

# Private Practice™

*A Guide to Creating the Practice and Lifestyle of your Dreams*

## Clinical Dentistry

**Bioesthetics** By Thomas D. Dumont, DDS, FICD, FACD, OBI Faculty

**Editor's Note:**

Over the last several months, there has been much discussion about the role of occlusion in a comprehensive dental practice. The controversies that surround occlusion have been around since gnathologists roamed the earth. I'm not sure if there ever will be an end to The Jaw Wars. Readers have informed me of a group of dentists on the West Coast that teaches a very credible philosophy called Bioesthetics. This month I invited Dr. Tom Dumont to tell us about Bioesthetic dentistry. Dr. Dumont is a restorative dentist who has been in private practice in Ashland, Oregon since 1971. Since 1995 he has been a faculty member at OBI. I invite all comments, pro and con, for the sake of better understanding the human dentition. Send us your e-mails to [Priv8Prac@aol.com](mailto:Priv8Prac@aol.com).

Barry Polansky, Editor

### Introduction

The Ideal Human Biologic Dental Model and its ramifications is the subject of this article. It has been 10 years since this discovery was introduced into the literature...an infant in terms of dental history, thought, awareness and practice. On the other hand, it is prehistoric dating back to the very beginnings of human existence. Many of the statements of this text are based on thousands of observations by clinical dentists (our students since 1994) when comparing, through the diagnostic process, exceptional human dental form with form that is less ideal. The literature does not necessarily support these observations simply because the subject has not been considered. It would be easy to dismiss the findings as anecdotal. With the bioesthetic awareness, however, the anecdotes in support of this activity are piling up, creating an archive of predictable patterns of pathology addressed by equally predictable solutions for treatment. There is no question that this is a fertile field for dental research. We, therefore, have just begun on the infinite "biologic trail" as it pertains to our dental system. This article reflects an overview of our current understanding of the orofacial, dentognathic bioesthetic system and represents just the tip of the tip of the proverbial "iceberg".

"Bioesthetic Dentistry" is based on the Ideal Human Biologic Model (hereafter, the Model). This Model was discovered by observing and measuring beautiful human dentitions that showed little or no wear in people over the age of 30. To my knowledge, the late Dr. Robert L. Lee, a gnathologist, was the first to make those observations. He wrote and published his findings in *Fundamentals of Esthetics* by Claude R. Rufenacht, Chapter 5, Quintessence, 1990. The bibliography at the end of that chapter will also support this paper. In his quest to understand how the human dental system functioned in health, Dr. Lee utilized his MS in advanced biology, which promotes study of optimal biologic systems. He observed and recorded nature's successful, long-lasting, unworn dentitions. These discoveries led to a change in how he practiced dentistry. By applying the qualities he observed in the successes of nature to his patients, he found his cases to be very predictable, functional, esthetic and stable - superior to any treatment he has previously provided. He termed this approach "Bioesthetic Dentistry."

Our traditional education and disposition in dentistry has been reactive. By necessity, the earliest dentists responded to various levels of need, usually motivated by pain, deformity, and/or unattractiveness. Today, we have become very innovative in this activity, basing

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*our dentistry on*

most of the previous experiences of others or ourselves - the "this works in my hands" approach. Dentistry has been a craft, an art. Under these conditions, it defies definition of a true standard of care, or adherence to evidence based notions when considering how the dentognathic system works. The truth is that materials and technology have steadily improved, deluding dentists into thinking they know more about dentistry. What we know more about is dental materials and technology, not natural anatomy and the operation of the stomatognathic system. If anything, I am sorry to say, our dental schools today are teaching less about dentognathic system dynamics than they did 35 years ago. Confirmation of that point is found in the conclusions of the terribly flawed NIH report, which questions any cause and effect connection between the teeth and jaw joints. Obviously, the panel had a distinct absence of comprehensive clinical restorative dentists!

We in dentistry have been living in a sea of conflicting concepts and opinions concerning the workings of the stomatognathic system. As a result, dental school curriculums in the United States, dedicated to understanding and treating occlusal system problems are confusing and contradictory, if taught at all. Why is this so? The answer is that dentists, until recently, have never really known nor been taught how the ideal biologic human dental system works. When interviewing prosthodontists concerning comprehensive treatment, they invariably respond: "We've been taught various occlusal schemes so we can choose and use the one that works best for us in each patient's situation." This sounds plausible, but should the best dentistry be based on invented occlusal schemes to solve biomechanical problems?

The traditional discipline that does take a larger view of the system is gnathology. It, too, evolved from a defensive mindset. Confronted with the greatest dental pathology, toothlessness, the most competent dentists of the 1800's and early 1900's looked beyond the edentulous ridges to the temporomandibular joint to help solve that edentulousness. By the 1920's, Dr. Stuart McCollum began to study the relationship between the joints and the teeth. Joint position and movement, he theorized, must be studied much more carefully if treatment was to involve real teeth and not just removable dentures. This thought process established the movements of the condyles as the primary determining factor when restoring worn down and/or mutilated dentitions; Thus the evolution of gnathology. The question remains, however: Can we, as comprehensive dentists, provide the very best dentognathic health solutions by applying innovation based on response to the greatest pathologies? To move beyond that paradigm, we must have a new perspective.

Thanks to Dr. Lee's published observations and clinical results, we received the information necessary to treat the system proactively. We call this diagnosis and treatment process "Bioesthetic Dentistry." Adults over the age of 30, blessed with exceptional unworn or slightly worn teeth, personify the basis of the Model and all have at least three attributes in common: (1) When the teeth are in complete contact, the condyles are in the most superior, anterior and medial position engaging the thinnest portion of the articular disk; (2) Anterior guidance, sufficient to prevent premature posterior occlusal contacts in all incisive, retrusive,

and lateral-closing movements during mastication; (3) Genetic unworn or slightly worn tooth morphology. When these three features are in place, midface form is generally full, imparting attractiveness to the individual, ie "the bioesthetic look." By virtue of these commonalties, a standard of natural biomechanical excellence has been established on which to base care for the human dental system.

Near perfect dentitions have presumably been present throughout human existence. The key to understanding the orofacial, dentognathic system is therefore a discovery, NOT an invention process! Once observed and understood, we can then use our inventiveness to replicate the ideal systems in those of us less fortunate. Traditionally, dentistry has not been interested in observing these people because they have "nothing wrong." On the other hand, they haven't sought our attention for the same reason. Believing these people walk the earth is very difficult for latter day dentists with the, "What's wrong? Let's fix it" pathotechnical training and context. For most lay people it's a simple concept. Our conventional mind set begs the question. How can we really know what's wrong if we don't know what's right? Isn't contrast the essence of vision? The Model defines pathology just as perfection reveals imperfection. In the best human dental systems, wear, abfractions, exostosis, inflammations, decay, calculus, steep curves of Spee and Wilson, bone loss, muscle contraction, and TMJ problems are minimal to none.

We observe that the teeth are always the primary guiders of the jaws in adults, whether in an ideal or pathological alignment. The genetic preordained form of the teeth, jaws, and occluded dentition proves that in the adult dentition: FUNCTION MUST FOLLOW FORM. Therefore, when we measure ideal unworn forms, we find these people will have exceptional function. At least three instances come to mind where the reverse, Form Following Function, prevails in dental matters.

They are:

- 1. The primordial developmental process of the stomatognathic system.*
- 2. Invented dental solutions not based on natural unworn anatomy. Innovating and fabricating a form, ie an occlusal scheme, achieve a desired function.*
- 3. When there is a discrepancy between maximum tooth contact and ideal condylar position in function. This relationship requires dysfunction to function, which will eventually denigrate the form and lead to ever increasing pathology, ie a system functioning "out of centric."*

We do not believe in the occlusal concept called "Functional Equilibrium" when the Bioesthetic Principles are not in place. Our experience suggests these "worn in" dentitions are probably not in equilibrium. It's more likely an interim of patient unawareness or non-complaint. Pathology (change of dental form), molecule by molecule, will progress, driven by our own divine neuromusculature to relentlessly adapt away from the noxious cause commonly resulting in forward jaw position, which produces horizontal torquing forces and eventual wear and tear on the sys-

tem. Most adapted occlusion (C.O.) dentistry is performed on response, not causal areas, i.e. veneers on worn anterior teeth, endo on cracked teeth, perio around overloaded teeth, Class V fillings on abfractions, etc.

Because the Model is based on nature's ideal, Bioesthetic Dentistry is an activity dedicated to replicating that form. Dr. Charles Wold, the director at Orognathic Bioesthetics International (OBI), defines our activity as: "a process that accepts biologic form as the basis for comprehensive functional diagnosis and rehabilitation of the stomatognathic system." We at OBI have been teaching the techniques necessary to reproduce natural form and function clinically since 1994.

We presently have four levels to our curriculum:

- Level I** - Introduction to Bioesthetic Dentistry;
- Level II** - Mandibular Stabilization and Orognathic Diagnosis;
- Level III** - Comprehensive Orognathic Bioesthetic Rehabilitation;
- Level IV** - Complete Orognathic Bioesthetic Rejuvenation.

The instructional ratio is four students per instructor with unlimited telephone support between sessions. Upon completion of all four levels, each student will have (1) recorded photographically, (2) diagnosed and treated from post-orthosis, stable condylar position, hinge axis mounted models, and (3) presented one limited comprehensive case and one full rejuvenation case each done under close supervision. To my knowledge, OBI is the only organization teaching this philosophy in that way. At this moment in time, thousands of our patients have been treated using Bioesthetic Principles with great success.

The Model, through the Principles, provides a predictable blueprint for all dental modalities AND specialties to diagnose and treat cases. Validity resides in the fact that it is quantifiable (measurable ranges), qualifiable (endowed by nature genetically), intelligent (proprioceptive and physiologically responsive), and has stood the test of lifetimes. The Model is NOT a theory or an opinion. It is a reality that can be observed, measured, and recorded. Interviewing patients that have received bioesthetic treatment proves the power of the principles.

By employing The Model, we can:

- 1. Observe the earliest stages of pathology in our patients. The signs most often appear long before the symptoms.**
- 2. Diagnose and quantify any departure from the Bioesthetic Principles.**
- 3. Treat by building the known principles into the deficient dental system.**
- 4. Direct specialty care, orthodontics, orthognathic surgery, periodontics, and restorative dentistry to a common goal.**
- 5. Maintain optimum condylar position in jaws years after treatment.**

Originally you asked me to compare Bioesthetic Dentistry to other comprehensive programs being offered. I am disqualifying myself from comment due to the fact I have not been enrolled in

the programs and am, therefore, not intimately familiar with their content. We encourage any program or activity that holds stable condylar position as a place from which to diagnose and treat.

Finally, with the Ideal Human Biologic Dental Model, the restorative dentist must take the primary responsibility for diagnosis and coordination of treatment of the dentognathic system. The Human Proprioceptive System is very sensitive. Because orthodontic and orthognathic surgical cases cannot be as precise, irreversible dentistry must start and finish in the hands of restorative dentists. With The Model, the standard has been set. We have an ideal, finite goal for treatment. It serves all ages and conditions and can be used in cases from the smallest interceptive, preventative correction to the most extreme orthognathic, surgical, restorative rehabilitation. It is the dentistry of the future because it is patterned after nature and will eventually serve as a framework to unite all dental disciplines and specialties to a common cause. This paradigm will facilitate understanding of our magnificent dental system, greatly benefiting the quality of care we provide our patients. For those who are curious or have questions, please contact me through OBI (1-800-438-6441). Thanks for the privilege of this communication.

#### **About Orognathic Bioesthetics International (OBI)**

Dr. Lee is the founder of Bioesthetic Dentistry. He taught and practiced Functional Biologic Occlusion beginning in the mid-1960s and continued his teaching and lecturing until his death in 1997. Dr. Lee mentored and taught with Dr. Charles Wold in the Lee Institute from 1986 until 1994. Dr. Lee asked Dr. Wold to continue teaching the clinical application of Bioesthetic Dentistry and urged him to form a new teaching institution to which he would sanction the exclusive source of education in Bioesthetic Dentistry. Dr. Wold formed OBI in 1994. He enlisted Dr. James Benson to help him train and enlist other faculty. OBI currently has thirteen faculty members, including the associate director, Dr. James Benson, and the director Dr. Charles Wold. OBI is also active in Germany and has trained four German faculty members.

#### **Do All Your Patients Deserve the Same Treatment?**

All your patients are valuable to you and the company, but not all patients are equal.

What this means is that while all patients receive set basic standards of good care, your most important patients should receive the best care, including differentiated services. This shows your vital patients that you recognize their worth and deserve their business. So when you are serving your "crown jewel" patients, be aware that they deserve an enhanced level of customer care. Instead of struggling to be "all things to all patients," make sure your top-performing patients are getting the attention they deserve. Do you know who your key players are? You should, if you're going to target them for heightened customer-service efforts.

## Let's Give 'em Something To Talk About

I would think that nearly everyone in America has read Michael Gerber's classic book about small business, *The E-Myth*. Gerber certainly has a knack for describing complex issues in an entertaining fashion. The biggest problem with the book, however, is to try to apply its principles into your very specific business situation. Gerber's audiotape, *The E-Myth Manager*, available from Nightingale-Conant, describes the now famous visit he took to a motel in the Pacific Northwest. On the tape, he describes the incredible Ritz-Carlton-like service he received. He describes the room service attendant, Kathy, and the amazing amount of knowledge they had retained on him since his last visit to the motel. They knew his breakfast preferences and the morning paper he enjoyed reading. Everything was at his disposal.

Although Gerber's writing and presentations have been effective in teaching those in the service sector about outstanding customer service, less is known about Gerber's sources. Anyone who is familiar with the work of Dr. W. Edwards Deming will recognize his strategies in Gerber's work. I hope this doesn't belittle Gerber's work; I have learned an enormous amount from his books. But like many books, they seem only to discuss the philosophy and leave the practical application to you. Consider the following: Do you know the average amount of time a piece of paper stays on the ground at Disney World? The answer is 28 seconds! How do they do that? I want you to do a little experiment: the next time you go out to eat, look closely at the bathrooms in the restaurant. Or the floors? Or the demeanor of the waitresses? Now think about those 28 seconds and the volume of trash that could accumulate in The Magic Kingdom. What does the management at Disney have to do to get that stuff cleaned up so quick. I know what you're thinking: hire Olympic trained trash pickers. No, they need to create a system.

All of the amazing service feats and failures we see come down to one thing: the creation and application of not only well planned systems, but systems that are easy to implement. In the

*All of the amazing service feats and failures we see come down to one thing: the creation and application of not only well planned systems, but systems that are easy to implement.*

next two Rainmakers, I want to discuss "systems." To begin, I want to go over the philosophy, and then I want to bring it home with practical applications. First I will refer to Deming and then I will refer to our pal from Down Under, Paddi Lund. No one explained "systems theory" better than Deming and no one has applied his principles to a dental practice better than Paddi.

By the way, if you haven't figured out why systems are so hard to implement, it's because all of our systems require human performance. That's why they must be simple and easy to learn, implement, and make successful.

Before we jump in: do you know why Disney World always looks so immaculately clean and your local diner does not? Want to know why your diner's bathroom is dirty, or the creamer at the coffee shop always needs to be replenished; Systems! Our systems need to be running in the background, like the operating system of the computer I am typing on right now.

Deming said, "A system is a series of functions or activities within an organization that work together for the aim of the organization." The key word in this definition is "aim." The aim is composed of the beliefs and values of the organization. I was speaking with a dentist last week who complained that he needed more patients. I asked him why he needed more patients. He shot me a bewildered look. He didn't realize that I was asking him a question that struck right to the heart of his own beliefs and values. I reminded him that his practice wasn't about him, but rather about his patients. You've heard me say that before. I then told him to ask himself a better question like, "How can you raise the

standard of care in your practice so that it reaches the highest standard of care in the community?" You see this reflects a whole different set of beliefs and values. That's why it's important to understand the philosophy before we get into the nuts and bolts. You see the answer always lies between our ears.

Deming went on to say, "The aim, the values, and beliefs of the organization, as set forth by top management, are important. The aim of the system must be clear to everyone in the system. Without an aim, there is no system." So what is the aim of our practices? Take your time; that may be the most important question I ever ask. Remember without an aim, there is no system. Each system we place

in our practice has components, or subdivisions. Each component must relate to the aim for optimal effectiveness. Management's job is to optimize the entire system. For example, to optimize production at the expense or exclusion of customer service or high quality would be considered sub optimization, or more importantly, poor management.

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In a recent telephone conversation with Fletcher Potanin, the publisher of Paddi's books, I asked, "What makes a good system?" He answered, "The ability to achieve a complex result with very simple input."

Let's take a look at one of Paddi's most successful systems, The Courtesy System. It's nothing more than eight performance standards, eight short sentences that have an amazing effect on the social organization of his practice. It's not necessary for everyone to understand the philosophy behind the system, only that it works and makes the practice run more smoothly toward its ultimate aim. In Paddi's practice, that would be dental happiness. Is happiness a value that you hold near and dear to your heart? It certainly is for me.

Walt Disney shared that value with Paddi. Disney's mission in life was to make people happy. Michael Eisner, Disney's CEO, continues to provide happiness to his customers. Everything they do at Disney, whether it's making movies, running the theme park, or creating products is performed to make people happy. Do you think an exquisitely manicured park in Orlando has an effect on making people happy? You bet it does! Paddi's new book, *The Absolutely Critical Non-Essentials*, does an excellent job at explaining the theory behind how to "systematize the little things in your practice that will deliver an incredible experience about which customers will rave."

To me, Paddi Lund is one of those unconscious competents who spends a lot of time thinking about ideas and philosophies and then has this special talent of explaining them and creating practical ways to put the ideas into use. Paddi says the components of a good system are as follows:

1. *It is well documented and described in easy to understand steps.*
2. *It is obvious who is responsible for modification.*
3. *It is easily performed.*
4. *Has an outcome that is obvious and measurable.*
5. *Has a simple checklist.*

Let's take something very simple but critical in your practice, like maintaining equipment, or ordering supplies. When things go wrong it becomes quickly obvious. Depending on what goes wrong, it can have a serious effect on your daily quotient of happiness. Ahh, but that's too obvious. How about some of those invisible things, those little things that have a much greater impact on how our clients see us? Like that bathroom in the diner. A few weeks ago, my son came down with an awful case of food poisoning after eating fish in a local eatery. You can't begin to imagine how sick a human being can get from tainted food. I asked him about the restaurant. What kind of people worked there? How clean was the place? Did the employees look like the type who washed their hands after going to the bathroom? Are these questions unreasonable? Sure it may have been bad fish, but I certainly wouldn't give that place a second chance. The point is that our clients owe us nothing. Their perception of us comes from their frame of reference. If our bathrooms are

dirty, how is our dental work? If our models are immaculate, that too is an indication of our attention to detail - certainly a trait most people want to see in a dentist. The problem is that they can only reference it through their experience. That is why management's job is to provide the systems that ensure this perception, not "bad fish".

Paddi's new book does an excellent job, through the use of a cute fable, in telling us how he developed his CNE's. The abbreviation stands for Critical Non-essentials; those little things that make the big difference. What's important here is that you don't copy Paddi's CNE's. This book does a great job of describing the development process so that it becomes easy to understand the importance of CNE's, making the creation of your own easy, and more importantly, authentic. By putting these CNE's into place, you will be able to see the relationship to the other systems we have spoken about before, like The Referral System. Remember Deming: systems are interdependent; they all relate, and by doing so, become optimal.

Let's look first at some of the simpler CNE's that can act as the infrastructure of a practice. Paddi says, "The value of thy wares speaketh through your soft carpets and hospitality." Certainly the kind of music that is played can have an effect on your patients. How about the smells that emanate from the practice? Do you think that can have an effect?

Smart businesses pay an awful lot of attention and intention to these little things. A hot towel to clean a patient's face after treatment? I could certainly go on and on about these little things that we so often take for granted but have such a big effect on what the "buzz" is on us. You can read about these boring little critically non-essential things in Paddi's book. One important note, however, is that before we can move on to the bigger more exciting CNE, that we all love to talk about (like Paddi's cappuccino machine or the carousel in the parking lot of an Atlanta pedodontist) is that the CNE's must be in place for the Super CNE's to have an effect.

Super CNE's? These are the "WOW" factors in your practice. You know, the stuff that Tom Peters coined in his book, *The Pursuit of Wow*. These are the things that make your customers really excited about your business and anxious to talk about it with their friends. We certainly live in times where entertainment and experience are important to the success of our business.

In the next Rainmaker, we will discuss the ins and outs of the Super CNE's, the things that Bonnie Raitt sang about in her great song, *Let's Give 'Em Something to Talk About*. ■

Dr. Paddi Lund's books and other products like  
***The Absolutely Critical Non-Essentials***  
are available from Private Practice Publications.  
Call: 1.800.453.989 or see attached form.

# MAXWELL LEADERSHIP

## LESSON #8 - FOCUS

The other night I gave a presentation to a local dental society. The subject of my talk was "the examination." I showed slides of some cases I had done in the past. Afterwards, I took questions. What I noticed was that most of the questions had less to do with the treatment process and more to do with treatment planning. Once again, I learned that many dentists have a lot of trouble with putting complex cases together. I find that the greatest reason for this has to do with this month's indispensable leadership quality: Focus.

John Maxwell's chapter on focus starts off with two wonderful quotations: "*If you chase two rabbits, both will escape.*" - author unknown and, "*What people say, what people do, and what they say they do are entirely different things.*" - Margaret Mead, Anthropologist. Are these great quotes for dentists or what? I recommend you write these quotes down and place them over your view box. Think of the first quote as a way to keep your focus while you treatment-plan. And think of the second quote before you present every case.

As a dentist who is trying to improve his technical skills within the confines of his lonely office, I can think of no other quality more important than focus. If you're a basketball fan, you'll appreciate the demeanor of L.A. Lakers coach Phil Jackson. His success can be attributed to his Zen-like focus. What appears to be aloofness and indifference is nothing more than intense focus on his priorities. Let's explore this more.

### Indispensable Quality #8 - Focus

Try an experiment: Ask one of your dental assistants to extend her arm out from her body. Tell her to try to resist as you force her arm in a downward direction. Note the amount of strength it takes to lower her arm. Now do the same thing but while you're pushing downward, turn quickly to the right or left. Note that her arm will probably give way slightly. You will break her concentration and she will briefly forget to resist; she may even become preoccupied with another thought. This is the effect a distraction can have on our ability to concentrate. We become preoccupied easily. Think about how many distractions we encounter during the course of a day, and I'm not just talking about the obvious ones like the telephone. Maxwell claims that great leaders main-

tain focus and focus is a function of great concentration and understanding and acting on priorities.

Let's look at Phil Jackson again. Michael Jordan considered Jackson his mentor because of his uncanny ability to focus on his priorities - moment to moment. The prior coach of the Chicago Bulls, Doug Collins, was like an uncaged animal on the sidelines. The complete opposite of Jackson. The calmness of knowing exactly what has to be done and when creates followers. Can you think of any examples of this in your practice? How about the way your schedule runs? How about the commitment to a comprehensive examination? And how about the treatment planning process itself? All questions of putting your priorities in order, are they not?

The second function of focus is concentration. Columnist George Will says people who are great at what they do "...have cultivated a kind of concentration unknown to most people." The best example of this in our practices is the way we conduct our examination. Listening is hard work and it requires total concentration. Our patients know when they are not the center of our undivided attention and focus. They know when we are distracted and preoccupied. I'm fond of saying that once we put on our smocks, we must be totally committed to the welfare of the patient.

There are many tools that can help us to focus better. Make certain time, like the examination appointment and the consultation appointment, sacred. That means no interferences. Become a better listener. Listen to language and make observations slowly and accurately. And most of all make sure you have a passion for what you do.

Maxwell says that we should divide our time disproportionately. Seventy-five percent of our time should be spent on strong points, twenty-five percent on learning new things, and only five percent in areas where we are weak. That reminds me of Pareto's Principle: The 80/20 Rule. In other words: don't major in minor things.

If you like restorative dentistry and hate endo, seventy percent of your schedule should be filled with restorative dentistry and you should be referring the vast amount of your endo. Don't like talking about money? Hire a great person who loves to talk money. Yes, hire great people and learn how to delegate. Spend time taking classes in restorative dentistry, not endo. Learn to become better your talents and what you love. Develop your strengths not your weaknesses. If you really hate dealing with the "picky" cosmetic patient, then don't. Don't be persuaded by others who dictate what you should like to do. Cosmetic dentistry is not only technically demanding but it requires the dentist to interact with patients with high demands. If that is not your strong suit - reconsider.

So what does all of this have to do with leadership? Great leaders don't have the problems that many people have because they focus better, and that focus gives them a commanding presence.

***"If you chase two rabbits, both will escape"***  
- Author Unknown

## Irrefutable Law # 8 - The Law of Intuition

### *Leaders Evaluate Everything with a Leadership Bias.*

Have you ever watched a great quarterback in action? Do you know what separates the average quarterback from the mediocre? The Montana's, the Elway's, and the Simms' from the rest? Sure, it's leadership skills, but specifically which ones? Most quarterbacks have courage, physical skills, and a certain amount of charisma, but the one trait that the very best have is the intuitive ability to act with a consistent leadership bias. Watching a great quarterback read defenses and audibilize at the line of scrimmage is a thing of beauty and wonder. These are the intangibles that we just can't account for. These are the things that cause us to ask the age old question, "Are leaders born or made?"

Management guru Tom Peters calls great leaders "Masters of the Intangibles." As dentists, we can appreciate that during the course of each day, we are faced with management dilemmas that test our ability to read and react almost as quickly as a Bret Farvre. Maxwell claims that the ability to evaluate everything with a leadership bias is a combination of natural ability and learned skills. He says, "The best way to describe this bias is an

ability to get a handle on intangible factors, understand them, and work with them to accomplish leadership goals."

I find that this law works particularly well with staff management. Intuitive dentist-leaders that I know who are quite successful tend to have a good grip of this law. They usually never complain about staff. One of the reasons for this is their ability to read people. They have a certain intuitive sense about those who surround them. There are no hard and fast rules, it's intangible. They also have an intuitive sense about themselves. You might say that they "know themselves" better.

The Pankey Institute recommends a fine leadership book, *Leadership Jazz*, by Max DePree. The book claims that leadership is more than a science, it is an art. The principles of leadership are constant, but the application changes with every leader and every situation.

That is what makes this Law so difficult. So paradoxical. There are some who do not have the capacity for great leadership. That is why delegation is so important. That is why we all need help.

Until next time, I hope these insights are truly helpful in running your practice. Keep journaling. ■

## Seven Steps to Personal Finance Success

### **Do you want a secure financial future?**

**If so, there are seven separate areas you need to consider. With a clear understanding of these topics, you should be able to build your finances successfully.**

- 1. Determine exactly what you want.** Before you invest, figure out exactly what you would like to get out of the time and energy you spend investigating your options and investing your money.
- 2. Design a plan of action.** Set short-term (one year) goals, medium-term (3 to 5 year) goals, and long-term (5 to 20 year) goals.
- 3. Implement successful money-management strategies.** Create a personal budget, an income statement, and a balance sheet.
- 4. Implement successful tax-planning strategies.** Some strategies include participating in the company's retirement plan, funding an IRA, and purchasing tax-deferred annuities.
- 5. Understand and manage the risk.** Prepare yourself to weather uncertainty.
- 6. Review your plan on an annual basis.** To help determine if you're still on course to meet your goals, review them at the start of each new year.
- 7. Reward yourself along the way.** After all your hard work, you deserve to have a little fun.

# A Fire In The Belly

By Dr. John A. Wilde, D.D.S.

*John Wilde visits us once again this month and writes on the topic of "Systems." Use his suggestions in combination with the Rainmaker series - especially on your referral systems.*

*Barry Polansky, Editor*

**D**espite recent breakthroughs in non-prescription medications, this is not an article about heartburn remedies. I'm writing to dentists who possess a flaming vision of their lives' potential that excites them as they leap from bed early each morning, eager to begin the day's adventure! I wish to add fuel to their joyous conflagration!

I'm also writing for dentists who's fire is now but a faintly twinkling ember, all but extinguished by years of disappointing reality that has seen their hopes and desires go unfulfilled...but a flicker of the dream of life's promise stubbornly persists, hopefully awaiting fuel and oxygen to burst again into flame. I believe all dentists possess at least a remnant of this passion, as no one could survive the rigors of dental school without such a guiding, energizing internal blaze.

I greet those burning with excitement and energy as brothers and sisters! I beg those whose fires are currently banked to suspend their jaded disbelief in the wonder of existence for the time required to consider this article. Recall the powerful vision that once provided you with hope, meaning, enthusiasm, passion, and joy! No matter what your current life situation, I believe you can still become the person you wish to be in your heart, and I will attempt to prove that bold statement right now.

Many feel discouraged by the overpowering complexity of the sum of life's problems. Considered in its entirety, existence can seem overwhelming! Such a wide-lens view of the world's dilemmas can result in feelings of helplessness, hopelessness, and apathy, but all lives can be reduced to sets of systems. Each of these systems can be dissected into manageable units in which excellence is possible. (For example, it's daunting to start writing a book. I've had seven published, and initiating a project is still scary, like beginning a journey with no end in sight. But could you write a solid sentence? A good paragraph? Perhaps a coherent page? From a series of such modest efforts, a book is born.)

One becomes excellent in any given situation when he or she is determined to do nothing less than the best. Thus excellence (not

perfection) is an act of will, available to all. And within the most humble dentist lies the ability to do some small things (such as write a pristine sentence, or place a perfect occlusal resin restoration) extremely well. From the accumulation of such seemingly minor accomplishments, great triumphs are achieved.

To illustrate my contention that excellence is a choice available to all (given proper guidance and willingness to make a sufficient effort), let's select one office system, consider its current status, then define precise steps that will move this system toward our ideal. This example can serve as a prototype or blueprint to guide one in any facet of life - be it health, relationship, practice enhancement - toward achieving meaningful goals, the bottomless source of passion and joy!

I've chosen hygiene as our example for these reasons:

1. *Dental hygiene represents an un-tapped source of vast potential wealth (the undiscovered acres of diamonds in one's yard that Earl Nightingale so elegantly described) in offices with hygiene departments, and in those without.*

The normal state of hygiene represents the most blatant misuse of skills containing vast potential to enhance patient health, well being, and beauty, while improving an office's professional reputation and fiscal situation, of which I'm aware! Typical hygiene inefficiency leaves tremendous untapped potential available and makes it an ideal choice to depict the benefits of system enhancement.

2. *Periodontal health is essential to patient well being. With reams of information dedicated to implants, air abrasion, veneers, lasers, and similar "cutting-edge" technologies, it seems dentistry has forgotten that the foundation of oral health rests on solid periodontal tissues, and that gum disease remains the most common bacterial infection from which mankind suffers. (Besides dental problems, let's not ignore recent studies linking periodontal disease to strokes, heart attacks, diabetes, low birth-weight babies, lung infection, etc!)*

So let's consider hygiene as it currently exists, then use system refinement to envision its potential and demonstrate how to reap the undiscovered "acres of diamonds" lying about our offices, while improving patients' oral health.

## Hygiene As It Currently Exists

The typical hygiene "department" consists of one hygienist treating patients in a single room, frequently a converted dark room, bathroom, or broom-closet! With failures, cancellations, unscheduled time, etc, I believe it's fair to assume our hypothetical hygienist treats an average of 6.5 patients per day. I will assume (make up) a fee of \$85 per visit. Six and one-half patient visits x \$85 = \$553 daily production. (Please compare this figure to your actual average daily hygiene production to determine how your office relates to our example.)

Let's consider expenses. We'll use recent ADA statistics that indicate a \$25 per hour salary as the national norm for hygien-

and employ my best estimate of my office non-salary hygiene overhead (comprised of percent rent, staff time, utilities, phone dedicated to hygiene, plus supplies) of \$18 per hour. This creates an average hourly overhead of  $\$25 + \$18 = \$43$ . For an eight hour day expenses are  $8 \times \$43 = \$344$ ; so office net is  $\$553 - \$344 = \$209$ . Not a bad day's (hypothetical) profit, and one that might please most dentists...until they read farther.

## Hygiene As It Could Be

Let's consider *Expanded Hygiene*.

Our (refined or enhanced) system now consists of one hygienist, two dedicated treatment rooms, and a chairside assistant whose duties are limited to helping provide hygiene care (We lack space to examine details of this system, but my most recent book, *Profitable Dental Hygiene*, contains a complete description of expanded hygiene). With a full-time assistant and a second room available, an average of 12 patients per day can now receive care, and our gross production raises to  $12 \times \$85 = \$1020$ . This is a 90-plus percent increase in gross production over the same hygienist working alone in one room, but you haven't seen anything yet.

Assume our fictitious hygienist's salary is \$25 per hour (our actual hygienist's salary is based on a percentage of production), and her assistant makes \$8 per hour. Due to a 50 percent increase in patients seen, hourly overhead rises 50 percent, from \$18 to \$27 per hour. This leaves us with  $\$25 + \$8 + \$27 = \$60$  per hour  $\times 8$  hours = \$480 per day expenses, with a net of  $\$1020 - \$480 = \$540$  per day. Compared to our previous \$209 we discover a 258% increase in net profit! Now that's system refinement!

One can quibble with theoretical illustrations, so let's consider data from my practice. Our hygiene department produced an average of \$133 per hour in 1999. Overhead expenses were \$26 per hour hygienist salary, \$8 per hour assistant, and \$18 per hour other overhead: \$52 per hour total expenses. Net was  $\$133 - \$52 = \$81$  per hour for a daily net of  $(\$81 \times 8 \text{ hours}) = \$648$ . Thus my actual 1999 profit total was  $(\$648 / \$209 = )$  310 percent of the previously discussed average.

## Steps Of System Refinement

Remember, our topic is not hygiene, but system refinement. I hope this example has accelerated the reader's pulse with hopes and possibilities, but it represents merely one of many possible benefits of system refinement. Let's analyze the steps that resulted in this significant increase in hygiene profitability (what could you do with a 310 percent increase in hygiene PROFIT each year?), and explore how system enhancement might be implemented to improve other venues.

**1. Vision -The first step toward ANY significant achievement is the attainment of a powerful, vivid, detailed, inspirational vision of the desired outcome.** A dentist could begin to envision the hygiene department of his or her dreams from the information contained in this article. He or she could search for more details from other successful practices, in magazines, books, or courses available on the subject. (The ADA library, phone # 800-621-8099, will provide a series of published articles on any dental topic for a nominal fee.)

An inspiring vision allows one to soar above the myriad of problems perceived when first presented with a challenge (opportunity) that discourages even an attempt to achieve one's dreams. By creating a vision first, one is inspired by possible rewards and motivated to confront the obstacles obscuring potential glory. First dare to dream, then work BACKWARD from this desired endpoint, breaking problems into manageable pieces with which one may confidently deal.

**2. Create a detailed; specific PLAN -No competent builder begins construction without a concise blueprint, or he or she risks becoming lost along the way.** With expanded hygiene, the first barrier to overcome might be developing space and/or equip-

ping a second hygiene room. Cost projections should be procured and compared to income estimates. One could use our figures, substituting his or her average charge per hygiene visit, to obtain an appraisal of potential revenue. (Would you sacrifice your private office for the discussed annual net profit? How much revenue does this space currently generate?)

Strategies to enhance patient load (chart audit is discussed in detail in *Profitable Dental Hygiene*, as well as

multiple marketing concepts advanced that can be employed to heighten patient demand), determinations of additional needed staff, and how to approach existing team members to gain their enthusiastic support of the idea must be developed.

**3. Implement - One's ultimate dream envisioned, and specific plans developed; one implements all phases of the concept with MASSIVE ACTION.** No stone must be left un-turned in one's efforts to be certain each phase of one's project is achieved. To those passionate about life, the only question remaining is WHEN will my goal be achieved? Failure occurs only when one quits trying.

**4. Monitor Results - MEASURED BEHAVIOR IMPROVES.** A key to maximizing hygiene production is avoiding open time. Our office monitors unscheduled, failed, and canceled time daily. All people involved in hygiene review these statistics with me during monthly hygiene staff meetings to identify reasons for, and reduce future, unfilled hygiene time.

**5. Adjust FOREVER - Life is never stagnant.** Every dental system must be continually monitored and creatively refined throughout the life of the practice. Failure to do so will diminish

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profit and peace-of-mind. The Second Law of Thermodynamics predicts systems left untended will move toward decay and eventual chaos. Constant attention and energy is demanded to maintain existing order and make further adjustments required by the constantly changing reality of the dental universe.

**6. Rejoice and celebrate goals achieved - Set specific targets, then enjoy the reaching.** One can celebrate with flowers, balloons, dinner out, a trip to a health spa, bonuses, new equipment, courses taken in wonderful vacation locations, or by savoring the quiet joy that accompanies the awareness of well-deserved achievement. The only limit is one's imagination.

### Expanding System Refinement To Other Areas

One's staff might well be jealous of hygiene's progress. If so, REJOICE! When employees come to you, doctor, they are motivated. This represents the ideal opportunity to begin exploring how to produce similar growth and rewards in every area of the office. All staff must understand that they progress only when the practice prospers.

Begin identifying systems such as collections, scheduling, clinical procedures, then dare to envision each system as you've dreamed it to be. Break systems into the smallest segments and begin to refine each portion. If the leader is dedicated, and staff enthused enough to recreate a system a month, within a year the practice will be reborn, and the influence on profit, promptness, and joy will be astounding!

Only one obstacle blocks attainment of the life you've dreamed of living...YOU! Your fears, laziness, self-doubt...Life is too precious, and too short to waste. Allow the flame of your dreams to roar in your chest! Abandon excuses for failure and seize the day. No matter what one's level of achievement, there exists no happier soul than one moving toward a meaningful goal, actively engaged in becoming the person of their dreams and surely achieving their destiny.

#### About the author

*Dr. John A. Wilde is the author of five dental books and over 100 published articles. John is happy to enter into dialog with readers. To contact him, to receive information on, or to order his books (including the recently released Dentistry's Future, and soon to be released Profitable Dental Hygiene), call 217-847-2816, or fax 217-847-9922.*

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## Quality In Communication

Ineffective communication is at the root of almost every business problem from poor quality to low productivity. Although you may be quick to admit the importance of good communication, you may have trouble spotting problems with your own style and manner.

*These six barriers to effective communication are common problem areas for even the most experienced leaders and managers:*

**Hearing only what you expect to hear**

**Being confused by conflicting information**

**Letting personal biases interfere**

**Slipping up on semantics**

**Ignoring nonverbal communication**

**Letting noise get in the way**

Meeting the communication challenge, then, means taking a close look at your communication style. If you fine-tune your hearing and listening habits, identify and neutralize your biases, and pick up on semantic nuances, you'll be well on the road to quality communication.

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## Chutzpah

The other morning I confronted the "New Patient from Hell." This is the new patient that sets you back on your heels. He's so up-front that there is no room in the operatory for anyone else. During the preclinical exam you just want to say, "Excuse me Mr. Rickles, but when do I get a chance to speak?" This guy is "The Driver" we all learned about in those personality books. I won't bore you on how I turned this guy into my friend, because it wasn't easy. There was nothing I learned in a quick fix seminar that I used to deal with this guy. It was more a combination years of reading and some innate people skill that saved me. Maybe it was the years I spent in The Bronx that helped. Upon reflection, I wondered how the average dentist would handle such a tough customer.

How do you teach, for lack of a better word, chutzpah? Sometimes you just have to depend on that certain trait usually associated with Jewish people, and I am one, to save you when you're in a tough fix. I like to define chutzpah as "verbal self confidence." Chutzpah is a Yiddish word taken from the Hebrew word meaning "audacity." Sometimes you just have to be audacious, to be bold. Alan Dershowitz wrote a best selling book called Chutzpah. In the book, he defines the word as meaning "boldness, assertiveness, a willingness to demand what is due, to defy tradition, to challenge authority, to raise eyebrows." Let's admit it, most dentists enjoy passivity, and in business, passivity is not a virtue. In most of our dealings chutzpah is unnecessary, but when needed, it can be like "The Force."

As you know, I read many books on "success." Recently I came across a book that explained why Jewish people are so successful, The Jewish Phenomenon, Seven Keys To The Enduring Wealth Of A People by Steven Silbiger. The author reveals many facts and statistics that support his theory, like why Jews make up only 2% of the total U.S. population, yet 45% of the top 40 of the Forbes 400 richest Americans are Jewish, and why one-third of all American multimillionaires are Jewish. According to the author, Jewish people in general have developed certain traits that enhance their success. Although I may take issue with some of those traits, I can assure you that when dealing with certain people, the trait of chutzpah can be quite an advantage.

This trait is not about becoming endowed with a silver tongue. It's more about being curious and questioning and speaking up. It seems that my entire outlook on life has always been, "Question Everything!" This may be the essential self-esteem issue. How many times during each day are we faced with situations that require us to speak up? To assert ourselves? Is this truly just a Jewish phenomenon like Silbiger says? I don't think so! I think it

can be learned. I think that it had better be learned if you want to succeed in business.

One of the best ways to gain verbal self-confidence is to use words properly. Read everything. Gain a greater vocabulary in order to express yourself to others, but even more importantly, to express your own thoughts better to yourself. Words have energy.

I have never told you that I would give you any gimmick in this newsletter. I pride myself in not BS'ing you about how to "sell dentistry." Now I will break that self-imposed rule and tell you the Nine Secret Words that will give you the chutzpah you need to succeed. It was these nine words that came together with my New Patient from Hell that saved me and converted him into a real patient (not quite above the line as of this date).

So here they are:

### "THE RISK OF INSULT IS THE PRICE OF CLARITY"

Look closely at those nine words. I'm not telling you to become aggressive or arrogant. They just mean that you must say what needs to be said even at the risk of insult. Don't be sarcastic, don't be nasty, and don't be condescending. Just be truthful. That's the problem: most people in business hold back the truth. They don't tell people what they really need to hear. I guarantee that if you can develop chutzpah, and I do believe it will be challenging, more people will accept your creative high-quality treatment plans, but be careful because there is a fine line between chutzpah and arrogance.

Write down those nine words. Use them as a daily mantra. See the difference you make today.

Now you might say that it took chutzpah to write this article. But at the risk of insulting you, we need to be clear on this very important issue. ■

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## On Word of Mouth

Have you ever heard the myth about word of mouth, that if someone has something positive to say about you they tell 2 or 3 people, but if they have something negative to tell they go out and tell 25 people? In the book *The Anatomy of Buzz* by Emanuel Rosen, the author wondered the same thing. The following is reprinted from that book: **How Many People Do We Tell?**

One of the few things that consistently show up in research about word of mouth is the fact that we tend to spread negative comments to more people than we do positive ones. A company that has conducted extensive research on the topic is TARP (now e-Satisfy) in Arlington, Virginia. John Goodman, president of TARP, got interested in the topic in the late '70s. It was commonly reported that when a customer had a positive experience,

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he told three other people about it, and when the customer had a negative experience, he shared it with seven other people. Goodman started looking at where these numbers came from. "I'd call up each source and say, 'Well, where did you get this data?' I found myself chasing my tail." Nobody knew the source of the numbers.

Goodman then approached the Coca-Cola Co. and suggested a study to actually measure word-of-mouth. A mail survey was sent out to about 1,700 Coca-Cola customers who had either complained or had made an inquiry to the company in previous months. TARP's findings in the Coca-Cola study and in consumer studies that followed confirmed the general belief that people talk about bad experience with more other acquaintances, although the actual number of people they talk to was different. In the Coca-Cola study, for example, consumers who were satisfied with the way Coca-Cola handled their complaint told 4 to 5 people about it, while those who felt that their complaint had not been satisfactorily resolved told 9 to 10 people. A study for General Motors found that the numbers for cars were 8 and 16. "Over the next 1,500 studies, anytime we did customer surveys, we would ask about word-of-mouth," Goodman says. "We do find that data varies rather dramatically. In certain industries, we find that one person hears about a good experience and six hear about a bad experience. So we've found over the past few years that the two-to-one ratio that everyone always talks about isn't necessarily correct." In a study of electronic customer service conducted in late 1999, e-Satisfy found that dissatisfied on-line customers were almost four times more likely to discuss their experience in an on-line chat room than satisfied customers.

The emotional involvement the customer has with a product is a good predictor of how many people he or she will tell about an experience. Since many people have strong feelings about their cars, they may share related information with a higher number of friends. On the other hand, it isn't the same with grocery shopping. "Even if you got incompetent service at the local supermarket, you may not talk to as many people about that, because that's not as exciting," says Goodman. Another issue affecting the number of people to whom customers spread the word is privacy. People may tell fewer of their friends about financial services and healthcare. So buzz can be industry specific.

Moreover, the number of other people we tell about a product can change over time. A 1999 survey sponsored by Priceline.com and conducted by Opinion Research Corporation International of Princeton, New Jersey, shows that on-line shoppers on average told 12 other people about their experience with on-line purchases. To give but one example: On average, a person who used an online travel service told 3.2 family members, 3.3 friends, 2 relatives, 2.5 co-workers, and 1.3 "others" about it. One can expect these numbers to go down as the novelty of booking a flight on-line wears off and customers begin to spread buzz about a new topic. ■

## **Top Ten Word-Of-Mouth Marketing Books**

### **1. *The Tipping Point: How Little Things Can Make a Big Difference* by Malcolm Gladwell.**

One of my favorite books. Use it as a primer for understanding this complex marketing tool.

### **2. *The Anatomy of Buzz: How to Create Word-Of-Mouth Marketing* by Emanuel Rosen.**

Not as well written as *The Tipping Point* but loaded with great advice for stimulating word-of-mouth.

### **3. *Building the Happiness Centered Business* by Paddi Lund.**

What can I say about Paddi that I haven't already said? A must read for all dentists by the man who knows more about dental word-of-mouth than anyone I know.

### **4. *Selling to the Affluent* by Dr. Thomas J. Stanley.**

Long before *The Millionaire Next Door*, Dr. Stanley was working his magic on wealthy people. Although being affluent doesn't automatically give the patient a high dental IQ, it's nice to know that the patient can afford the dentistry.

### **5. *Unleashing the Ideavirus* by Seth Godin.**

The Permission Marketing guy tells it like it is. A great explanation of viral marketing. If you have a website, you may learn better ways to use it.

### **6. *The One to One Future: Building Relationships One Customer at a Time* by Don Peppers and Martha Rogers.**

These are the people who pioneered relationship marketing. A classic book recommended at The Pankey Institute.

### **7. *Selling the Dream: How to Promote Your Product, Company, or Ideas-And Make a Difference-Using Everyday Evangelism* by Guy Kawasaki.**

The one thing that I learned from this book was how to become "an expert" in your community.

### **8. *Relationship Marketing: Successful Strategies for the Age of the Customer* by Regis McKenna.**

Another classic. McKenna invented relationship marketing.

### **9. *The Absolutely Critical Non-Essentials* by Dr. Paddi Lund.**

One of my favorites in Paddi's series. See this month's Rainmaker for more details.

### **10. *Training Customers To Treasure Your Business* by Paddi Lund.** Once again, the master of dental marketing has another great book.