

MAKE THE BREAK: ENTER PRIVATE PRACTICE NOW

Eliminate the complexity and succeed. ————— Article Contribution by Gary Kadi

Private Practice: An Opportunity. A Risk. A Choice.

If all of the limitations prohibiting you from going into private practice were eliminated, what would you do? As a dentist, if you were able to make absolutely anything happen, would you establish a full-time private practice?

If no challenges stood in your way, would you make it happen? If truly nothing was holding you back, what would your personal, professional and financial life look like?

It is so easy to get caught up focusing on challenges, barriers and limitations that we tend to envelope them. We are NOT our challenges and limitations; we are much more. Nelson Mandela has been quoted, "It is not our smallness that we are fearful of, rather we are more fearful of our greatness." The time is now for UK dentists to drill deeper to find the real dental entrepreneur within.

There are three big elements in the game of life: opportunities, challenges and outcomes. Choose to believe that challenges are just part of the game, and the easiest way to conquer them is understanding that they do not define who you are, nor what you can accomplish.

For more than 70 years, dentistry in the United Kingdom has been established as a great trade — patients flock to you, perch in your chair, and receive dental care financed by the state. Simple.

Due to recent contract developments, the UK dental landscape is rapidly changing. You can experience the opportunity of a lifetime; previous generations weren't offered the huge advantages that currently fill your chair. There has never been a more favorable time to capitalize on practicing dentistry in the UK than right now. Each year, 250 graduating dentists visualize this opportunity, and they're taking it on.

Roughly 15 percent of courageous, entrepreneurial UK dentists have established proven results from becoming a full-time private practitioner. Now it's your turn. You don't have to reside on Harley Street to do it.

Nine primary barriers must be faced as you enter a world of private practice.

Before we delve into these pesky paralyzers, I'd like to share with you a few reasons behind my great enthusiasm and passion for private practice.

I have had the privilege to support successful dental practices for nearly 15 years. I have an addiction to helping practitioners reach greater levels of success. I believe in developing a business where everyone wins. Patients need to understand their condition, the importance and methods to correcting it, and be willing to pay for the service. The dental team deserves to grow financially and professionally with the practice, and the doctor wins by leading a practice that matches his/her vision and philosophy, allowing money to flow easily and abundantly.

Now that I've shared my passion for dentistry, let's move on to yours. My grandfather taught me that the best educators are those who can take complexities and simplify them. I love this. Many educators want their students to understand their full potential by keeping lessons complex. It seems it may be counterintuitive for these types of teachers to simplify things. I think they may feel obligated to justify their existence. The opposite holds true with my teaching and learning methods. I intend on simplifying the steps for making the student-teacher break as simple as possible.

You see, you already have everything you need to become a profitable dental entrepreneur. It lies within and around you.

Consider that there are things that you already know. Then there are things that you know that you don't know. For example, you know how to treat tooth decay and infection, but isn't it possible that you know you do not know how to run a business? Plus, there is a whole other segment of knowing that isn't even on your "knowing radar". You do not know that you do not know something exists. You'll know you've reached this point when that "AHA" light bulb flashes. I call these your blind spots. Blind spots are unrecognized circumstances. Imagine that you're driving down the freeway of life, looking through your rearview mirror, unaware of obstacles, and not realizing that you've bumped into one until you've stepped out of your box. 90 percent of all learning takes place in an uncomfortable zone, yet we spend only one percent of our lifetime here. Take it on. Go for it. Richard Branson and Donald Trump have fears much like you, but I bet they face them head-on and play big. They lead immense lifestyles because of it. Now it is you and your family's turn to enjoy life in the fulfilled lane.

Buckle up. Let's get started.

Before we plunge in, we will need to simplify the seven key components of a private practice. Here you will identify the things you know, the things you know you don't know, and your blind spots. Everything about establishing and running a successful private practice will be seen clearly once you've finished this article (if not, enroll in my *Make the Break Into Private Practice* seminar in London May 2, 2008).

The seven primary components of a private practice:

- [1] Leadership/Management
- [2] Team Accountability
- [3] Marketing
- [4] Case Acceptance
- [5] Scheduling/Time Management
- [6] Finance
- [7] Quality Assurance

In this article I will focus on the Leadership and Team Accountability components, and follow up next month to discuss Marketing and Case Acceptance installments. In subsequent articles, I will reveal the two final ingredients of these seven key components: Finance and Quality Assurance.

Many dentists miss the half-hour course in dental school that reviews leadership and management, so I knew that I simply had to address these areas.

A straightforward method to emerge as a great leader is to think of the “I”s: Influence and Inspiration. It’s essential to be able to give direction to your team, your patients and vendors so they may fulfill your expectations. If you’re unsure of the course you wish to take, devise a plan and enlist a coach to help. By the way, leadership is with you wherever you go — at home, with your family, on the golf course, at the club.

Trust is a fundamental tool in leading. Your word is the foundation of trust. As leaders, we don’t always know the intensity of our word and its ability to create or destroy. I educate dental teams on the power of keeping their word. This is the first level of integrity. If you have mad promises to people and have not fulfilled them, it may be time to restore your word by recognizing you haven’t delivered on the promises you’d made. This could be in the form of a review or raise for a team member. If you fail to render your agreements, you cannot hold others accountable. If you do not appear for appointments on time, don’t expect your patients to either. If you’re late paying your bills, you can expect much of the same from your patients.

The other key piece to leading with influence is what I call the conspiracy theory: “I won’t hold you to your accountabilities, so when I do not fulfill my end of the bargain, please don’t throw me under the bus.” Listen up here — just be the bigger leader. Remember the turtle — all progress relies on sticking your neck out.

Take a look around ... you’ve always landed on your feet. You can be unstoppable, even when that little voice in your head deters you. You know that little voice I’m talking about ... the one that says, “What little voice? How’d he know I was here?” You see, great leaders avoid that negative voice. They don’t become their thoughts. Dentists who can get beyond the small, worthless self-talk are the ones who will enjoy the fruits of private practice. It IS that simple. Shift from asking yourself whether you *should* to bidding your heart and moral soul for the answer. This is where the truth lies. If we fail to search for the truth, we’ll continue to live in frustration and disappointment, because the mind and soul are in diametrically opposing positions.

Hopefully once you unveil this blind spot, you will move pass your current situation. Notice that I am spending time on methods of thinking before can progress into strategy and tactics. Most people who desire to grow, expand or alter their game, doing it bigger, better, or differently. Have you ever noticed that the more you try to change, the more things stay the same? This explains why some people will attend a seminar on a Friday, become inspired, and return to the office Monday prepared to implement what they’ve learned, only to find themselves right back where they started within a few short hours.

I think Einstein said it best: “the successful actions that have gotten you where you are will not get you where you’re going.”

Learn, unlearn, relearn.

We tend to get stuck because we want to hold on to the “this is the way it is done” mentality.

Break away. Challenge your thinking — it is the root of all change. Your thinking impacts your speaking, which impacts your actions, forwarding results. Therefore, the quality of your thoughts are equal to the quality of your life. When you refine how you view the possibility of fully succeeding in private practice, you can change the outcome.

In short, leadership and your method of thought are the first steps toward building a successful private practice.

Let’s move on to management. Management differs greatly from leadership. Leadership has more to do with a way of being and management is acting on it. I have segregated dental practice management into the three “M”s of Management: Measuring, Monitoring and Making things go right.

Ultimately, fear is the primary reason doctors avoid going into business for themselves; a fear of not doing or achieving. Eliminate the fear of the unknown by putting measurements in place. When you read my book, *Million Dollar Dentistry*, you will get an in-depth version of this theory, but for now I’ll share my Cliff Notes version.

Begin by setting your annual production goal. Let’s say it’s one million pounds, therefore setting the standard to generate 85,000 pounds per month. If you work 16 days a month, you’ll need to generate 5,500 pounds daily. I break down team accountabilities and install a DPO structure (Daily Outcomes by Position). This system attaches a scoreboard to each team member, motivating them to drive business, and sends an “alert” so the practice knows if they are operating on all cylinders. You can instill this method or cross your fingers in hopes that things turn out. Be a proactive practice. Almost every dental practice we begin consulting is found in a reactive, put-out-fires mindset. You will never be able to create breakthrough results if you’re already behind before you turn on the suction.

At NextLevel Practice we divide each dental team into five primary responsibilities:

- [1] Scheduling Coordinator — DPO production \$4,500 from the doctor; \$1,000 from hygiene
- [2] Treatment Coordinator — DPO production at least \$4,500 in treatment, accepted and paid
- [3] Hygienist — At least \$1,000 production; at least \$5,000 treatment presented
- [4] Assistant — Doctor production at least \$4,500 daily; patients seen on time
- [5] Doctor — At least \$4,500 production; confirm \$5,000 out of hygiene room

When you total the above targets it equals at least \$85,000 per month. Appoint a team member to measure and monitor these results. NextLevel Practice applies programs that work with dental and accounting software to track and report production numbers to our central office. This allows us to pinpoint the real pulse on what exactly is happening in a dental office. We receive emails to alert us on declining numbers, then help practices troubleshoot and increase them. Think of this like a system on autopilot overseen by a personal trainer.

Another term I coined is MBA (Management By Agreement). Imagine if all of the upsets or frustrations between people could be boiled down to one of two things — a missing or broken agreement. One example of a missing agreement could be if a doctor is frustrated that his/her hygienist is not using the intraoral camera during each recare visit. The doctor may have directed the hygienist to do so, but had never established an agreement. In this case, if the doctor had shared the importance and purpose of using an intraoral camera for patient education, establishing an agreement with the hygienist to demonstrate it to all patients, the doctor could easily refer back to their verbal agreement. This method would allow the team leader to manage agreements rather than emotions.

A broken agreement is represented when a promise is given but unfulfilled. This references what I had mentioned earlier on the importance of keeping your word. Now, I know we are all busy, but we need structure to manage all of the daily agreements we make. We may be unaware of the abundance of agreements we create — large or small — so be mindful when making commitments. Upon giving your word, write it down or ask for a team member's support to ensure that you deliver on that promise. This will secure a foundation of trust and leverage with patients and team members, for when a leader sets an example, others will follow suit.

Although we have merely scraped the surface of private practice, you should feel that some weight has been lifted. By now, I hope you have an understanding of the capability you have to finally weed out those preconceived limitations that have prevented you from establishing a private practice.

Look for next month's column where I will be covering two more vital private practice components: Marketing and Case Acceptance. Also, register early for my upcoming London seminar, *Make the Break Into Private Practice*, on May 2, 2008. I look forward to sharing with you next month, and again in May.