.”**

Come on, *nobody* would ever prefer dentures over implants if they fully understood the strengths of implants.

Let's look at a pretty drastic example to illustrate the point. Let's suppose someone—we'll call him Joe—were to lose a leg. The unfortunate Joe now has to discuss with his doctor what type of artificial limb he will be using. Will he be satisfied with something that is little more than a glorified peg leg? I don't think so. Our friend Joe will want the latest articulating prosthesis because he knows it enables users to walk almost as naturally as if they had their real leg. He has seen these marvelous devices in the news. He knows that his quality of life will be better. His choice is essentially a "no-brainer."

The choice of dentures versus implants should also be a "no-brainer" for patients, but it isn't. Why? Because patients are frequently unaware of the many advantages of implants and don't usually seek them out. Once you properly excite and motivate patients regarding implants, it is unlikely that they will prefer the alternative.

51

**“We don’t
need to
offer
third-party
financing.”**

This is a little like saying mortgage companies are unnecessary because home buyers generally pay the purchase price on the spot to avoid paying all that interest. Great idea for buyers, but, let's face it, that is not happening.

Let's look at your patients. More specifically, let's look at the kind of debt many of them have. A large percentage of people cannot open their checkbooks and write a check for thousands of dollars worth of treatment.

It is nearly impossible in this day and age to offer expensive procedures without having third-party or patient financing as a payment option. Your case acceptance rate is heavily determined by how easy you make it for patients to pay.

Some doctors resist using patient financing due to the fees. They don't like the idea of having to pay a very small percentage to a financing company. I'm not certain how it's better to handle the matter yourself and possibly have difficulty collecting later on. Isn't 95% of something better than 0% of nothing?

52

**“Becoming
an all-
cosmetic
dentist is
the path
to easy
success.”**

Or the path to easy failure, if you do it the wrong way. Some dentists leap into cosmetic dentistry headfirst, not thinking about the fact that they may be leaving a significant portion of their patient base scrambling to find another dentist for need-based procedures.

Most highly successful cosmetic practices retain a certain percentage of patients who are not scheduling for cosmetic procedures. This is a good idea for two reasons. One, it shows your obligation to your loyal patient base. Two, it's good insurance for slow times. After all, cosmetic procedures can ebb and flow with economic situations, and it's good business to avoid alienating patients.

Remember that, in today's image-conscious society, cosmetic procedures are a logical service to expand. Just be sure to go about it the right way.

53

“My staff is every bit as motivated and excited to come to the office as I am.”

I'm sorry to burst your bubble, but this isn't completely realistic. First of all, let me state the obvious—your name is above the door. Of course, *you* are motivated. It's *your* office, and the lion's share of the profits go to *you*. Don't misunderstand—this doesn't mean you have an office full of slackers. It just means they aren't quite as dedicated to the practice as you are. How could they be? You have devoted years and years of study to dentistry and put yourself into significant debt to do so. In contrast, they simply walked in off the street and took the job. What's more, they know that if they have to, they can leave and work somewhere else quite easily. Nevertheless, team members can be excited and motivated to work in your office. In fact, they can be very dedicated. Just don't be surprised when they can't *quite* match your levels of dedication.

As far as motivation goes, there are things some dentists do to *de-motivate* staffers all the time. I am reminded of one doctor who resisted raising salaries of his team members, saying the practice just couldn't afford it. A short time later, however, he bought a very expensive new sports car and couldn't understand why the team seemed less than enthused to take a test drive. For weeks, they were cold to him and began underperforming. One long-term staffer finally told him exactly why the team was so unmotivated. Trouble is, it was during her exit interview.

54

**“A
procedure
based
on want,
pretty
much sells
itself.”**

If we were talking about a need-based procedure, you may be right. After all, a need-based procedure is usually about eliminating pain. It's not hard to convince someone to undergo a procedure when they know their pain will be relieved.

The trouble comes when we're talking about an elective procedure based on want. Remember that patients don't typically come into your office wanting an elective procedure. Quite often, *everything* they know about a procedure is what you tell them. You have to motivate them to want elective treatment.

Let's say you are talking about implants. Often, implants are a "want" that a majority of people don't *know* they want. Most patients who would be excellent candidates for implants don't come into the practice asking for them. If you tell these patients, "implants are expensive but they're worth it", there's no way they are going to agree to treatment. Why? Their minds stopped at the word "expensive." The rest of your sentence just sounded like "blah, blah, blah." Your job is to get them excited and motivated to accept treatment.

55

**“Frequent
staff
turnover is
inevitable.”**

Yes, if you are a fast food restaurant!

Granted, some turnover is inevitable. People want to move out of town or pursue different job interests... they get married, have children, get divorced or experience any of a host of other life events. However, excessive turnover can and should be addressed, not just accepted. If your training is sporadic and incomplete, chances are good that you will lose people who might have worked out had they been better trained.

People want to feel confident in their duties and sense that they are reasonably compensated for them. When they are, turnover tends to drop to a minimum. The less turnover, the less chaotic the practice—that's always the right goal.

Comprehensive training and an effectively implemented bonus system are good ways to minimize turnover.

56

**“My staff
is only
interested
in money.”**

Make no mistake about it—money is a big motivator. However, it's far from the only one. Now, more than ever before, employees want to experience some enjoyment in what they do for a living.

The things that team members find enjoyable in their jobs are quite varied. Some enjoy feeling needed. Others enjoy knowing that they are good at their job. Some enjoy the fact that they have a lot of say in how the office runs. Some enjoy interacting with patients and helping people. For some, it's the convenient location. Others just like who they work with.

As the leader of your practice, you need to discover what motivates your team so that you can make sure they continue to be motivated.

57

**“I don’t
need to
cross-train
my staff.”**

... And I'm guessing no one gets sick in your office? No one has ever had a flat tire on the way to work or has experienced a family emergency?

Cross-training your team is your own in-office contingency plan. Things happen. Having team members with multiple skills can make a day when someone is unexpectedly out of the office seem almost normal, rather than a living hell.

Not only can cross-training make the office run more efficiently, it can allow the team to run smoother as well when staff members have a better understanding of each other's jobs. In addition, you may discover that a team member is actually much better at something *other* than what she is doing now!

58

**“I’m a
dentist.
I don’t
‘sell’ to my
patients.”**

Certainly, no dentist wants to be perceived as a salesperson. However, to imagine that you are not selling to your patients is actually one of the biggest illusions that dentists can have. Have you built a very nice-looking office? That's part of selling your practice to patients. Do you have some sort of dress code for your team? That's selling an image of your practice. Are you concerned about good customer service? Once again—this is selling. See what I mean? For someone who isn't into selling, you are already doing an awful lot of it already.

In fact, every treatment is “sold” to patients. By the sheer act of presenting a treatment plan, you are, in effect, promoting it. So, relax and don't beat yourself up over this. You are advocating treatment that you honestly believe will either improve patients' oral health or help them achieve a better and brighter smile. There's nothing questionable about that!

59

**“No-shows
aren’t that
big of a
problem.
If anything,
it gives
us some
breathing
room.”**

This could be the most expensive breathing room in the world. A patient not showing up here and there may not seem like a problem but no-shows add up. If you count your no-shows over a 20-year period, you will often find as much as \$200,000 in production has been lost—forever. That represents a year's take-home pay for many dentists!

Rein in your no-shows. And don't get too lenient just because a patient has been with you for awhile. Putting a stop to no-shows is not that hard, but you do have to set a policy and stick by it. Every patient should be informed by the front desk there is a fee for missed appointments. When patients miss appointments, apply those fees. In most cases, the transgressors will change their behavior when it starts costing them money.

60

**“Familiarity
breeds
contempt.”**

Let's apply this specifically to patient relationships. Most dentists don't consciously try to keep patients at a distance. However, that doesn't mean they make enough attempts to get to know them either.

This sort of thinking is a particular danger for dentists who have been practicing for a while. They tend to let their socializing abilities slide a bit as the number of patients increase each year. Almost without thinking, dentists can wind up seeing the numbers but not the faces. That's a shame for two reasons. One, you are making your patients' visits less enjoyable, and two, you are making your own day less fun. Get to know your patients. Know their hobbies, their likes and dislikes. All of which are excellent conversation starters.

Some of the most interesting conversations I've ever had took place chair-side. Happy patients return for recare appointments. Happy patients will trust you more—a very important element of any case presentation you give.

In reality, familiarity *doesn't* breed contempt, it breeds familiarity.

61

**“My practice
is my
retirement
nest egg.”**

Levin Group has seen many dentists and specialists with this mind-set. They are dead certain their practices are gold mines furnishing unlimited riches. They fuel their lifestyle for years—possibly decades—based on their assumption that they are sitting on a cash cow that knows no bounds. Imagine their surprise when, upon closer inspection, their practices are not worth anywhere near what they thought. They then spend the remaining years in practice playing a desperate game of “catch up.”

Your practice is the best investment you will *ever* make. However, you have to be realistic about what it can provide when you attempt to sell it. To avoid problems, *know* what your practice is worth from year to year and live your lifestyle accordingly.

62

**“I know a
guy with an
investment
that will
pay back
big time.”**

File this one under, “too good to be true.” There are people out there who see you as money bags. Individuals who are looking for money for dubious projects tend to zero in on people who earn a good living—like doctors and dentists. One example of a get-rich-quick scheme that some dentists have fallen for over the years is someone with a “can’t miss” real estate investment that, despite what is advertised, turns out to be unfit for development because it’s contaminated or it’s worthless swampland in Florida. Another scheme is individuals trying to get dentists to invest in a “feature film.” The details of the project are always sketchy and the actors are unknowns, but the filmmaker is persuasive, insisting that investors will make untold millions when the film gets some “big time” distribution deal. Typically, such films are either never finished or sink into obscurity without making a profit.

There are sound investments out there, but none of them will make you rich overnight. In truth, your *practice* is your best investment. Your best bet is to seek the advice of a Certified Financial Planner. Your financial future is not something you want to take unnecessary chances with.

63

**“Marketing
is beneath
me.”**

Beneath you? That's like saying *success* is beneath you. This mentality worked fine 50 or 75 years ago. Back then, there was no real need to advertise. But, things have changed dramatically. Competition has increased. Patients shop around. Practices that do not differentiate themselves often perform well below average. Marketing components such as patient referral campaigns or community outreach endeavors need not cost a great deal of money.

Remember this—you may be busy now but will you be busy next week? Or the week after? Inconsistent marketing leads to inconsistent results. Isn't it better to be pro-active instead of reactive? Why wait until you hit a slow period? Isn't it better to avoid down times through consistent and ongoing marketing? Marketing is the best way to ensure a steady stream of new patients. A good leader is always thinking ahead. You don't want to play "catch-up" when you don't have to.

Effective marketing represents a good way to hedge your bets against being overwhelmed by competing practices, both now and in the future.

64

**“High
production
equals
high stress.”**

That must be true, right? Sure, it is ... *if* your average production per patient is too low.

When your schedule consists almost entirely of single-tooth treatment, you are practically flying from patient to patient, with barely a chance to say hello, let alone engage in a little high-quality customer service! And let's not forget the schedule ... you know, the one bursting at the seams, with no flexibility? The schedule with never enough room for emergencies? And, after all the blood, sweat and tears, you don't wind up with the revenue you deserve. In the end, you and your staff will be worn down by the frantic pace that comes with too many single-tooth procedures.

When you increase the average production per patient, you not only give yourself breathing room, you also increase practice revenue exponentially. Patients enjoy better customer service and you get to do procedures that you find more enjoyable and your practice does better. Sounds like a good deal all around!

MOUNTAINS

65

**“I’m a
dentist,
not a
business-
person.”**

This statement is only half-false. You are a clinician, yes, but you are also the CEO of the practice—like it or not. Not understanding this fact has been the undoing of many dentists. Dentists place great confidence in their clinical skills, and that's fine. But, your clinical skills only exist chair-side. Even if you are the greatest dentist in the world, your clinical skills don't mean much the minute you step away from the chair. Or, to put it another way, if you are Superman, there's kryptonite everywhere in your office *except* chair-side.

You have to become more than a dentist. You have to become an excellent businessperson and leader for the practice. Ineffective leaders of practices suffer a myriad of problems, including stress, poor production and frequent turnover. Behind every highly-successful practice is a highly-effective business leader—the doctor.

66

“There are too many things in the practice that I can’t trust others to do. I need to take care of them myself.”

Levin Group encounters many dentists who have lost their love of dentistry. With few exceptions, these individuals utter this very phrase. In the course of a day, they perform far more operational and administrative practice functions than necessary.

Doctors tend to forget that the staff is there for a reason—to assist the doctor. My question is, why allow your team members to function with one hand tied behind their backs?

If you are hiring people you trust, trust them to do their jobs. If properly trained, your staff will always surprise you with how effectively they can perform the tasks you thought only you could do.

67

**“We’re just
having
a bad
month.”
(when it’s
the third
such month
in a row)**

Sometimes, it's hard to face bad news. The trouble is, you may be looking at your practice through—dare I say it—“dental beer goggles.” There are dentists who don't get worried when their production has been flat for several months. “It's just temporary, things will change!” they tell themselves. Unfortunately, this sounds a bit like President Herbert Hoover when he kept saying, “Prosperity is just around the corner,” right after the Great Depression began.

Some dentists will try to reassure themselves with statements that sound less severe than the reality. “We're just flat,” some practitioners will say, as if that's OK. I believe there is no such thing as a flat practice. Any practice that claims to be flat is actually in decline, even if no one in the practice is aware of it. Don't be complacent. Strive to grow your practice. Remember that if you aren't growing, you're declining.

68

**“My
schedule
is full.
Therefore,
I am
successful.”**

... Successful at creating stress for yourself and your staff, perhaps. A full schedule indicates that you are busy. It is not an indication that you are doing well. How could this be the case? If your schedule is crowded with single-tooth treatment to the exclusion of nearly everything else, you are working very, very hard for your income. When the schedule consists almost entirely of low-profit procedures, the practice is forced to see more and more patients. More patients mean more scheduling issues and higher stress for doctor and staff alike.

A better situation is to expand the service mix to include elective and cosmetic services, which add excitement to the office. By increasing production per patient, the practice is in a position to become more profitable and less chaotic.

69

“I’m making plenty of money. I’ll be able to retire when I want to.”

This sounds reasonable... but wait, there are a few pesky questions you have to ask yourself. Are you in debt? Are you saving enough money? What happens if you are suddenly faced with too many competitors in your region? What happens to your revenue when the economy goes down? What happens if your years of practice are cut short by some sort of debilitating injury?

No one likes to think of such things but they can and do happen. Something as simple as developing arthritis can end your career long before you expected. Sure, you can gamble on things like this not happening. Of course, if you are wrong, you are putting yourself *and* your family at great risk. Your best solution is to run a highly efficient practice and seek expert financial advice.

(See Obstacle #76: "Dentistry is a guarantee of a high quality of life.")

70

**“ I have no
control
over my
schedule.”**

Untrue! You do have control over your schedule—provided your schedule is optimized to the needs of your practice. When appointments run long or if they must be re-scheduled, a poorly planned schedule cannot adapt. Chaos usually follows. It's like a house of cards and you've just removed the bottom card—the whole thing tumbles down.

Many doctors simply let the schedule happen to them. You can't do that. Make your schedule work for you. Your growth, profitability and *sanity* depend on it!

There is no reason to be a slave to your schedule. Learn how to create a more profitable and less chaotic office.

71

“A ‘just-the-facts’ approach is the best way to present treatment.”

It should not be surprising that so many dentists believe this. Blame it on dental school training. You are taught to be analytical, which is entirely appropriate. Therefore, a clinical approach is what seems most natural to you when presenting a case. You want your patients to realize how much you know about this procedure, right? There's just one little problem. Your patients are not dentists. They don't think like you. They don't understand the intricacies of the procedures you are talking about. If you discuss at length the clinical aspects of the procedure, you will almost be able to see your patients' eyes glaze over.

More than your training or your clinical expertise, patients want to know one thing—"what is this procedure going to do for me?" The day you answer that question to their liking is the day your case acceptance rates will begin to skyrocket.

72

“If it’s not covered, they don’t want to pay for it.”

While this is true for some people, for many, many others it isn't. How could it be? If people weren't willing to pay for elective procedures, there wouldn't be a multi-billion-dollar cosmetic surgery and dentistry industry.

Can you put a price on a great smile or improved self esteem? Look at the popularity of plastic surgery for both women and men. If people want it and they know *you* can do it, they *will* find a way to pay for it.

Your primary job is to let them know you offer cosmetic services. They probably don't know you do. And second, you have to tell them about benefits, benefits, benefits! And you have to find ways to make it affordable, even though insurance doesn't cover it.

(See Obstacle #51: "We don't need to offer third-party financing.")

73

“I’m a good leader.”

Who says? Is this something you tell yourself? Or have you received positive feedback from your staff and others on your leadership abilities? One of the best ways to gauge your leadership is with a survey taken both by your patients and anonymously by your staff. The answers you get back may reinforce your impression of your abilities. Conversely, candid feedback could put you into an emotional tailspin when your patients and team members give you bad reviews.

Whether the feedback is positive or negative, you will have honest answers with which to assess your performance. Don't take it personally—just take it. If the reviews are favorable, keep doing what you are doing and try to always to keep the good reviews coming in. If the reviews weren't good—you need to enhance your leadership skills.

74

**“It’s not
my fault.”**

Welcome to the world of owning a practice where **everything** is your fault. Even when it isn't your fault, it's *still* your fault.

Why? Because your name is above the door. If your practice isn't performing as smoothly as it should, it's up to you to fix the problem. No one is going to do it for you. At the end of the day, it's the leader's job to step up to the plate and set things right in the practice. No one else can do that. Face facts, no one has a greater vested interest in the practice than you.

While others can (and should) have input, you are the only one who can decide how problems will be solved. Only you can change the direction of the practice. Only you can chart the course for practice success.

Not your fault? Ultimately, it *is*.

75

**“We’re
too busy
to make
changes in
the practice
right now.”**

If you think about it, this statement doesn't really make much sense. First off, if you are *that* busy, there's a problem. Saying something like this suggests your schedule is jam-packed and the practice is hectic a lot of the time. Just how long do you think you can burn the candle at both ends like this? If you insist on running the practice at a breakneck pace, you can certainly do so, but eventually the candle burns out. In the end, the only thing left to do will be to make bets on who burns out first, you or the team.

As the leader of your practice, you should always be prepared to create change. Embracing and initiating change keeps your practice vibrant. Change can make your practice better. It can be a conduit to better customer service. And most importantly, it can help ensure the growth of your practice and, ultimately, your financial independence.

76

**“Dentistry is
a guarantee
of a high-
quality
of life.”**

If your grandfather said this, it would make perfect sense. For the record, my grandfather *was* a dentist and he *did* say this. While this is quite a comforting thought, don't be seduced by it. Why? Unfortunately, this wonderful way of thinking is now hopelessly outdated. Like full-service gas stations, a ten-cent cup of coffee and vinyl records, guarantees in dentistry are gone with the wind.

Financially, most dentists look great on paper—they have thriving practices and excellent revenue. But just factor in college tuitions for your children, an unexpected catastrophic or prolonged family illness, risky investments or a messy divorce and your financial picture won't look so rosy. The result is that you could wind up practicing for many more years than you planned.

What should you do? All dentists should look at ways to grow their practices, and they should seek out advisors to carefully plan their financial futures. Although there are no guarantees in dentistry, these two courses of action will get you as close as you are going to get to a sure thing.

77

**“If I want to
grow my
practice,
I’ll have to
work more.”**

Well, that does sound logical, doesn't it? After all, isn't that the American way? Work harder if you want something more than what you have now? However, the truth may surprise you.

I can tell you from Levin Group's experience of consulting to thousands of practices since 1985 that this statement is patently false. Levin Method for Total Practice Success™ effectively turns this conventional wisdom on its ear. When doctors enroll in our consulting program, they often have visions of many hours of extra work each week if they want to grow their practice. Imagine their surprise when the exact opposite occurs.

The trouble is that most doctors are working *very* inefficiently, which significantly hinders their ability to grow. When documented systems are in place for every aspect of your practice, your practice runs far more smoothly and efficiently. You actually wind up working less, not more. Not a bad arrangement!

78

**“We don’t
need to
track
numbers.”**

Do you never balance your checkbook or go over your bank records to verify deposits and withdrawals? Do you just assume everything is OK? Should doctors *not* check patients' charts before seeing them?

I think you can see the point I'm getting at—life is not about just assuming things are going fine. You need benchmarks to determine how things are going.

Practices should not be run on a whim or a hunch. In the end, it all comes down to numbers. And numbers do not lie. If you do not have an accurate idea of how your practice is doing, you make things very difficult for yourself. You may have a false sense of confidence. Conversely, you may be worried when you needn't be.

Tracking your numbers is the *only* way to be sure of your practice's status.

79

**“Selling my
practice
should be
easy.”**

I know what you're thinking, "I have a thriving practice. It's a no-brainer. I can sell it easily, anytime I want." This was certainly true in decades past. However, things have changed. It just isn't that easy anymore.

With so many baby boomer dentists expected to retire in the coming years, the market will be saturated with dental practices for sale. Further complicating matters is the fact that there are fewer dentists coming out of dental school. Obviously, selling your practice is a greater challenge than ever.

Today, it often takes the intervention of recruitment agencies that are knowledgeable about dental practices to quickly find the right buyer for a practice. Without this kind of assistance, doctors can often spend months and even years trying to find a qualified buyer for their practice.

80

“I only need input from my advisors when my practice is in trouble.”

On the contrary, the most successful practices routinely seek help from advisors.

Some doctors are very well-off and simply want to take their practice to the next level. Others are perfectly satisfied with their production and want to concentrate on improving the quality of their lives. Many dentists also wish to work on financial management or need help with practice transitions.

There are many needs that dentists have during the lifetime of their practices. In each phase of a dentist's life, a qualified consulting firm can provide valuable assistance.

Going it alone is dangerous—and unnecessary!

81

The Biggest Obstacle of Them ALL!

**“It’s not my
practice,
it’s the
economy.”**

This is probably the obstacle that has side tracked more dentists—and it may be the most dangerous. After all, we hear almost every day how a bad economy affects so many industries. We also know that patients are less willing to spend money for dentistry when times are bad.

I contend that an inefficiently run practice can get by in good times but when the economy slows down, look out! That practice is going to experience far more difficulties than offices that run a tight ship. In fact, practices *can* grow significantly in a down economy. It's not magic. It's superior practice management and marketing skills.

Remember that your practice is the greatest investment you'll ever make. Take care of your practice and it will reward you—even when the economic naysayers think it won't.

Final Thought

When a thought held dear by a dentist is false, it becomes an obstacle. When many firmly held convictions of a doctor are false, crisis is inevitable. It may not be obvious right away that a belief or supposition is erroneous. It may take years for consequences to hit the practice. But, make no mistake, you will know when it happens. By dismantling self-imposed obstacles that can undermine your success, you better position yourself for a successful practice throughout your entire career.

As always, I wish you and your practice continued success!



About the author:

Dr. Roger P. Levin is chairman and CEO of Levin Group, Inc., the premier dental practice management firm in the United States. A third-generation general dentist, Dr. Levin is one of dentistry's most sought-after speakers, lecturing to thousands of dentists and dental professionals each year.

