Chatting with other dentists at conferences and study group meetings is not a reliable way of measuring the relative success of your practice. I'm not saying that any dentist would lie about how their practice is going but, let's just say that we dentists like to present ourselves in the most favourable light possible.

Over the past 3 years I've been extremely fortunate to have gotten to the bottom of a lot of practice misinformation and myths. This is because I've worked in over 30 practices both as a locum dentist and also as a practice management consultant. Seeing behind the scenes in large numbers of practices has been a revelation. I'd like to share with you just five of the interesting things that I've discovered.

**IF YOU THINK THAT YOU CAN'T DO BETTER FINANCIALLY THEN YOU ARE WRONG.**

I've seen a very senior dentist (30+ years) producing $1,600 per day while in the same geographic area a young dentist (5 years) was producing $5,000 per day. The senior dentist was full of excuses and complaints, blaming the poor economy and saying that his patients don't understand the need for good dentistry. The young dentist simply put their head down and got on with it.
Of course I'm not saying that the economy doesn't have an effect on how profitable practices are. But, what I am saying is that the biggest factor in practice profitability is the skill of the practitioner in one very particular area (more on that later). Complaining about the economy may make you feel better but it will not improve your bottom line. If you want better financial results then the way to do that is to improve your skills.

THE MAJORITY OF DENTISTS DON'T HAVE A CLUE ABOUT ERGONOMICS.
Oh, the ergonomic disasters that I have seen!
The most popular one is putting things you need (like burs and wedges) in a drawer behind you. Or using 15 hand instruments when 5 would do. Or using 21 burs when 6 would do.
Most dentists don't understand 4-handed dentistry and when you talk to them about 6-handed dentistry (which cuts treatment times by more than 30%) they look at you like you're speaking a foreign language.
Here's something that will shock many dentists so much that they will argue vehemently that it is not possible: If you get your ergonomics, materials, instruments and staffing correct, it's possible to do a textbook-perfect crown preparation start to finish in 30 minutes with no stress or strain.
If you don't know about ergonomics then you really should look into it. It will make your work days vastly more productive and save untold stress on your back, neck and eyes.

DISCOUNTING IS RIFE THROUGHOUT THE DENTAL INDUSTRY.
Approximately 80% of practices discount. Dental discounting takes two forms.
The first is omitting item numbers. The common item numbers omitted are for limited examinations (013), radiographs (022), cusp coverage (577), incisal corners (578), cores (627) and recontouring existing restorations (113). I often see dentists itemise a 5-surface composite with 2 cusps as a simple 3-surface.
The second form of discounting is to simply cut the fee. A 3-surface filling is in the fee schedule at $245 but the dentist gives it away for $195. Or, their crown fee is $1,600 but they'll do two for $2,800. Or a molar root filling should be $1,200 but they back the fee down to $995.
When challenged as to why they do it dentists usually don't have a good reason. They mumble something about "goodwill" or "looking after my patients" or "Mrs Jones can't afford it". 
My opinion is this. If your fees are fair then charge them. If they are not fair then change them. Also, if something is worth doing then it's worth charging for.

Ironically, discounters get no benefit from the money that they give away. Practices that itemise fully and always charge their scheduled fees have, in my observation, as good or better relationships with their patients than the heavy discounters.

MOST DENTISTS DON'T UNDERSTAND HOW THEIR PATIENTS LOOK AT DENTISTRY.

If only dentists could understand how patients look at dentistry. To the majority of patients it is a necessary but expensive evil. They want their teeth looked after with the minimum pain and fuss in the minimum time, consistent with getting a result that is good quality.

The other evening I was at dinner with a lady who had just had a crown preparation. She was complaining about how unpleasant the procedure was and how long it took. I said to her: "If there were two techniques, both of which produced the same result but one took 90 minutes and one took 30 minutes which would you choose?" She replied: "I'd actually pay $200 more to have the quicker technique." Yet, dentists cut their fees if something is quick and increase their fees if something takes a long time.

Another example of dentists looking at dentistry differently from patients is that so many dentists waste time teaching patients Dentistry 101. I've been in the room as dentists have explained for 15 minutes all about root fillings including drawing cross-sectional diagrams of teeth. If only the dentists in question had looked at their patients' eyes. Totally glazed over. The patients just want their toothaches fixed. The mechanics of how that is done is as interesting to them as how the clutch on your car works is to you.

Try putting yourself in your patients' shoes and see dentistry as they see it. Stop using jargon, reduce treatment times and stop teaching Dentistry 101.

THE MOST IMPORTANT SKILL THAT DETERMINES YOUR PRACTICE SUCCESS.

What is this most important skill? Is it your deft touch with the hand-piece, your painless injections or your exquisite knowledge of dental materials? None of those.

It's your ability to get case acceptance.

It doesn't matter how good you are at doing dental implants, you don't get to do any until a patient says "yes" and accepts treatment. I've seen clinical masters who know everything there is to know about crowns, implants, occlusion and aesthetics and who do, on average, one or two crowns a week. I've also seen dentists with far, far lower skill levels who do three crowns a day.
Fortunately getting case acceptance is a learnable skill. You need a simple, reliable method and you need to avoid a few common errors. Based on my observations over the last three I've boiled everything you need to know down to a four-step checklist. Recently I had a wonderful experience. I had spent 2 hours role-playing the method with a dentist who had trouble getting case acceptance. I then had to leave for the airport. When I was in the airport lounge I received a text message: "My patient just accepted a $10,000 case."

CONCLUSION
There are many more items that I could add to the list above but I have limited space. I hope the items mentioned have given you food for thought.

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