

# Radically Improving The Associate Doctor's Performance:

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2-28-23 *Hello!* Decades of chrisad research, data & experience increasingly points to the fact that the BY FAR most valuable SUPER PATIENTS...with the most money & best insurance...will (essentially) ONLY come in for hygiene visits before or after work (or school) on weekdays...& all day Saturdays & Sundays.

However, associate doctors (at least initially!) rarely understand the extraordinary value of checking **all chairs...all hygiene...weekday mornings, evenings & weekends**. These **SUPER PATIENTS** will **ABSOLUTELY NOT** take off work for hygiene...but will take off work for restorative care diagnosed during hygiene exams.

Many...if not MOST... associate doctors tend to **INTUITIVELY...BUT DESTRUCTIVELY...**perform **TOO MUCH RESTORATIVE CARE** during this “prime time” period. They view this prime time restorative work as providing immediate compensation to offset the inconvenience tied to working during prime time when they what to be off work...& their spouses, families & friends might want them around.

**BUT REALLY**, by performing restorative during prime time, **THESE ASSOCIATES & THE PRACTICE ARE LOSING a TON of MONEY!** All of this is, unfortunately, confusing & counterintuitive to most associates...( & even some practice owners!!). So they must be trained (conditioned) to be successful.

A well-established fact of dentistry is that wealthier working patients (or students) will **NOT** take off work for “just a cleaning”...but **WILL** take off work for the urgent restorative care diagnosed **DURING** the cleaning.

**So cleanings come first.** Without cleanings, there can be little or no restorative, cosmetics or larger cases. So to perform restorative during the same time when the best patients will **ONLY** come in for their cleanings & exams **CLOGS THE SCHEDULE & CHAIRS**...thus reduces the amount of restorative diagnosed.

**The MATH:** Associates...at first...unwisely tend to want to perform a crown prep during prime time. This occupies a chair for 60-90 minutes...& uses around 30-40 minutes of the associate's time. Let's just say that this crown is worth \$1,000 to the practice...& \$300 to the associate. **HOWEVER**, performing this restorative during prime time robs the associate of the opportunity to check scores of **THE BEST PATIENTS!**

While this associate is performing the \$1,000 crown prep (net to associate \$300)...he/she **SHOULD** have been spending that same hour or so performing exams on 4-5+ cleaning patients that have an average (U.S. average) value of around \$800 each...or \$3,200-\$4,000 (net \$960-\$1,200...or more!)

Plus, for the associate to jump back & forth from exam to restorative reduces the efficiency & competence of each function...& the doctor may **end up in the hospital with a bad back**...or worse!

## How to Break Associates of Their **NASTY HABITS**:

Obviously, associates (at least at first) strain to understand the connection between their income tripling...& checking huge, uninterrupted streams of the **best SUPER PATIENTS!** Strict rules, repeated mathematical explanations & tedious micromanagement...& other “reasons **WHY**”...can influence the associate to check patients all mornings, evenings & weekends. At least for a while. But how are you, the practice owner or manager...going to micromanage while you are away from the office, relaxing in the **BAHAMAS?**

**FOLLOW THE MONEY:** It's useful to explain "WHY"...however, to get the job done, it usually pays to throw money into the equation. **We must lead the horse to water! Train them to be successful.** We wanted you to be aware of some of the new approaches ADVANCED practices are employing to guide the associate to a FAR more productive career. Most of these were invented & pioneered during Chrisad's many SELECT ACADEMY courses...with most being the ideas of our BRILLIANT CLIENTS!

- a. **PAY THE ASSOCIATE \$50 per each Prime Time Hygiene exam!** With each PRIME TIME hygiene exam being worth a much HIGHER (appx.) \$1,200 on average...why not pay a comparatively small amount to ensure that more Prime Time exams are being done? Early adapting practices are VERY successful with this approach...a few growing by nearly \$2 million a year. Dollar amounts that practices are using vary from market to market. But like all incentives, they are like an auction: You can only tell that the \$ amount you offer is enough if the desirable action is stimulated or not!
- b. **PROVIDE THE ASSOCIATE WITH AN "I.O.U." at the end of the prime time shift!** Here, as the treatment recommendation has been accepted, appointment & deposit paid, the patient is **statistically virtually certain** to complete treatment & pay fully. However, to ensure that the associate doctor understands the amount that they will be receiving as a result of all those prime time hygiene checks...& to ensure that they look forward to doing many more...a few leading edge practices are handing the associate doctor a statement (slip of paper) of how much they will be receiving on their next paycheck as a result of their hygiene exams & case presentations that day. One such practice recently reached the \$1million /month level...on just 12 chairs.
- c. **PAY THE ASSOCIATE THE AMOUNT THEY ARE OWED AT THE END OF THE SHIFT:** Many resist this approach because it is at once unorthodox & costly/cumbersome to achieve. Still, the more immediate that the compensation is to the behavior that we are trying to stimulate...the more likely the desired behavior will occur. Cash in hand is a pretty big motivator. And remember, if an associate checks 30 patients at a (lower than normal) rate of \$500 per exam, This means \$15,000 to the practice \$4,500 to the associate doctor. What wouldn't you pay to regularly achieve this with one...or many dozens of associates?

In all compensation approaches...for associate or other practice staff...if all or some of the projected amounts that are expected to be received do NOT occur, there must be an adjustment made to the associate's later paycheck. **HOWEVER, we must base our practice managerial future on probabilities...not rare exceptions.** This is why the majority of practices have learned to not make associates wait months for their rewards...& NOT pay associates on the basis of collections...but more immediately, on the basis of production completed. jc