



# PRACTICE REBOOT



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The poets of old were considered prophets. Could the same be said of Bob Dylan, Leonard Cohen and Bruce Springsteen?

In his song titled Land Of Hope and Dreams, Bruce Springsteen sings the following that seems to have been written with the current Pandemic in mind.

***“You don’t know where you’re goin’ now  
But you know you won’t be back”***

None of us know what the future holds for dental practice. But like the song says, we know that we “won’t be back” to where we were pre-Covid. Those days are over.

While I don’t believe that HOPE is a valid strategy, DREAMS, or rather VISION is. Having a VISION of what can be is the starting line for a new and improved reality.

But vision without ACTION is useless and in fact, a recipe for frustration, depression and failure.

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*“Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world.”*  
-Joel A. Barker

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**So, the BIG QUESTION is:**

What Changes Are You Willing To Make?

And...

What ACTIONS Are You Willing To Take?

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*“It is not the most intellectual of the species that survives; it is not the strongest that survives; but the species that survives is the one that is able best to adapt and adjust to the changing environment in which it finds itself.”*  
-Leon C. Megginson (NOT Charles Darwin)

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Doctors around the world are facing a new reality in their practices and clinics. Many are complaining. Most are just putting their noses to the grindstone and playing the same old song, doing the same old things and hoping the results will be acceptable.

## HOPE IS NOT A STRATEGY.

Is a Global Pandemic a Darwinian event? Many think so.

But what is being done?

Not much, I'm afraid. People seem to be content to settle back to the same old way of doing business, as if business as usual is even possible, with the "usual" being a pre-Covid reality. That's just a fantasy in a Post-Covid World.

Sure, Docs are complying with local and central government and CDC mandates. But what are they really doing to change the dynamics of clinical and business practices?

Experts think that this new reality will last at least several years. Some predict that recovery might take 3-4 years.

How can a dentist adapt to this "new normal"?

How can the trouble with employees, increased overhead and decreased patient flow be accommodated while still growing a practice and generating revenues that can assure financial security?

### **By reinventing the dental practice!**

Here's how.

- Sound Leadership, Mindset and Vision
- Practical, Productive Systems
- Outsourcing
- Virtual Leveraging
- Medical Collaboration
- New patient flow
- Patient Experience/Engagement
- Multiple and Recurring revenue streams
- New marketing strategies.

## LEADERSHIP, MINDSET AND VISION

The vision of dentistry as it was is dead. It can no longer be just the “drill, fill and bill”, “mom and pop shop” model that has basically been unchanged for the past 50 years. A more whole patient focused approach is required utilizing leveraging technologies, while paying close attention to sound, basic business practices and ultimately, profitability.

The mouth is an integral part of the human digestive, respiratory, immune and communication system. Everything related to each of those areas should be within our scope of practice; at least as it relates to how the mouth impacts the individual system. We can no longer focus on mastication and esthetics only.

Technology will enable a comprehensive and even a virtual risk assessment, which can be followed by customized, personalized treatment protocols and preventive strategies. Technology will also enable compliance monitoring to allow behavioral or other fine-tuning to help move patients towards maximal outcomes.

We’ve only just begun seeing how technology will impact our practices and our lives.

What is apparent however is that there is a move towards depersonalization, which is a trend that most will adopt. There is opportunity going against the tide, across the grain and taking the path less traveled.

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*“VISION without ACTION is just a dream, ACTION without VISION just passes the time and VISION with ACTION can change the world.”*  
*-Nelson Mandela*

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Having a great vision means nothing if it cannot be communicated and cannot inspire others to join the cause so that action can be taken. That requires LEADERSHIP.

Fortunately, leaders are NOT born and there isn’t a leadership gene. It’s a skill that can be learned and a muscle that can be built through practice and exercise.

One of my favorite Peter Drucker sayings is; ***“The Bottleneck is always at the top of the bottle.”***

What he is referring to is that LEADERSHIP is often the source of constraints downstream. Overcoming that bottleneck is YOUR job.

But how?

Jim Rohn famously said that; ***“You are the average of the FIVE people you spend the most time with.”***

Who are YOU spending YOUR time with?

Personally, I spend as much time as I can with my Mastermind Buddies and the Books, Videos and Podcasts they and others I respect recommend. I’ve listed many of them in the Resource Guide mentioned later.

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*“Becoming is better than being.”*

*-Carol Dweck “Mindset”*

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## PRACTICAL, PRODUCTIVE SYSTEMS:

Dentistry is a business. As such, it needs sound business systems. No longer can a practice afford to be run as a “mom and pop” shop with few, if any tried and true business systems.

The best, most well designed systems are only as good as the individuals who use them, so the value of proper employee onboarding and training cannot be overlooked as it currently is in most offices.

In his book “UPSTREAM”, Chip Heath says; ***“Every system is perfectly designed to get the results it gets.”*** So, if you’re not getting the results you want, better look at your systems and see how they can be improved.

Systems require integration and implementation. Having a strategy that allows for system integration and an operating system that monitors progress and allows for adjustments, is something most dental practices lack.

A properly organized, schedules and run set of strategic, operational and tactical meetings is necessary to insure that all systems are operational and that maximum productivity and outcomes are being produced.

## OUTSOURCING

When employees do not have the time or ability to deploy systems, efforts must be made to find another solution. Outsourcing and AI are two options. And because there are currently few, if any AI dental office products, outsourcing might be preferable.

Operations such as marketing, phone usage, scheduling, recall, financial, insurance, HR management and others can currently be outsourced. More such companies will become available as the need is appreciated.

The economy of fewer employees can outweigh the benefits of an in-house employee, when a good outsourcing or AI product is available. Such a strategy can facilitate growth by preserving capital while allowing focus on core competencies and strengths.

The challenge is to keep the patients feeling 'cared for' by a human being that they can relate to. This is possible even with technology but has to be planned for. Ultimately, even in the most advanced technological model, meaningful and impactful human-to-human contact will set you apart for others.

Relationships are the fuels that make successful practices run. These can actually be aided and abetted by properly designed and implemented technologies.

## VIRTUAL EVERYTHING

In the new practice reality, anything that CAN be done virtually should be done virtually.

There are several benefits.

1. It will save time in the office.
2. It can facilitate patient flow and efficiency when the patient does have to come in-person.
3. It will allow full-face contact, something that cannot be done with masks on. This vital, relationship-building tool has been removed from non-virtual clinical practice.

Virtual visits are only limited to one's creativity and imagination. It should now be used routinely as a value-added proposition, which is particularly important to the patient-centric, high-service practice that focuses on patient relationships and convenience.

Plus, virtual visits can be charged for and most insurance companies and Medicare have made allowances for this.

Relationships, can actually be facilitated and deepened by judicious use of Virtual systems. Again, the ideal of building lasting relationships must be an integral part of the planning process when considering such systems.

## MEDICAL COLLABORATION

For far too long, many dentists have been 'Islands Unto Themselves'. A dentist doesn't need a hospital or university affiliation. Dentists don't usually receive referrals from physicians and so collaboration with our medical colleagues has often been on the golf course, tennis court or at social events.

With the realization that the mouth is indeed a part of the body, and a very important part at that, enlightened dentists have begun to incorporate "Oral-Systemic" therapies into their practices. These include:

- Salivary analysis
- Nutritional guidance
- Inflammation reducing strategies and therapies
- Stress reducing strategies and therapies
- Airway and breathing assessments and therapeutics
- Sleep assessments and promotion

With the acknowledgement that the Oral Health impacts overall health and visa-versa, comes the associated need to at least communicate with other professionals who share concern and care for the patient.

And so, dentists have had to establish communication systems that include these professionals. Such communications and collaborations, which ultimately improve patient care and outcomes will gain in importance.

Systems that improve intra-healthcare communication and collaboration will continue to be advanced and can potentially be a Value Added Proposition for patients who appreciate this level of attention and care.

Collaborating with physician and other healthcare professionals expands potential referral sources as well. As we'll discuss below, maximizing such referral pathways is a far superior strategy than is playing the GOOGLE SEO game whose rules constantly change.

## NEW PATIENT FLOW

The objectives of in-office patient flow have now changed. While limiting patient to patient and patient to staff interaction might be a temporary Pandemic-related goal, the reality of the Covidemic pointed out the value of doing as much as possible per visit.

For years, many have touted the economic value of “quadrant dentistry.” Now, such a strategy is more valuable than ever.

Because there is now an increased cost of patient care, maximizing production per patient is the only way to minimize the overhead effect of increased PPE and treatment room turnover time.

Doctors and Hygienists who enjoyed patient banter will no longer be able to do so without materially impacting office overhead and productivity. That’s another value of the Virtual Systems, as it will allow banter without a significant impact on office production and overhead.

Waiting in reception areas and hanging around front desks are now things to be minimized, if not completely avoided.

“Contactless”, while for the most part, is impossible in some aspects of dentistry, is now seen as a “value added proposition” by patients. So, systems that allow for such are to be encouraged.

Increased overhead, which might accompany increased technology must be met with increased productivity or profitability will suffer. No longer can dentistry be oblivious to ever increasing overhead costs without a concomitant vigilance on productivity.

Perhaps the most important part of patient flow is follow up. It’s just too darn expensive to get new patients only to lose them. Few practices spend the time necessary to make themselves ‘sticky’ so patients don’t leave. Follow up can be as simple as a phone call or a hand-written note. Or, it can be a high tech as a good marketing system, as you’ll see outlined below.

A practice that is not profitable will soon disappear, hurting Doctors, staff and patients. The NEW professional responsibility should include profitability accountability.

## PATIENT EXPERIENCE/ENGAGEMENT

Practices that have excelled in a Disney-like patient experience have always outperformed others in areas of patient referrals, case acceptance and online reputation.

The ability to create a WOW experiences has now been challenged as never before.

It can, however, be overcome by supplementing in-office experiences with WOW virtual systems. Utilizing existing and emerging technologies to both engage and create a WOW will enable practices to attract and retain patients that appreciate such a high level of service.

Personal touches such as phone calls and hand-written notes now take on greater meaning as other engagement opportunities might have diminished or taken on an air of "risk".

It's in this arena that relationships are made or broken. The better the patient engagement and experience, the 'stickier' the patient will be and the more resilient the patient will be to clinical or service hiccups. There invariably happen but can be withstood if a deep relationship had been established.

As previously mentioned, even with technology, the human touch must be designed to be a part of the experience in a meaningful way.

## MULTIPLE AND RECURRING REVENUE STREAMS

Typically, a dental practice has ONE revenue stream; that is clinical care. The Covid Pandemic poked a gaping hole in that business model, when clinical revenue was basically brought to a halt.

Dan Kennedy, my mentor and marketing guru teaches; ***"THE WORST NUMBER IN BUSINESS IS... ONE."***

When your only ONE revenue stream is removed, you're dead in the water.

Examples of other related and potential revenue streams include:

1. Membership/Loyalty programs
2. Virtual clinical systems
3. Ancillary services (Vaccinations, Salivary Diagnostics, Wellness programs)
4. Online Store

Membership and loyalty programs, which are often paid yearly or monthly, provide an up-front, recurring revenue source that eventually is partially fulfilled by clinical care. Studies show that people are reluctant to cancel memberships programs, especially if they're combined with some loyalty component. This makes patients "stickier" and less likely to succumb to your competitors' offers or marketing efforts that seek to lure them away.

Virtual, telehealth platforms now allow for billing and insurance coordination. Virtual systems now offer an added benefit of allowing a prospect or patient to interact face to face. Since we are now covered up, this face-to-face interaction adds a layer of trust building to the current process.

What about offering a 911-style telehealth option to your local hospital's emergency room. How much money could be saved if people with minor oral problems didn't crowd their waiting rooms? The number nationwide is in the \$Billions!

Offering or partnering with people who can give your patients other services can generate an additional revenue source. Think about nutrition counseling, smoking cessation programs or even health coaching. Can YOU, a member of your team or someone with whom you can affiliate provide such valuable and needed services?

Wellness coaching is becoming an increasingly popular profession, in response to a glaring and increasing deficit in our current insurance-driven sick-care system. As "Doc-in-the-box", corner urgiclinics become many people's Primary Care outlets, people seek guidance. Even in more traditional, primary care clinics, the 'prescriptive care' model does not allow time for instruction and follow up. Patients are left on their own to make recommendations work. The system is flawed and wellness coaching seeks to fill the void.

The ability to have an auxiliary or hygienist do wellness coaching as an added and recurring revenue source is another way of leveraging human capital within the practice. Combined with a membership model, such a program could have significant, positive financial impact on a practice and enable it to withstand such "Black Swan" events as a shutdown or even perhaps a disability.

As deploying a vaccine requires significant manpower, even the ADA has recognized that Dentists present a valuable and viable public health resource. What about other vaccinations?

And, as dental offices deal with saliva on a regular basis, what about using the up and coming area of salivary diagnostics as an additional service and income stream?

The online store is a relatively new concept. It is based on the fact that previously, many dental practices recommend products that must be bought outside of the practice. And many of these products are best sold on a recurring or subscription basis, to assure their use and patient compliance.

Currently, that's not being done in nearly 100% of dental practices. The income derived from such recommendations and purchases are lost. Stopping such leakage presents significant upside potential.

Becoming a true "full-service" system is both good for the patient as well as the practice.

## NEW MARKETING STRATEGIES

Random acts of marketing results in random returns on investment. In the new economy such randomness is unacceptable.

Strategic market analysis should identify appropriate markets with appropriate messages delivered via appropriate media. This combination of message, market and media must be optimized based on the specific practice's strengths and vision.

Little used strategies such as Authority, Lead Generation, Referral and PR can be done relatively inexpensively and produce significant returns in patient-flow, compliance and follow up.

As marketing to a broad audience becomes more costly, time consuming and less effective, a different, more narrowly focused marketing strategy should be considered. Internal marketing, to existing patients and referral sources, collaboration with like-minded healthcare professionals, businesses and others will produce patients who are more likely to accept your treatment recommendations and be less price sensitive.

'Internal' and 'referral-based' marketing systems put control into the hands of the dental practice. Here's one area where outsourcing often doesn't work.

Few dental marketing firms truly know your patient avatar and customize campaigns so your get the right patients for your practice and keep them through an educational and relationship nurturing process. Such a process is a necessary component of a high tech, virtual practice, as it compensates for face-time in a meaningful and impactful way.

Such systems are not often promoted because they are challenging to build and deploy. It's one of the reasons I am so excited to be involved with the mLive marketing system, which is a ready to use, out of the box program that checks off all the boxes I would have wanted in my practice.

# THIS PARADIGM IS NOT FOR EVERYONE!

This is a vision of the new Dental Practice. Dentists are, as a group, fairly risk-averse and slow to adopt new technologies and systems.

That's really good news for those who "get it". Most dentists will continue to follow the pack and work within a "business as usual" fantasy world. Few dentists will take the plunge into these new waters. They will continue to navigate this new landscape as if then World were flat.

## NEWSFLASH: THE WORLD HAS CHANGED!

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*"Dreams without a plan and a purpose get left behind in the rush of daily life...If you are ready for the call of opportunity when it rings, and you are willing to put in the work required, it's remarkable how dreamlets emerge, tangible from the fog of unrealized dreams."*

*From "The Sky Below", Scott Parazynski, NASA Astronaut with 7 EVA's and 1 Mt. Everest Summit.*

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Most will never get to the New World or to THE LAND OF HOPE AND DREAMS.

Will YOU?

To your happy dreams and even happier results,  
Michael Goldberg  
Practice Perfect Systems

**Should you want to explore this path, you have 2 opportunities.**

- ➔ [Schedule a complimentary 20-minute strategy session](#)
- ➔ [Get our Resource Guide, which is chock full of links to People, Products, Books and other resources that we have found helpful.](#)