Dental myth busters

Dr Kia Pajouhesh previews his upcoming series of intimate one-day educational events titled "Breaking Glass Ceilings in Your Practice"

Your belief system is the set of precepts by which you live your daily life; the personal rules that govern your thoughts, words and actions and without which you could not function. Most individuals rarely question the source, validity or consequences of their particular belief system.

I am here to challenge some of the more entrenched belief systems pertaining to dentistry - precepts often rooted in misconceptions, their validity in tatters and their consequences dire, but which nevertheless remain fixed in the minds of dentists around the world.

Dental Myth 1: Selling dentistry is a dirty act

Dr David Decent is proud of the fact that he's a clinician, not a salesman. He wears a crisp white sterile gown and speaks in an eloquent and measured way. He is highly respected among his peers and well trusted by his patients. He educates his patients with a list of standard options available for treating various problems; part of his role as a care giver is to pass on information. In order to educate patients about dental disease, he emphasises the perils of inaction. His loyal nurse of 12 years standing celebrates each of his birthdays with a poster she had made from a picture of him next to his brand-new sky-blue dental chair. It reads "Happy Birthday Dr Decent".

Dr Decent applies himself clinically, keeps abreast of most new technology and remains vigilant with ongoing education. He declines to be distracted by how many of his new patients reschedule for further appointments, how many of his treatment plans convert to completion, how many of his recalls return in six months and what proportion of his patients opt for better treatment modalities versus the universally accepted inferior options.

Dr Claire Closer (pronounced "Clozer"), on the other hand, loves to sell. She lives for the thrill of closing a deal. She brings personality to her profession and speaks with passion about ideal treatment options. She is comfortable discussing money matters, large or small, because she has an underlying core belief that good medicine is not cheap. The language she uses adds colour to the dry subject of certain treatment modalities. She has a high energy level that is palpable throughout the corridors of her practice - a practice that has been designed as an extension of her personality. She is loved by her patients, who all know her by her nickname "Claire Bear". A well-worn smiling teddy sits in the corner of her waiting room whispering soothing messages to nervous children.

Dr Closer embraces technology. Her digital OPG machine has changed her entire approach to the sequence and presentation of a treatment plan consultation. Her chairside CAD/CAM system has changed the way she practises. She is always gaining more experience clinically in challenging and interesting cases as there seems to be so much demand for them. She analyses her success through conversion rates of new patients, treatment plan completions, staff retention rates and the quality of chocolates she receives as gifts from her long list of satisfied patients. She has never extracted any teeth that were salvageable, she has not made a partial denture in years and many of her cosmetically driven patients are currently having Invisalign and teeth whitening instead of porcelain veneers.

Now, as a practice owner, I wonder which of these clinicians you would like to have working for you? As a dental assistant or practice manager, which of these clinicians would you rather work for? And as a patient, who would you rather have treating you?

I can hear the cogs in your brains working overtime. Of course you are all thinking "I'd prefer whichever one is the better dentist, not the better salesperson". But stop there, hold back with the belief systems. If you're fair dinkum about preferring the better dentist, let's delve deeper into what makes either candidate just that: the better dentist.

Dr Closer is always improving her overall conversion rates on various parameters from the moment a patient seeking comprehensive care picks up the telephone to schedule an appointment...

- Mentoring all ancillary staff in communication skills;
- Installation of sound practice-management systems;
- First impressions of practice, ancillaries and primary carer;
- Listening skills and tuning into patients' motivations and expectations;
- Discussing treatment options, managing the budgetary concerns, allaying various fears - all leading to modality choices consistent with good or preferably ideal medicine;
- High standard of clinical competence resulting in sound dentistry within the framework of a strong and empathic relationship; and
- Ongoing self-assessment of success rates of various non-financial parameters to keep improving.

Dr Closer will argue that her drive and motivation in wanting to improve her overall levels of patient acceptance and various conversion rates are threefold.

Firstly, in most instances, when there is a choice between a favourable treatment modality and an unfavourable one, the clinician plays a critical role and in fact has a duty of care or an onus of obligation in directing, inspiring and motivating a patient to choose what is accepted universally as better oral health.

Examples of this include, but are certainly not limited to endodontics over extraction of salvageable teeth; dental implants over dentures or missing teeth; orthodontics over invasive cosmetic dentistry; porcelain over resin; regular hygiene over complacency; and restoration over piecemeal rehabilitation over degradation.

Secondly, every patient that is lost at any stage in the process is now potentially exposed to harm. This harm may be by way of further self-neglect or at the hands of a clinician Dr Closer would consider clinically inferior to herself.

Thirdly, the path of good medicine is always better both physically and financially for the patient in the long term, but unfortunately it is often more expensive in the short term. The benefit this additional expense brings is the injection of additional funds into the business. This can be in the form of better skilled ancillaries, improved equipment, enhanced technology and an overall better dental practice. At least in Dr Closer's case, the all-ceramic crowns and single visit porcelain inlays Johnny is paying for will be making for a better dental practice from which Johnny, his wife and two kids will benefit for many years to come.

Still unsure as to who is the better dentist?

It has always been my opinion that dentists have an unwritten obligation to their patients to improve their communication skills, maintain their passion for good medicine and place focus on their various conversion rate indicators to keep improving as an overall care provider. Dr Closer, as a good salesperson and advocate of ideal dental care, is a flag bearer among dentists in providing good medicine, just like Dr Decent. It's just that Dr Closer will inspire more patients to want it. I want Dr Closer in my team and as my personal and family dentist!

Amy... can you please request Johnny's X-rays from Dr Decent's rooms. I think he is up the road somewhere...

Disclaimer

The author of this article takes no responsibility for any negative associations or belief systems the reader attaches to the words sales or salesperson. The author advises that, if negative emotions in the form of denial, anger, frustration or sarcastic urges surface as you read this article, you should seek urgent professional assistance.

To learn more about the tools needed to expand your practice and the delegation skills required to manage a dental practice, you can hear Dr Kia Pajouhesh speaking in Sydney, Brisbane or Auckland in June/July 2011 in Sydney on 1 June; Brisbane on 22 June; and Auckland on 13 July.

Dental myth busters - Part 2

Dr Kia Pajouhesh previews his upcoming series of intimate one-day educational events titled "Breaking Glass Ceilings in Your Practice"

In our Nov/Dec 2004 edition, we ran a story on Smile Solutions titled 'An art deco oasis in the heart of Melbourne'. Three years later, in 2007/08 Dr Kia Pajouhesh talked exclusively with us about the principles and strategies that had made Smile Solutions such a success. We learnt that the practice was the largest in the country in a single location and had enjoyed an expansion rate of some 35% p.a. over a number of years. A team of approximately 40 dental professionals - including a hub of 9 general dentists, 4 dental hygienists and 4 specialists - serviced a patient base of more than 22,000 in 2000 square metres of premium refurbished space on three levels of the renowned Manchester Unity Building on Collins Street, opposite the Melbourne Town Hall.

Almost 4 years on, most every key indicators of this practice have virtually doubled. In 2011, the patient base of 42,000 continues to grow at approximately 600 patients per month, serviced by a team of 80, including 19 general dentists, 6 dental hygienists, and 10 resident registered specialists in various fields operating from 17 surgical suites.

Self-engineered practice management systems and powerful philosophies have produced amazing staff retention rates and brought personal and financial prosperity to the members of the team. Dr Pajouhesh is surrounded by a strong leadership group that manages his practice, leaving him ample spare time to spend with his family and to pursue his other lifestyle and financial endeavours. At 42, he still lives by the catchphrase "In my practice, I've delegated myself into extinction, and I love it."

For only the second time in 5 years Dr Pajouhesh will be presenting an intimate series of one-day educational events titled Breaking Glass Ceilings in Your Practice.

In this article, he responds to some of the myths he claims are alive and well in our industry.

From the questions and comments I have received following my article in the last edition, "Dental Myth 1: Selling dentistry is a dirty act", I can see this primary myth is alive and well.

In response, I would like to state firstly that it is incorrect for any of us to assume that Dr Closer (our dentist with superior sales techniques) is more prone to push her patients into *unnecessary* treatment than Dr Decent. The notion of unnecessary treatment in medicine is an attached negative thought that most of us link to, and associate with, salespeople (and the word sales in general) as part of a deep-seated belief system.

"Dental practitioners who integrate hygienists into their practice can only be guaranteed patient compliance if, within their own core beliefs, they consider the referral to be a delegation up the clinical care chain rather than down..."

To challenge this deeply entrenched thought, you will need to dissolve in your mind all other variables and negative belief systems associated with sales. To do this, the pertinent question that needs to be asked is: In the instance of a particular patient being left to choose between two options, including one that is universally medically accepted to be superior and one that is universally medically accepted to be inferior for the particular circumstances in question, who is more likely to inspire or motivate the patient into the superior option - the dentist with superior sales skills or the dentist with inferior sales skills?

In answering this question, some of the assumptions and belief systems we need to leach out of our thoughts include:

- That the superior option is always more expensive for the patient; which, as we all know, is often the case in the short term but rarely the case in the long term.
- That the superior option amounts to over-servicing, which is, by definition, a misnomer. The universally accepted superior options are in principle superior because they are on the mark and not over-servicing or under-servicing the needs and expectations of the patient.
- That the patient will react negatively to the sales pitch; which is inevitable if you pull out some steak knives to throw in with the treatment plan.

In defining the word *sales* and its role in our profession, I would like to state the following.

Selling dentistry and good medicine starts from the moment a patient first sees or hears about your business brand and carries through to the afterthoughts they have of your entire practice and the treatment they received there. It therefore includes the A to Z of practice management philosophies, but at its core it includes the dentist's ability to educate, inspire and motivate the patient. This is followed in turn by the clinical expertise required to fulfil the proposed treatment plan in meeting the needs and expectations of the patient. Only then is the patient well and truly "sold" on the dentist and the practice.

In summary, sales in dentistry is not restricted to any given moment in the dentist–patient relationship, and the quality of a dentist is not simply gauged in the moments when he/she is holding a dental instrument. The two are intertwined in every facet and every moment of the overall experience.

So, in my opinion, in case you missed it, the better dentist is the better salesperson. Now that's a belief system I like to hold onto.

Dental Myth 2: In 2011, specialist registration guarantees you a busy career in your chosen field, with endless referrals from general dentists

Smile Solutions is currently home to 10 board registered dental specialists and 5 general dentists either awaiting specialist registration or currently undertaking postgraduate specialisation training. I foresee between 15 and 20 specialists consulting in our practice by the end of 2012.

The key to the continued success of this team is a support base of around 20 busy general dentists tapping into comprehensive treatment of a substantial and ever-growing patient base. More importantly, the depth of our specialists' appointment books depends on one fundamental philosophy that our general dentists have ingrained in their psychology: when there is a clinician within our own group or in Melbourne's dental community who is more clinically expert to carry out a particular treatment modality, then the onus and duty of care are on the clinician to refer the patient up the clinical chain of expertise. As a matter of course, we have found that, as our stable of specialists has grown, our need for external specialists has diminished. However, because the philosophy is so entrenched, our practice still remains a prodigious referrer to various external specialists in times of internal appointment shortages or in facilties where we cannot offer our patients an available in-house specialist.

In discussing this dental myth, I need to look back to 1992 when I began to practice as a general dentist and outline the philosophy I implemented in my own practising career.

From the outset, against the wishes of my principle dentists, who urged me to branch out as much as possible, I had made up my mind up that my passion lay with fixed prosthodontics. I believed that any patient in my care wanting a bridge, crown or veneer would receive care "almost equal to any clinician out there". In reality it probably took 8 to 10 years of intensive work in the field for me to fine-tune my skills and knowledge in fixed prosthodontics before I could even hope to make such a claim; but nonetheless I was determined.

As it turned out, I wasn't too far off the mark, because some 19 years later my very first case of complex fixed prosthodontics involving 16 units of ceramic crowns and veneers, which I carried out approximately 12 months out of dental school, is still holding up quite well, and the lady remains a strong and smiling public ambassador for my practice.

However, I did not feel the same way towards orthodontics, oral surgery, paediatric dentistry or periodontics. In these other fields, I maintained my practice mantra; namely, that if there were others better clinically equipped to care for a patient in any given field, then the onus and duty of care were on me to refer them off. I believe to this day that this single drive was the most influential factor in the birth of the current Smile Solutions model.

To my dismay, my embryonic model started with a major hiccup: my team consisted of only one person. So within 3 months of practice, when I could no longer bear to hold a scaler in my hand or look at another morsel of calculus, I urged and insisted that my employers take on a dental hygienist. This was an immediate success, as my patients (to the surprise of all except me) embraced the referral. Why? Because, in my core beliefs, I felt that I was delegating my patients up the clinical care chain to a clinician genuinely better equipped, in all facets, to handle their periodontal and oral hygiene needs.

As an aside, dental practitioners who integrate hygienists into their practice can only be guaranteed patient compliance if, within their own core beliefs, they consider the referral to be a delegation *up* the clinical care chain rather than down. Those whose egos place them at the head of the clinical chain will inevitably struggle with convincing their patients, their staff, their hygienists and most obviously themselves of the benefits of a dental hygiene program.

"As a profession, we are sitting on the cusp of evolutionary change. Extreme pressures... have formed an almost perfect storm in our industry. The result is a new species - one that has been evolving for almost 25 years but has now arrived in full force... enter the Super Dentist...

Now that I had hygiene covered, where to for everything else?

Initially, I was referring patients all across town to various specialists in fields such as endodontics, periodontics and oral surgery before restorative rehabilitation. However, the system at the time failed my patients and me in the following ways.

- Many of my patients returned to me with incomplete treatment after having various problems with the clinician I had referred them to. Even worse, many assumed that I was to blame, because I had referred them in the first place.
- To my frustration, some patients were referred on to other clinicians without my involvement, removing me from my critical role as case manager - in some instances, even removing me from my livelihood of carrying out restorative dentistry.
- The process was often excruciatingly slow and there was no way of speeding it up in cases where time was of the essence, such as an emergency pain patient requiring immediate care with an endodontist, or an overseas traveller requiring treatment guided by a time line, or appeasing someone keen to improve their smile for a special occasion.
- Correspondence by letter and constant transferring of X-rays were cumbersome and restrictive, allowing no organic dialogue, peer review or face-to-face interaction.
- Worst of all, I could not move on from the overpowering feeling that my chosen specialists felt that I owed them a busy appointment book, an endless stream of referrals and a lavish lifestyle, just because.

From the time when I started up in my own practice, Smile Solutions, in 1995, I set out assiduously to maintain my mantra of delegating up the clinical care chain, but the pitfalls of the existing system were yet to be overcome. To achieve this, I had to almost reinvent the wheel. The outcome is a practice that offers our patients exceptional care and our clinicians an almost ideal work place.

Having multiple clinicians practising in one location has its own unique benefits, including the following:

1. An ideal forum for the administration of superior dental care is provided by interactive peer review, constant mentoring by more experienced clinicians, in-house dental workshops and the accessibility of multiple specialists for opinion, treatment planning advice and discussion.
2. Clinicians can focus on areas of dentistry they most enjoy or are better skilled at. The simple transition of delegating patient care to individuals specializing in a particular field will inevitably promote better comprehensive dental care.
3. Patients can be offered extended hours, out-of-hours emergency care and a choice of dentists and can be seen all year round (even when their own dentist is away), at the location they have learnt to trust, by a clinician who has direct access to all their clinical history and radiographs.
4. Less experienced clinicians will be guided and mentored by other dentists, specialists and senior management in our team. Apart from the clear benefit of reducing your own workload, it is a very fulfilling exercise for senior dentists to mentor and give back in this way as they diversify their role in the profession. For the training clinician, it is also a learning hothouse in which they are exposed to a readily available variety of philosophies, techniques and skills.

However, satisfying the needs and expectations of multiple dentists and specialists in various fields of dentistry has required a substantial financial and emotional investment on my part.

I was not alone in the problems I was facing with the referral system that prevailed in the latter half of last century. Added to this, the millennium brought its own challenges. The need for restorative dentistry was becoming scarcer by the year with better oral health and preventive care in the community. Competition dramatically increased through the loosening of advertising laws and the inescapable grip of the Internet on our society. The economy tightened beyond anyone's imagination, and the uptake of private health insurance, coupled with more stringent preferred provider models, meant that all general dentists were feeling (as they continue to do) the ever-increasing levels of pressure on their profit margins. Finally, to add insult to injury, skilled labour in dental ancillaries dried up, thus placing massive upward pressure on staff wages in our industry.

These pressures resulted in some interesting phenomena:

- Although business overheads were palpably increasing each year, dentists' fees remained inexplicably constant and towards the end of last decade, they dramatically decreased in some areas with the introduction of many practices offering budget-priced dentistry. Examples of this included teeth whitening, dental implants, porcelain fillings and laser dentistry (to name just a few services) that are either around the same price or considerably less expensive today than 10 years ago in the face of no reduction in underlying business costs.
- Practices amalgamating and clinicians congregating to minimise overheads.
- Practice owners by the hundreds selling up to mushrooming corporate outfits under the veil of succession planning.
- The greater take-up of health insurance preferred-provider schemes.

Charles Darwin's theory of natural selection came to the fore. For evolution to take place through natural selection, there needs to be extreme environmental pressures. As a profession we are sitting on the cusp of evolutionary change. Extreme pressures of the kind outlined above have formed an almost perfect storm in our industry. The result is a new species - one that has been evolving for almost 25 years but has now arrived in full force, one that no doubt threatens the status quo that has prevailed in our profession for over a century.

Enter the "Super Dentist"

Essentially, the *Super Dentist* is a general dentist who may work as a sole practitioner but often works in a team with other super dentists. As a group, "the team" has a "special interest" in everything from dentures to implants, from orthodontics to cosmetic dentistry, from preventive care to surgical care. They all work from "state-of-the-art" surgeries and are part of "multiple study groups and associations". They are adaptive to new technology, maintain competitive fees and rarely feel the need or onus to refer patients to specialists.

"The Super Dentist, being the superior sales person by nature, will also lean towards meeting patient demands to maximise patient compliance rather than pushing low-conversion, idealised treatment modalities..."

Their evolution is a direct result of the environmental pressures in our industry. Their success is due to their insatiable desire to keep all treatment in-house and minimise the referral bleed and they are not ashamed of it.

Technology has invigorated the Super Dentist's claim to being the next generation of thriving dental clinicians. Invisalign has enabled super dentists to compete on an equal footing with orthodontists; rotary instruments have made endodontics child's play; and the success rates of implants have made the choice of extraction so much more arbitrary, with digital scanners and user-friendly implant systems making implants available to the masses. One-visit porcelain restorations with ever-improving software programs and laser equipment for gum lifts and gingival surgery, have dented a few specialists' egos, I am sure. IV Sedation for surgery is also creeping into the Super Dentist's armamentarium.

Anecdotal information indicates that, in Melbourne at least:

- The highest number of Invisalign cases each year is being carried out by a general dental practice.
- A general dentist is carrying out the surgical and prosthodontic components of the highest number of full-arch implant bridges.
- A search-engine search for "oral surgeon" almost always results in a general dentist listing at the top of both the organic and adwords listings.
- The practice with the highest number of children in orthodontic care is that of a general dentist.

The Super Dentist, being the superior sales person by nature, will also lean towards meeting patient demands to maximise patient compliance rather than pushing low-conversion, idealised treatment modalities. This is resulting in smile makeovers rather than occlusal rehabilitations; straightening teeth rather than correcting skeletal bases; implants rather than endodontic re-treatments; cosmetic dentistry rather than conventional orthodontics; full-arch implants rather than extensive conventional periodontal care.

Whether you like it or not, the Super Dentist is the next generation and is here to stay. He/she confirms the mythical nature of the statement "Specialist registration guarantees you a busy career in your chosen field, with endless referrals from general dentists."

To learn more about the tools needed to expand your practice and the delegation skills required to manage a dental practice, you can hear Dr Kia Pajouhesh speaking in Sydney, Brisbane or Auckland in June/July 2011 in Sydney on 1 June; Brisbane on 22 June; and Auckland on 13 July.