



The 180° Dental Journey

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understanding, recall, and implementation of every aspect of the lecture. If you think about it, we are all affected differently by the implementation of any system or change. It creates empowered ownership with the listeners. Once you get back to the office, you will see a dramatic reduction in the time it takes to implement, and that you, your staff, and every system in the office will change dramatically to create a different result than what you currently get. Remember: There is no learning without application.

Many doctors are too "cheap" to bring the staff. Why, for example, would you attend a multiday seminar and not bring your staff? Enough said. Consulting and continuing education is not an expense, it is an investment that pays incredible returns.

A missed opportunity rarely presents itself again. I guess it is human nature to "put off till tomorrow what we can, and should, do today." Since this seminar is an effort to move beyond mediocrity, you could almost use the previous sentence to define it. We need to adapt the attitude of "Ready, Fire, Aim." By a selection process that I truly do not understand, it appears that dental schools like to attract and reinforce students that have a natural predilection to procrastinate - an "analysis by paralysis mentality". If you are waiting for everything to be perfect before you act, then you will never grow or progress. That time will never come. That's why faith and positive expectancy are so important. Nothing ventured, nothing gained.

While the seminar progressed, the lack of staff members during the first meeting continued to rub me the wrong way. I finally just stopped and asked why they did not bring the staff after being encouraged to do so? One doctor said it, and most confirmed it. Here is what he said:

"We tried to get them to come, but couldn't talk them into it."

Are you kidding me? You "asked" them to come? They had a choice? Whose practice is this anyway? I was dumbfounded, not speechless, but really dumb-founded. What has your practice evolved into? Let me rephrase that: What has their practice evolved into? (Because apparently they are the boss now.) You worked hard to make it through dental school, you graduated with a huge school debt, you added to that debt with your investment of opening an office. You're the doctor, business owner, leader, and the buck stops here person and you're telling me that your employees decided they didn't want to come?

I guess deep down, hidden beneath our social graces resides a side of us that identifies with R. Lee Ermey ("The Gunny," retired Marine staff sergeant), from the movie Full Metal Jacket, History Channel, and the psychiatrist in a recent commercial. Well let me tell you, it is not that well hidden in my personality. I couldn't help myself and before I knew it I blurted out my response:

"Are you kidding me? You guys need to put on your big girl panties and deal with this."

At the second meeting we almost tripled the size of the audience with team members. The private comments from the doctors were that I was right and that they felt a new sense of empowerment by making a decision and following through. The second thing that happened is that I literally got fifty calls from the doctors on Monday after the second seminar telling us how motivated and engaged their employees were for the first time that they could remember.

During the seminar we concentrated on the doctor's leadership requirements. The first job of a leader is to define "Reality" or what is "Core." The leader sets the atmosphere, the Esprit de Corp, and the business personality. You determine the rules; you decide what flies and what doesn't. The responsibility for deciding and enforcing this falls on you - the doctor. You cannot abdicate or delegate this role. It is a slippery slope toward loss of control of your practice and future if you try to hand this off to an office manager. A few months ago I wrote an article entitled "What You Allow, You Encourage." Allow me to take an excerpt from the first few paragraphs:

LEADING, ALLOWING, ENCOURAGING

"Whatever you allow, you encourage." That is one of my favorite quotes about leadership as it relates to a dental practice. Let's take a minute and talk about leadership. This is what separates winners from losers in this, or any, business.

Ever wondered why your employees don't seem to do what you want and need them to do? Actually, we've all been here at some point. Leadership is all about influence and inspiration. It's showing people by your actions what's important to be successful at your dental office.

Too many of us are constantly searching for newer and greater ideas with which to improve our practices and attract new patients. We think new software will save the day, or a new piece of equipment will enable us to make a ton of money. Yes, they can make a difference and they are important, but success in our small businesses is rooted in our people and our leadership.

Any behavior that you don't want to permeate your organization needs to be addressed and eliminated from your culture. If you want to win in dentistry, you need good communication, a culture of accountability and great leadership.

Another favorite is the "**Law of the Lid.**" Your leadership is like a lid or a ceiling on your organization. Your dental team cannot rise beyond your ability to lead. People often think if they just work hard, they'll find success. Yes, you may find a little success, but the rest of the people on your team will not. The key is to develop others around you to take the lead. **This is what allowed some of the best dental practices in the US to get where they are today. They are entire practices made of self-motivated leaders.**

This is just the beginning of what it takes to move to the Super General Dental Practice of the future.

Contact Dr. Mike Abernathy at 972-523-4660 or at abernathy2004@yahoo.com.

If you want to get a jump-start on every practice in your area, email Dr. Abernathy and he'll put you on his free newsletter list. There is a categorized archive of hundreds of "what to do" and "how to do" it articles that he has written.

5 Important Secrets for Having "Fun" Being the Insurance Advocate for Your Patients! by Roz Fulmer²

Secret #1: Play the game!

Yes it is a game of chance. Will the insurance company pay this claim or not? Is this claim free of any errors? Is there any cause on this claim that may motivate the insurance carrier to delay your reimbursement? The number one reason insurance claims get denied or postponed for payment is *errors on the claim form in boxes #13 Date of Birth, #15 Policyholder ID or SS#, #39 Number of Enclosures (needed if procedures need x-rays and/or photos)*. Are you updating your software each day when you receive back from your healthcare claims clearinghouse a report sharing with you the errors that were on current claims?

Secret #2: Play Nice!

When speaking with an insurance call center person, speak to them with respect. Did you know that your body language can come across the phone line? Talk to them like you would your best friend and they will be glad to help in most cases. Thank them for their help in advance and you will be pleasantly surprised with all the information that you will receive toward your unpaid claim. Ask them at the end of your conversation what could have been done differently to get this claim processed correctly the first time? Thank them again for all their time and help for getting this claim processed for the subscriber (your patient). Treat them with kindness and respect, works every time!

Secret #3: Quick Claim Processing!

Know which procedures will process through the system quicker if you send the appropriate documentation and narratives beforehand to ensure receiving your reimbursement in a timely manner. Do they know "why" the treatment was done, the defects of the tooth? Does this patient have any medications and/or medical conditions that could be a problem if this treatment was not done? What "evidence" x-rays, photos, etc. is being sent to validate the necessity of the procedure for the patient?

In the very near future, our dental coding system is going to undergo a change whereas the insurance companies will not want any narratives on claims once electronic health care records are implemented. Most codes will have an additional diagnosis code as well as the procedure code like medical coding has now. An example is a diagnosis code (ICD) will be created in dental for relief of pain and then we will also submit the procedure code like we currently do.

Secret #4: Coding Correctly!

Dentists have a legal obligation to report the code that best describes the procedure that they performed, not the code that will be paid. Knowledge of the procedures, the understanding of the ADA codes is a must for all team members in the practice, not just your insurance coordinator. Often overlooked by the dentist is the fact that there is a learning curve for the business team members when the COT codes get revised every two years. Many codes this time around were only modified so, we the insurance coordinators, had to learn what this change meant for our patients, and most importantly, for the procedure. We have to learn how to present the benefits of these procedures to the patient and to share with them what the changes may mean toward their reimbursement by their insurance plan.

Secret #5: Training!

When was the last time you held a team meeting and the topic was, "Understanding the COT procedure Codes correctly?" If you need an agenda, call me and I will be happy to e-mail one to you. Do you know how many examination codes your practice could be submitting to insurance plans? Do you know when to submit the code 09110 for Palliative treatment versus using the Limited Evaluation code D0140? These are only two areas of coding training that should be covered on a regular basis at a team meeting. Support your insurance coordinators with continuing education courses that are offered at local and national dental meetings. Hire a professional trainer to come to your practice to help train you and your entire team in regard to coding correctly and getting the maximum reimbursement.



Contact Roz Fulmer at 815-481-3851. Order Roz's DESTIN 2012 DVD at 800-337-8467.

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GEORGE S LEE, MD, DDS

MATTHEW A DEFELICE, DDS



FROM THE DESK OF GEORGE S. LEE, MD, DDS:

MERRY CHRISTMAS & HAPPY NEW YEAR!

We would like to wish you, your family, and your team a very Merry Christmas and a Happy New Year. As 2015 comes to an end, we reflect on the blessings of the past year and are thankful to have had the opportunity to partner with you in the care of your patients. We are looking forward to continue the warm association we share in the coming year.

HOLIDAY HOURS:

Our office will be closed for the holidays December 21st – December 25th and January 1st. Our doctors will be available for emergencies regarding patients of record. Patients may call the office at 931-552-3292 and the answering service will contact the surgeon on-call.

LUNCH & LEARNS:

Lunch and Learn sessions are available in your office for you and your staff! These hands on, educational workshops can be tailored to your specific needs. Dr. DeFelice and I provide information on dental implants and the role of 3D imaging technology implant dentistry. We are excited to be able to offer continuing education credit beginning in 2016 for these sessions. Examples of session topics include:

- *Implants as the Standard of Care*
- *Bone Grafting and the Atrophic Mandible*
- *Immediate Load Full Arch Screw-Retained Dental Prosthesis*
- *Implant Restorative Parts & Pieces*
- *Sinus Lift in Preparation for Dental Implants*
- *Advanced 3-D Imaging*

Of course, we bring lunch! To schedule your office's Lunch and Learn Workshop, call Lisa at 931-552-3292, or email her at LDotson@cumberlandsurgicalarts.com.

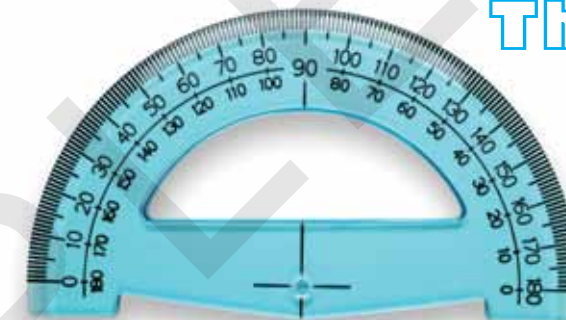
TEMPORAL CORRELATION BETWEEN BIPHOSPHONATE TERMINATION AND SYMPTOM RESOLUTION IN OSTEONECROSIS OF THE JAW:*

The purpose of this study was to investigate whether termination of bisphosphonates (BPs) affects resolution of bone exposure and symptomatic disease in patients with established medication-related osteonecrosis of the jaw (MRONJ). The studied population included 84 patients with established MRONJ who discontinued BP therapy before treatment (n = 21), at treatment initiation (n = 38), or later (or never) in the treatment course (n = 25). These 3 groups were compared for differences in the respective times to resolution of 1) bone exposure for any treatment modality, 2) bone exposure not requiring radical surgery, and 3) disease symptoms.

Patients who continued BPs after the start of treatment exhibited significantly delayed resolution of symptoms (median 12 months) compared with those who discontinued BPs before (3 months) and at (6 months) presentation.

Independent of treatment modality and MRONJ stage at presentation, discontinuing BP before or at treatment initiation is associated with faster resolution of MRONJ symptoms compared with continuing the drug throughout jaw treatment. *Patients should be counseled that continuing their BP medication after an established MRONJ diagnosis (compared to stopping the BP at diagnosis) may delay resolution of maxillofacial symptoms by approximately 6 months.*

* Hinson AM, Siegel ER, et al. J Oral Maxillofac Surg. 2015 Jan;73(1):53-62



by Dr. Mike Abemathy¹

This year we began a most interesting coaching outreach called the "180 Degree Dental Journey." It was designed as an interactive, comprehensive program that in the course of five, half-day seminars would challenge practices to make a 180 degree shift in strategy and results. A strategically-based, results-oriented training that was literally a full court press, no holds barred assault on mediocrity in a dental practice. Forget where you are, decide where you want to be and go get it. It has become the blue print for the dental practice of the future: "The Super, General Dental Practice."

During the first sessions, as I looked over the crowd, I was surprised at how few of the offices had brought their teams. It was especially surprising owing to the fact that we had stressed how important their team's attendance was. In fact, I had mentioned in several of the 8-9 contacts we had emailed to the potential attendees, that if given the choice of having the doctor or the team, it was more important to have the team in attendance. During the seminar we approached this topic by helping everyone see that the entire team is an integral part of any change, and without participation, they would not embrace any improvement in the office's systems or results.

From the podium, my first thought was that the doctors didn't see the value in the team's attendance. I assumed they felt that they, the doctors, could listen, filter and

The 180° Dental Journey

THE FIRST STEP TOWARD THE SUPER GENERAL DENTAL PRACTICE

bring home to the troops the portions they felt were pertinent to their situation. What a mistake!

If this were the case, there are several fallacies in their reasoning.

Failure to be where you want to be is always the doctor's fault. Like it or not, the economy, staff, systems, dental IQ of the patient, competition or location is a distant second to the leadership and vision of the doctor. By "omission" or "commission" the doctor's actions have created the situation in which they now find themselves. It is always the doctor's fault: They hired the employees, allowed the systems, and encouraged a corporate personality that has created the current results. In this journey, the first person to work on, and the first area to change, is the doctor. Without this revelation and subsequent commitment to change by the doctor, the practice is destined to a cycle of repeating past mistakes. I like to call it "dead practice walking." The practice is doomed, it just isn't quite dead yet.

The doctor is repeating a flawed and failed strategy. One form of insanity is doing the same thing over and over again but expecting a different result. You have attended seminars without your team and tried to bring back some technology, system, or idea only to fail to implement it. It is a mistake to think that your ability to sell this change will equal the effect of actually being there in the first place. Immersion in the original presentation is what excites the imagination to help everyone embrace the new idea or system. You have always failed to perform with this strategy in the past, so admit it and change your own behavior and reap the results of a true "team" effort. It's time to partner with a core staff in order to take that practice where you knew it could always go.

Everyone filters new information. As you (the doctor) sit through a presentation, you filter the information based on your past training, what you currently do and your limiting beliefs. It is a fact that if we survey doctors following a seminar, we will get drastically different ideas of what was taught. Many doctors are confounded when forced to read the actual speakers' words a second time that cover the very topic they have misheard or misprocessed. When confronted with this inequity of understanding it is obvious that the doctors miss many of the salient points being made by the speaker because of inattention or internal turmoil with the philosophy of the system being presented. If it is a challenging topic, they just check out at times. If we add the staff, there is a more uniform

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