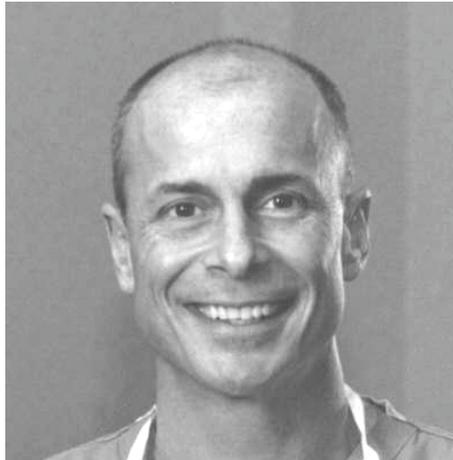


Beginning a New Oral and Maxillofacial Surgery Practice By Dr. Joseph Niamtu, III Oral and Maxillofacial Surgeon



Dr. Niamtu is a resident of Canton, Ohio and finished his residency at the Medical College of Virginia in 1983 and began practice on “a wing and a prayer.” His practice has grown to a six doctor six office location in Richmond, Virginia and is one of the largest practices on the East Coast.

Dr. Niamtu has laid out the basics of opening a new OMFS office and discusses in detail the various points that most OMFS are ill prepared to deal with.

Dr. Niamtu is a recognized speaker on practice management and other topics and has presented this topic at the AAOMS annual session every year since 1986.

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Establishing yourself in practice

To Be or not to Be?

So you want to open your own practice?

Most de novo practices will be started by residents fresh out of training programs, doctors disenchanted with previous associateships or military personnel finishing their obligations. We will focus the remainder of this text on the new resident, which in most cases is applicable.

The doctor coming out of residency is faced with several decisions that may well determine the degree of professional happiness for many years to come. Needless to say, by the end of residency, most individuals have "pushed the envelope" of sacrifice. In addition most doctors out of residency are significantly in debt and the prospect of financial security is very alluring. A decision must be made to continue training and peruse medical school, or post graduate education. As our profession is in a transitory state of flux, the pursuit of a medical degree and cosmetic training is probably a sound proactive decision. The author feels that this trend will ultimately be advantageous for the profession and will in the future become the norm. Regardless of ones decision to enter practice immediately or continue training, everyone will at some time enter the OMFS work force.

Probably the most tempting opportunity for the new graduate is associateship. After all, by joining an established practice, a new doctor can avoid many of the expensive and stressful encounters that befall a de novo practice. This option obviously sounds good, but has complicated the life of many a new doctor.

There is no doubt that joining the right practice can make life easier, the key word here being right. In the optimum situation, an associateship is truly the easiest means of entering practice. An established practitioner that has a busy practice and is at the point where he cannot handle the volume of patients is in the situation to seek an associate. An additional scenario that is common is a seasoned practitioner that has a mature practice and wishes to take more time off or extend coverage with a satellite office. What is important is that the established doctor really needs an associate. There is a great deal of difference between a doctor that truly needs an associate and a doctor that may want an associate for more selfish reasons. It is not an uncommon situation for an established doctor wanting an associate, but not really needing one. This is one way that a new doctor can get abused. In this circumstance, the established doctor does not have enough volume to sustain 2 doctors, but intends the new doctor to be responsible for generating the new referrals. This can be a very difficult situation. First of all, in this scenario, there is not that much difference then if the associate were starting his or her own practice. In addition, an established practice, for a variety of reasons, already has referral patterns and battle lines drawn. For instance, if Dr. A has been in practice for 12

years and is not getting referrals from various dental offices, there are probably reasons why. The reasons are not as important as is the fact that these general dentists do not feel comfortable referring patients to Dr. A's office, and if you associate with Dr. A, you may not be able to penetrate these barriers just because you are a new doctor. In other words, your success in Dr. A's practice is based upon your ability to generate new referrals, but you are handicapped because of the past business practices of Dr. A. He will be unhappy because you are not bringing in new business and you will be unhappy because your ability to do this is stifled. The point is that you would have been in a more favorable position if you were opening your own practice and did not have the "baggage" of Dr. A's practices. While on the subject of abuse, I must introduce several other situations that should be red flags to new associates. We spoke earlier of an established practitioner wanting an associate for selfish reasons, and not because he needs help with the patient load. These doctors might expect the new associate to take an inordinate amount of call, see all the Medicaid or HMO patients, or not participate in the "good cases". Again, this may put the new associate in the situation where he would have been better starring his or her own practice.

Although the above examples illustrate common associate abuses, in the author's experience the most common single problem leading to failed associateships is the inability of both parties to communicate on buy in specifics. No associate expects to be an associate forever. In most associateships, the new doctor will work for a specified time with a specified compensation package and a buy in will ensue. Most doctors just out of residency do not have the business savvy or the foresight to be proactive about buy in specifics. Most new doctors are so grateful to have a job, they are hesitant to "rock the boat" with ensuing buy in dialogue. Again, the author has counseled many scorned associates that did not tend to contractual buy in specifics. If there is one singular paramount factor that that the author could recommend to all associates it is Niamtu's First Law. That is "to negotiate detailed and specific buy in and buy out details up front". The unfortunate situation is that the established doctor usually has the upper hand in these situations and the contracts are drawn up with his or her attorney and account, which brings up Niamtu's Second Law. "The author always recommends the associate having their own representation". If the associateship sours, it may be the only salvation for the former associate. Excessive restrictive covenants and monetary penalties that should have not been acceptable in the first place may literally cripple a doctor leaving a failed associateship. It is not the intention to set the stage entirely for the associate; the established doctor is also taking on an assumed risk by incorporating a new doctor. Ask any specialist in any branch of health care and they will tell you that their foundation of livelihood and economic well being are their referral sources. Buy the time most doctors have made the move to hire an associate, they have well manicured referral lines in place. As any successful specialist will attest, this is by no means a coincidence. It takes years of work to nurture and maintain successful referrals and their possession is well guarded. We will discuss these specifics when we address practice marketing but for now it is important to understand the investment of good service, lunches, special favors, social relationships, and general public relations that the established doctor has made with each of his referring office. It is extremely awkward for an established doctor to watch a new associate enter their practice and all of a sudden, the associate is seeing an osteotomy

consult from the established doctor's best golfing buddy. If the new associate does not handle the case with the same level of service and expertise as the established doctor, they risk destroying the referral relationship and all that has gone into it. By the same token, if the new doctor is better than the established, the referral line may shift to the new doctor, thus offending the established doctor. This "damned if you do" scenario can be frustrating for both parties and therefore Niamtu's Third Law is "always discuss referral relations in the pre contractual stage".

The context of this article is beginning a new practice, but we are intentionally belaboring the sensitive points of associateships as a result of the author's experience with new practitioners.

Another point to be made is encompassed in Niamtu's Fourth Law, "opening a new OMFS office from scratch is a task of awesome proportions and is not for the timid or unorganized. There are exceptions to every rule, but in the author's experience, affable, gregarious, energetic, proactive, organized multitaskers will have the greatest success at establishing the new practice".

Personality also plays an important factor on ones ability to practice in a de novo situation. For some of us, we must simply be the boss. Some individuals may be unhappy in any situation where they are not in control. If you are the type of person that will agonize over someone else's choice in stationary, wallpaper, or anesthetic agents, then new solo practice is probably a sensible choice.

It is not the author's intention to dissuade anyone from starting a new practice. Although this can be a tough road to hoe, it is for most individuals one of the most special and exciting times in their life. The feeling of building ones own environment and shaping ones own destiny is a special sense that only those whom have experienced it can appreciate. There is no doubt thousands of happy doctors who began as associates, but they will never have experienced the joy of hearing their phone ring for the first time.

With the above in mind, we can return to the charge of opening a new practice. The author recommends that plans for ones opening scenario be gelled at least six months before the anticipated opening date. This is probably cutting it close considering loan application, site selection, renovations etc.

Let us now examine the specific necessities of the pre-practice checklist. There are several main crucial stages to be considered with a back drop of impending projects scheduled to commence on "opening day".

Site Selection

Perhaps the most critical decision a new practitioner will ever make is the choice for his or her initial office location. This is a critical choice that may literally make or break the business plan. Although today's graduating doctors are superlatively trained in their medical disciplines, they are usually severely lacking in a business background. The new doctor will begin a life long journey in which he or she will be daily walking a tightrope with surgery on one side and business on the other side. He or she must maintain this delicate

balance throughout the remainder of their practice careers. Most of the pitfalls that await the new doctor will be a result of failing to maintain this delicate balance. Monetary dealings with patients and employee difficulties are among the most common problems the new practitioner will experience. Unfortunately, most of these doctors will not be adequately equipped to foresee and manage these problems. I would like to make the point that regardless of the type of business which is being started, common principles apply when dealing with the public as a service-oriented consumer related business. These principles that we will initially discuss could as easily be applied to a new doughnut shop, muffler center, convenience store or an OMFS office. The author suggests that a business site be chosen at least 3-6 months in advance of the anticipated opening date. This time frame frequently supercedes the application for a bank loan or the actual acceptance by the bank. Do not wait for the bank loan to be finalized before securing a sight or at least narrowing down several selections. One must multitask and have the location by the time they have the money. The task of site selection is again foreign to most graduating doctors and their approach to this is often random. The three most important words in real estate are location, location and location. This adage for centuries has accentuated the need for the right place for a business to prosper. This is one rule that applies to most all businesses on a global basis. In today's fast paced society convenience, time saving and ease of access are some of the main reasons that consumers consider in selection of a particular service. This also includes doctor's offices. It is obvious that these conveniences sound more like marketing decisions but it is important to keep in mind that initial site selection is the first and perhaps the most important marketing decision that one will ever make as a new practitioner. Ease of access, identity, traffic considerations, parking, esthetics and surrounding businesses are several factors that must be given careful consideration.

If you notice, there are frequently gas stations or convenience stores on all four corners of a busy intersection. Why is this? Convenience is proportional to supply and demand. For instance, during the gas shortage in the late 1970's gas was in short supply. Since people needed gas, they would go far out of their way for the luxury of having gasoline. In addition, they waited in long lines and paid exorbitant prices. Although this was not the norm, the demand overshadowed the supply and the inconvenience was taken for granted.

This supply/demand ratio must have existed in medicine and dentistry at one time or may still exist in some rural areas. Regardless of historical existence, it is usually far from the norm in populated cities. Basically, any locality that offers the geographic, environmental and financial amenities that people seek to live, work and raise families are already well serviced in terms of healthcare viability. The phrase "All of the good places are taken" and "There is always room for a good doctor" are antithetical. Much of the reason that a new practitioner can enter a highly competitive market and flourish has to do with how he or she markets themselves.

Obviously, initial site selection can be paramount. Before elucidating the specific points of site selection, I would like to focus on some of the more mentative aspects. As for new practitioners, it is unusual to be able to gain much information from colleagues that may

view the new doctor as unnecessary competition. They will probably not be great sources of unbiased input. The author has assisted many new practitioners in the opening of their practice and has yet to see a colleague advise someone to open a practice next door.

One of the most useful means of obtaining sensitive information concerning location, coding, fees, etc. is to find a practitioner just outside of your proposed referral location. Since you are not in direct competition with them, they may be more likely to provide you the kind of information that will benefit your practice. In addition, many referral localities have traditional nuances that you do not want to violate. Someone familiar with the area but not affected by your presence may be of great assistance to you in this arena.

You will find a plethora of people giving advice to the new doctor. You will hear conflicting statements like "This City cannot support another OMFS office" or "There is always room for a good man or woman."

Other well-known quotes are "If you want to be successful, open an office next door to the busiest OMFS in town" or "The suburbs are booming, the growth rate is such and such and is phenomenal." Who do you believe? The answer is everyone. All of these statements hold merit in their own context and let's examine each one.

Personality and ability can overshadow the supply and demand law. Most new practitioners are hungry for business and therefore are very accommodating to referring sources and the public alike. In addition, most new doctors have a lot of time on their hands to market their practice. As a practitioner becomes established and his or her business increases, they are likely not to have the open time to market their practice as they once did. In addition, it is human nature to want to enjoy free time and seek non-practice activities. This is the point when many doctors stop Saturday hours, quit taking emergencies and pull back on their marketing aggressiveness. When this natural phenomenon occurs, it leaves a service void.

The point is that space now exists for an individual to enter the referral pattern who will work extended hours, see emergencies, take extra call and have time to aggressively market their practice. Even if the demographic need for a new OMFS may not exist, an affable young doctor willing to provide the level of service abandoned by seasoned practitioners can gain a foothold in the referral community. The key word here is "new doctor." Across the board, many practicing doctors will have empathy for a new doctor and they readily assist them despite the availability of established specialists. Further adding to the above scenario is the new doctor being trained in procedures new to the community.

Finally, there will always be generalists just wanting to use someone new. For the above reasons "there is always room for a good man or woman." The downside of this is that some referring doctors may use the new doctor for a dumping ground, sending them only undesirable patients or those that they have gotten into trouble with. A caveat for a new doctor is to be ready to see plenty of broken off roots at 4:55 p.m. on Friday afternoon with the request to bill the referring dentist and not the patient.

Let's examine some of the adages referred to earlier. "The best place to open an office is next door to the busiest OMFS in town." Although this may be intimidating for a new doctor not welcomed by the established doctor, it can make a lot of sense. There are many reasons why this person is the busiest doctor in town.

The established doctor probably is skillful and runs a good office. There are other factors surely contributing to his or her success. For instance, they are probably in an area where there are many general dentists. In addition, they are most probably in an area that is convenient to consumers, has easy traffic patterns, has ample parking, serves a population that can afford OMFS care or has acceptable employment and benefit situations. In other words, by design or coincidence it is a good area to be in. Notwithstanding the established doctor's abilities, someone with equal skills or personality will also do well in this area. This is the same concept that provides a single traffic intersection with four gas stations or a Burger King across the street from a McDonald's.

"What about the suburbs for opening an office, that is where all of the growth is?" This is the thought process of many new practitioners. They do not want to intrude on existing referral patterns and may have desires to be the new guy in a new area. This can be a big mistake if some specific factors are not considered. First of all, when populations migrate to the suburbs, there are generally progressions that occur. New roads and housing developments are likely to be the first signs of suburban growth. New neighborhoods and schools spring up followed by an influx of commercial entities. Small shopping centers, convenience stores, car dealers, restaurants, churches, etc. Obviously, soon to follow are healthcare providers. This transition usually takes years, as many people will initially stay with a doctor of record even at the expense of geographical inconvenience.

After awhile, the doctor of record or new doctors will migrate to the new population centers and eventually local residents give into the convenience of local doctors. What can be an excellent opportunity for a general dentist could be a disaster for an OMFS. Remember, OMFS like other specialties in dentistry and medicine are initially almost totally reliant on generalists for their patients. As OMFS, we rely on the general dentist to send patients to our office. As our business matures, existing patients may refer friends and family but in the beginning we must be close to the dentist.

The point here is that it takes several years for dentists to follow the suburban population migrations and several more years for specialists to follow the generalists.

There have been many cases of specialist prematurely entering an area without generalists in proximity only to be disappointed. The fact is unlike general dentistry; OMFS is not traditionally a "walk in" business.

A new general dentist can attract patients by having a sign on their building, which is located next to a new subdivision. Very few people ever walk into an OMFS office because they see a sign. The population is the first wave, the general practitioners are

the second wave and the specialists are the third wave. With notable exceptions, this progression must be closely monitored by the perspective new practitioner. Timing can be critical.

Assuming you are considering several areas, let's focus on some specifics that may influence your decision. Most new doctors are fresh out of residency and do not have the financial ability to afford to hire a firm to do market research. Fortunately, there is a "backseat" means of doing this. Generally, an expanding population area is of interest to many various commercial businesses. Banks, restaurants, car dealers, chain stores, gas stations, hotels and many other businesses are likely to have a watchful eye on the same area, as do healthcare personnel.

Assuming that a primary referral base (general dentists) already exist in a perspective area, the presence of the aforementioned businesses are a significant indicator that the correct population mix exists to support these businesses. Most large companies do not blindly enter an area without ardent market research. They examine many variables such as median family income, demographic data, the presence of school age and geriatric population, traffic patterns, local taxes, etc. Generally, a company's decision to enter a new market is not happenstance and you can watch these trends and glean your own conclusions based upon someone else's expensive market research.

Personal market research can be done on an economic level. The local Chamber of Commerce is a fantastic source. The Chamber is very interested in promoting local businesses and the author's personal experience with this body has been exemplary.

Site Selection

They are very understanding of fledgling enterprises and provide many services to facilitate the setup of new local businesses. The primary material that a new doctor will find useful are the demographic reports applied by the Chamber of Commerce. These detailed reports provide information such as population growth and predictions, median family income, population age and race ratios and predictions, local major employer data, indices of leading indicators, market statistics, area comparisons, housing and real estate information, educational data, business prospect lists and regional maps.

In addition, the Chamber of Commerce may host social functions to introduce other new businesspersons and provide several hours of free legal consultation for new members. Do not pass this excellent opportunity to obtain a bird's eye view of the local business picture in your community.

There are multitudes of other factors that may influence the locality decision. Let us for example assume that we have narrowed our selection process down to several choices. Again, for the sake of comparison, we will assume that all of our prospective locations are in favorable referral areas and possess other aforementioned positive attributes. What will we consider for the decisive factors in finalizing our selection? Patient conveniences should be high on the list. Difficult traffic patterns and parking situations are a major turn off for consumers. Consumer convenience often times supersede reputation when faced

with traffic jams, parking decks, U-turns and distance. Remember our earlier analogy about two convenience stores directly across the street from each other? Keep in mind the fact that we live in a convenience oriented society when it comes to service oriented businesses. Never forget that OMFS is a service-oriented business. In keeping with the convenience store theme, it is optimum for an OMFS office to be located on the first floor of a building. Much of our work involves dealing with ambulatory anesthesia. Due to this fact, it is necessary to transport sedated patients from the operatory to the recovery area to the automobile. In some locations, this may prove a task of awesome proportions. The bottom line is that the closer the better, and the safer.

First floor offices in the mind of the author are superior. Not only does a longer distance present more obstacles, but also it requires the driver to leave the area to get the car.

This leaves one less person in the office to assist with the ambulation of the patient. If it requires one or two of your staff to escort a sedated patient to a vehicle and if it takes 5 minutes per patient, this adds up to a severe inefficiency. Once you multiply this x10 patients, you will see the point. In addition, in the event that you encounter a life-threatening emergency, ease of access may mean a critical difference.

An additional important necessity is the ability to have a separate patient and doctor entrance. It is essential in ambulatory surgical environments to be able to separate the evaluation and the follow up patients from the intraoperative and postoperative patients.

There are many unpleasant foreign sites, sounds and smells in an OMFS office. A screaming child, the sound of a patient with an airway problem, the smell of electrocautery and site of a staggering post anesthetic patient with bloody gauze dangling from their mouth are several examples of intimidating situations for an already anxious patient.

Obviously, one does not want a new patient at a preoperative consult to have to witness or experience the above situations. This is solved by a well, thought out traffic and work pattern and the hallmark of this plan is a back door or separate patient entrance and exit. In your initial site selection, this is paramount.

Being seen is an important factor in any business and the visibility of an OMFS office is no different. Although yours is not the "walk in" business, the more people that see your sign, the more people that know you exist. It is not uncommon for a referring doctor to send a patient to one of your colleagues that may be located further away than your office. It is also not common for the patient to ask the referring doctor "What about the building down the street, isn't there an OMFS there?" This is one example of the power of visibility. All things being equal go where you can be seen.

As alluded to earlier, it is an important advantage to be located near the people who will potentially send you business. If you can find a location that is surrounded by dentists and other dental specialists, you will be ahead of the game. Frequently, the new practitioner is looking for a "great deal." One must be cautious not to become entrapped in several common pitfalls.

Cheap rent in and of itself may not be a good deal. Inexpensive rent in a shoddy, nonvisible location not close to referring sources and possessing traffic problems is terrible outweighed by the savings for the rent. Rent is a business deduction and the aforementioned factors must be considered in the relation to the price of the space. A common scenario that a new doctor may find is a general practitioner wishing to lease space to the OMFS. This frequently sounds like a great deal but may provide to be a drastic error for the specialist. Remember, as an OMFS, you will be seeing patients from many GP's. If you are renting space from some other GP, you may intimidate your referral base. The other doctors may fear if their patient goes to Dr. X from whom you rent space, that the patient will wish to stay with Dr. X when you are done with this patient. You will come to find out that patients and referrals are all very close guarded treasures to all doctors and the politics of this must be respected.

General dentist Y, who has an old, dingy office sends his patient to you and you are renting space from general dentist X with a brand new office. There is a good possibility that the patient may perceive this different than transferred dentist. Guess who is the bad guy in this scenario? While discussing space, it is important to point out that most young doctors are oblivious to how many square feet are required for an initial office. This number may have many variables but the author recommends 2,000 to 2,500 square feet for a single practitioner.

An advantageous situation is to outfit the majority of the space to begin business and finish the remaining space as one's business grows. Many landlords are sympathetic to the new doctor and may make concessions of this nature to assist the new practitioner. This is especially true in a renter's market. Always remember that any number is negotiable and it never hurts to ask for a better deal.

Another trap that may befall a new doctor is the urge to build their first office. The rigors of selecting a site, renovating a space, equipping the office, hiring staff and building a new practice are challenging enough. Adding the stress of building a new office to this scenario can be overbearing. The new doctor is usually scrambling to finish residency and open the doors of his or her new office. In most situations, constructing a commercial building usually translates into headaches, construction delays and generalized stress.

In addition, most new doctors are not familiar with the "real world" of private practice. They base many of their decisions on the work environment of their training programs. It is the author's frank opinion after assisting many residents entering practice that the way they practice in residency will grossly change during the first year of private practice. It makes a lot of sense not to lock one's self into a fixed clinical situation until one has the ability to test the waters of private practice.

The author has seen many favorable situations arise from hospitals supplementing a new practitioner in terms of salary or rent returned for facility usage of the hospital. Healthcare competition is in full blossom and this unique opportunity should not be overlooked. In the spectrum of establishing a new practice, initial site selection is perhaps the most important

business decision that a new doctor will ever make. Many a person has made poor decisions by ignoring some of the factors we have discussed. When paying attention to these details, the opening of a new OMFS office can consist of excitement and a time in one's life that they will cherish in memory.

Financial considerations

Considering that the largest percentage of new practitioners are straight out of residency, the financial picture is usually similar, and to say the least, sparse. Since by this time most chief residents have endured a minimum of 12 years of schooling and loans without significant employment, many doctors directly out residency may have a negative financial statement. To say the least, this is not the optimum situation to have when applying for a loan. Fortunately, most OMFS are good financial risks for a bank and the loan parameters are mitigated with the banks future prospect of financial security. Due to this fact, a new doctor can usually obtain financing for their venture.

There are some philosophical considerations to be considered in the initial phases of obtaining financing. It is the authors firm opinion that the initial office, renovations, equipment, and financing be set to a conservative tone. For the remainder of this section, the author will express this conservatism by advocating the setting up of a functional, efficient, user friendly office on a shoestring budget. This will be done with future upfitting, beautifying and expansion in mind. It is the goal of the author to have the new doctor obtain the most cost efficient space with minimal renovations and the ability of outfitting unused space and purchasing more equipment as the practice demands. With all of the stresses that face the new practitioner, starting off in a deeper than necessary financial hole is to be avoided. For this reason, we will refer to Niamtu's Fifth Law of new practice, "building the modular practice."

The author encourages the new doctor to from this point on, to look at all the aspects of the opening scenario with a modular mentality. In other words, how can one accomplish a certain task in a manner that will be adequate to serve immediate needs, but modifiable to be augmented or reduced in response to my business need. Again, it is important to apply this thought process to every step from the loan to the actual opening of the office.

With this theory understood, we may return to the discussion of capitol procurement. There is no doubt that one could invest \$300,000 to \$500,000 in the opening of a state of the art OMFS office. In addition, if one had the capitol, they could simply contract out the entire office process and leave for a vacation. When they return several months later, the new office will be up and running and ready for patients. For most new doctors, this is unfeasible and their sparse financial situation warrants the most efficient time and monetary means.

It is the thought if the author that a single practitioner can open a very nice office and have money for salary, staff etc. by initially borrowing \$80-100,000. This would include renovations, rent, utilities, equipment, supplies, staff and doctor salaries and other hidden

expenses such as marketing, insurance, licenses, taxes, etc. We will continue with the pretense that we will be opening an office on a tight budget.

There is an art in asking for money. Banks basically analyze their risk on a given loan. When requesting capital, the worst thing to do is walk into a bank's loan department and simply ask for money. You must get use to the fact that your training and potential earning ability separates you from the average loan risk.

All major banks have executive banking services and it will behoove the new doctor to engage in this relationship early on. The author suggests contacting multiple banking institutions and introducing yourself to the executive banking manager. As in any business you will probably find one institution stands out in service and friendliness. This comfort level is important in the early stages of dealing with banks. If a given institution does not have executive banking services, then a vice president of the loan department is a good place to begin. Remember, that your relationship with your bank is not unlike the relationship of you and your referring doctors. The bank should realize your potential as a customer and investor and be very willing to cater to your needs. This relationship frequently carries over to personal matters such as mortgages, personal and auto loans, etc.

A major faux pas is to "cold call" on a bank when asking for money. An institution will be much more responsive to an organized business plan or prospectus. A prospectus is an abbreviated document that essentially explains your rationalization for your business as well as costs to begin business and associated expenses. Again, it all boils down to risk inherent to the bank's view of your perspective venture. Also, it is important to remember that 80% percent of all small business may fail! You need to present to the bank why you are a better loan risk than a drive through egg roll restaurant.

The bank may be happy to show you examples of a well-prepared prospectus to serve as an outline for yours. Accountants or local business schools or textbooks are also good sources to view sample forms.

Since we mentioned the word accountant, it is a perfect time to discuss this relationship. In the consideration of your initial practice setup and the remainder of your professional life, you will need the assistance of an accountant to steer you through the maze of numbers and finance. Although a new doctor can walk into a bank and procure a loan, this task may be greatly facilitated by an accountant. These professionals have relationships with bankers and are seasoned at assisting financial proceedings. A good accountant is a great find and can make your life easier in many ways. It is also a windfall to find an accountant that has healthcare experience. By asking around, it is possible to find accountants that have a significant client base of dentists and physicians. The author's experience is that these accountants are superior due to their experience and working knowledge of healthcare and its politics. They may well be familiar with your specific situation and have assisted other new practitioners in compiling a prospectus, applying for a loan, furnishing offices and determining salaries and benefits. Niamtu's Sixth Law of new practice is "to get a good accountant with medical/dental experience.

To acquiesce to the prospectus, it is standard for the bank to ask for practice forecast figures. To most new doctors, it seems unfathomable to try to predict patient volume, weekly income, renovation expenses, and personnel salaries prior to opening your door. Although the figures may be quite nebulous, you must start somewhere and these predictions can be difficult. Again your experienced accountant may prove to be your saving grace in providing these estimations. Additional sources for these figures include dental supply companies and doctors outside of your referring area that have experienced your situation.

A dental supply company representative may be of invaluable assistance in opening your new office. This relationship needs to be approached with caution. These individuals are salespeople and are used to the mentality of senior dental students. It is not uncommon for them to provide a scenario to open your new office that is too good to be true. They may promise to find you a site, provide blueprints, find subcontractors to renovate the space, provide loans and sell you brand new equipment, sell you supplies and refer you patients. This sounds too good to be true and often times is. Many ethical and knowledgeable dental reps that did in fact provide pro bono services in exchange for future business have assisted the author. He, on the other hand has seen new doctors victimized by entering into "fine print" obligations and 20% equipment loans. Always make sure that any benevolent service some one provides you are not implied contracts to stay with that vendor.

Regardless of where you obtain assistance, your business plan or prospectus requires several points that need be clearly stated. An introduction is necessary to acquaint the bank with you as a person and a professional. It is important that a definition of OMFS be differentiated from that of general dentistry, as the loan risk and finances differ greatly.

The need for your professional services and location should be presented in a manner to illustrate a successful situation. A map of the locality of your office and those of your competition may also assist this point. Favorable demographic statistics and a list of local employers and participating insurance plans would also be pertinent.

As stated earlier, the bank will require practice forecast data as well as data for renovations, equipment, supplies, and salaries. This form is frequently supplied by the bank and the accountant or dental supply representative can prove of assistance here. An acquaintance that has recently entered practice is also a good source to draw from.

An updated financial statement will be required and a personal curriculum vitae should be included in this package. The final section of the perspective should be your request for capital. This request is based on the supplemental data.

The entire business plan should be prepared on a word processor and professionally bound. Remember that your initial image will be heavily weighed by the bank.

Due to the fact that most residents have a negative financial statement, a co-signature of your loan may be required.

A line of credit is oftentimes advantageous for small business loans because you only pay interest on the amount that you have drawn out of the account and your draws are done as you need them. Again, an accountant with dental/medical experience will assist in the orchestration of the means of payment etc. There is no doubt that the proper accountant can cushion this entire application process.

Getting your loan approved makes an important point in the process of establishing a new practice. This can be such a time consuming process and things really begin to accelerate once you have cleared this hurdle.

The author still feels that \$80-100,000 is sufficient capital to begin a practice if the basic rules of conservation are followed.

Renovations, equipment, and supplies

We are making the assumption that the new practitioner is not building a permanent office due to all the stresses and potential difficulties associated with new construction. In addition, we have earlier, made the point that ones practice habits will most likely change, and to lock oneself into a specific pattern, physical plant, or locale is inconsistent with the authors concept of modular progression.

In context with the beginning of this article we discussed the various pros and cons of site selection, and will now assume that we have settled in an optimum location and for the sake of explanation we will work with two examples. In the first example we will renovate and upfit a non-finished space. In the second example we will renovate and furnish an existing space.

We will assume that we have an optimum space that is on a first floor location and has a rear entrance.

If one has the opportunity, the most economical situation is frequently to move into a previous medical or dental space. In terms of build out and construction dental construction is one of the most expensive types of building. This is in part due to the elaborate plumbing requirements. Most dental or surgical facilities need not only conventional plumbing, but also compressed air, medical gasses, multiple water lines, hospital grade suction plumbing and scavenger gas plumbing. Depending upon the local building codes, special drainage and waste plumbing may be needed in addition. Much of this plumbing is required to serve multiple rooms, further complicating the expense. The point here is that a new doctor can save thousands of renovation dollars by finding an acceptable space that is already plumbed for surgical/dental offices.

If such a space cannot be found, then the new doctor will be required to have the necessary plumbing installed. We mention the plumbing first because this may make or break ones decision to pursue a given office space. For instance, many office spaces have mechanical crawl spaces located beneath the floor. This is an ideal situation since it is very easy to run pipes, lines, wires and drains under the crawl space and into the

existing office spaces. It is this situation that has enabled the author to make OMFS offices from space previously occupied by an insurance company, a yogurt shop and a grocery store. If a crawl space is an advantage, then the antithesis is a cement slab. Many strip centers or free standing office buildings are built on cement slabs. There may be or not be a subfloor. Frequently the wood floor or carpeting is laid directly on the slab. In this situation, it is impossible to run plumbing and drains unless the concrete is removed with jackhammers to accommodate the pipes and drains, then recemented. This can be a very time consuming and expensive process and the author does not recommend renovating office space with a concrete slab unless there are many significant reasons to offset this expense.

Most commercial office spaces drop ceilings to accommodate wiring and plumbing. This is a tremendous advantage and in conjunction with a crawlspace is easily renovated. Although it is possible to have toilets that flush and drain upward, this is unnecessary expense and should be avoided. The bottom line is try to find a space that can be easily converted to your discipline. A previously occupied dental office is probably the easiest space to convert. If the need exists to renovate or build out non-dental space, then a drop ceiling and a crawl space allows for facilitated renovation.

If our example of previous dental or medical space is used, then we will also save time and money in electrical renovations because they already exist. Let us now move on to the example of non-renovated space and discuss our renovation strategy. Many space that are intended for future use are minimally finished. In areas of new construction it is not uncommon to have a roof, stud walls, and unfinished floor and unfinished ceiling. The electrical and plumbing fixtures are usually minimum to local building codes and not sufficient for an OMFS office. It is at this stage of construction that changes are inexpensive and easily done. It may cost twelve dollars to add an outlet at this point, but the same outlet may cost five hundred dollars if dry wall needs to be removed and new wires run. You definitely want to finalize your plumbing, electrical, HVAC (heating, ventilation and air conditioning) while still in the framing stage.

We will, for the sake of example assume that our new space is 2300 sq. ft. We now need to first develop a floor plan then mechanical diagrams and proceed to the finishing stages.

What makes an office? We have already stressed the importance of an alternate entrance and a first floor location. If a back door arrangement is impossible, then a separate side by side entrance with a vestibule may be utilized to keep the two doorways separated. Additionally, if a first floor location is not possible, one must think ahead as how to transport post sedation patients from the recovery area to the car. Close attention must be paid to this detail and elevators or stair elevators may be utilized.

Let's discuss the type and size of rooms that will be required. Simply stated, most OMFS offices will need the following rooms:

- Reception area
- Business area
- Financial area
- Exam rooms
- Operatories
- X-ray areas
- Laboratory space
- Staff lounge
- Doctor's private office
- Restrooms
- Medical gas space
- Mechanical space
- Sterilization area
- Recovery space
- Storage areas

This is a basic list and if one has the luxury of money or space then additional spaces may be added. Again, the author recommends that a minimum of one exam room and one operatory be renovated immediately and additional exam rooms and operatories can be done later as business expands.

We will now discuss each of these spaces individually.

The Reception Space

The reception area (we refrain from calling this a waiting room) is one space that must be very well thought out due to the fact that this will be the first impression most people will experience. This room should be easily controlled in terms of temperature and light. Adequate space is also an essential requirement. We must keep in mind that unlike many doctors' offices; most OMFS surgery patients are accompanied by one or more family members. Due to the fact that our surgical patients need drivers and most of our dentoalveolar patients are adolescents not of driving age, adequate space is an absolute necessity. The author recommends seating for at least twelve patients. Strangers do not like to share space so individual seating is favorable. Always keep in mind that given the choice, most patients would rather be somewhere else than our office. Our discipline is usually accompanied by unpleasentries such as expense, pain, swelling, missed work and general apprehension. Pile all of this onto a hot, cramped, reception room that smells like electrocautery, and you have an extreme elevation of the apprehension. Niamtu's Seventh Law of practice is never mix the clinical and non-clinical areas of your practice. A patient presenting for an evaluation does not need to watch a sedated patient with bloody gauze dripping from their mouth stumble out of the office. The same goes for a person waiting on relative or someone stopping by to pay their bill. It is imperative that the surgical area be segregated from the non-surgical areas in terms of sight, sound and smell. Always remember that this is our environment and we are often immune to medical

odors, crying patients, the sound of laryngospasm or the sight of blood. These very things that mean prosperity to us are repulsive to patients. We call this anti-marketing and will discuss this more in the marketing section. If one considers the traffic flow in the average private practice OMFS office, the usual scenario is two fold. First off, you will have new patients scheduled for evaluation or exams. These patients will arrive, register, fill out forms, receive radiographs and be seated to wait for the doctor. Keeping with our previous segregation, we do not want to expose this patient to the surgical patients. The office traffic flow must be directed to keep the registration, rest rooms, x-ray and exam rooms away from the operatory, sterilization area, recovery area and rear exit. By the same token, the surgical layout should dictate that the operatory is close to the recovery room and rear exit, as well as the doctor's private office. By carefully thinking through this network, your optimum room locations will begin to fall into place. In addition, the author always recommends that the doctor's private office have its own toilet and closet and be situated close to the rear exit. Conversely, patient restrooms should be close to the reception area to accommodate patient escorts and staff without subjecting non-staff to surgical areas.

Continuing with the reception area, a storm door should be used if there is no foyer. Otherwise, every time someone opens the door, the seated patients are exposed to the elements. It is important to keep in mind the convenience of patients and family. A phone in the reception area with long distance block is very handy. Some offices offer fruit; coffee and beverages, but sometimes these end up in the stomachs of a patient scheduled to be NPO.

There are several areas in your office that need soundproofing, and the reception room is one of these areas. Again, there are many unpleasant noises generated from the surgical suite and this room and the reception room should be separated maximally. There are many ways to soundproof a room. Some of the more affordable means are solid doors, extending walls past the drop ceiling, insulating interior walls and draping insulating batting on top of drop ceiling panels. A screaming patient, a disgruntled patient, the sound of a handpiece, staff phone conversations and casual conversations are some of the sounds that we do not want our patients to hear. It is imperative, in the author's opinion to pay close attention to soundproofing the reception room, the operatory(s) and the doctors private office.

While still on the topic of the reception room, some doctors install oxygen and suction hook ups in this room in the event of an emergency in this area. The decor of this area should be spotless and tastefully done. This no place for shabby furniture, tattered wallpaper or carpet or old magazines. Fresh flowers, plants and aquariums provide a relaxing touch for patients. It is also helpful to make sure that there are no blind spots where your receptionist cannot see a patient. It is always a huge advantage for your staff to know who is in your office and just how long they have been there. It is also imperative to utilize a sign in sheet for every patient. Legally, you may need to prove that a given patient was or was not in your office on a given day, the reception area is an excellent place to market your practice through brochures, before and after pictures, VCR media

etc. A television is also a nice touch, especially for extended waits. If space permits, a children's section may make waiting easier for parents with bored children.

Finally, remember Niamtu's Eighth Law of practice, which is to totally redecorate your office every five years. We will discuss this relevance in the marketing section of this text.

The Business Office

The business office is the central hub of your physical plant and its efficient operation is essential for the entire office to function as a unit. Most OMFS offices are divided into clerical and clinical areas commonly referred to as the "front" and the "back". Clerical employees traditionally make appointments, deal with insurance and money and various other non-clinical tasks. The clinical staff is most involved in actual patient care. In any well run office, there is a strong communication between the front and back and both are cross trained to perform each others job. In almost any office where turmoil and inefficiency exist you can bet that a poor communication exists between this group. Although this is more practice management, the way you set up your business will impact the way your office flows.

The front desk personnel are the ambassadors of the practice and are the individuals that construe the first impression of your office. Traditionally, there is a window with a sliding glass panels that separate the business area from the reception area. There are several ways to view this. First of all, the author's philosophy is to examine alternatives to any thing traditional; otherwise, you will always only have a traditional office and not an exceptional one. The normal duties of a receptionist may involve talking about sensitive issues such as money, credit and confidential patient health information. For these reasons, it is nice to be able to see the reception area but have the ability to "close the window" when privacy is needed. Many times a receptionist will open the glass panel to greet a patient only to close the glass on the patient at the end of the conversation. This can appear very rude and often presents an isolation barrier to the patient, creating a non-personal environment. The patient becomes isolated from the office and may feel it an imposition to "go to the window" with a question or to use the phone. For these reasons, it has become fashionable for some offices to do away with the glass or wall barrier and sit at an open desk or counter in full visibility of the reception room. This certainly presents a more warm and human feeling for the patients. People in doctor's offices are usually apprehensive anyhow, and it is comforting to have access to a real person. The visibility and availability of this real person encourages communication. The downside to the open concept is the fact that if the space is not adequately thought out and constructed the patients will hear every word that your receptionist utters. This can and has caused serious problems due to what a patient heard or thought they heard. When using an open concept, it is important to position the patients far enough away from the receptionist for privacy. It is also important to have an isolated area somewhere so the receptionist can retreat when discussing sensitive information. Little things like music and fabric soundproofing will also assist.

The size of the business area should be large enough to accommodate several employees as well as bulky equipment such as computers, copiers, postage machines, fax machine, chart files, telephones and the usual array of miscellaneous office supplies

and equipment. Beginning in this room and throughout the remainder of the office we will be discussing modular cabinets, drawers and counter tops. There are several situations that can translate into thousands of dollars of savings in a new office and these furnishings are high on the list. Although there are many ways to construct business workspaces, the author relies on standard high-grade kitchen cabinetry and countertops. For all intents and purposes, cabinets are cabinets. You can purchase a "medical" cabinet for \$500 or the highest quality kitchen cabinet for \$160. This is a no brainer. Lowe's, Home Quarters and other home centers offer excellent products at affordable prices. Since these products are intended for kitchen use, they clean easily and come in a wide array of styles and colors. Value aside, the true advantage of these systems lie in the fact than you can add or change them quite easily. An example follows. You open your new office and due to lack of funds, you install a gray Formica counter top that encompasses three walls. This allows several people to work at the same space (unlike a single desk) and in addition, a receptionist on a wheeled chair can easily shift workspaces to answer the phone or get to the computer. Since your finances are sparse, you include only a pencil drawer and a bank of four standard under counter kitchen drawers. This allows you enough space to begin practice. Lets assume that you have a successful first quarter and you are able to put some more money into your office. You now order three more sets of kitchen drawers and wall to wall cabinets above the counter. As the profit continues, you will plan to add wall to wall under counter cabinets, which will complete your suite. You will have well constructed, affordable, easily maintainable workspaces, that can be put up or taken down with a power drill and threaded screws. If your practice out grows it's current space and you intend to move, you simply unscrew your cabinets and counters and remount them later.

A Word about Leases

We could dedicate an entire chapter just to the discussion and explanation of leases and landlord/tenant problems. An exhaustive discussion is beyond the limits of this text, however, we will examine some basic issues.

Most new practitioners will be leasing space and Niamtu's Ninth Rule of practice is to have an attorney carefully scrutinize and explain the lease to you. All leases are written in the benefit of the landlord and sometimes are unfair or over imposing upon the tenant.

The following are examples of several potential problems encountered by new doctors. Many more exist and require professional consultation.

The fine print will dictate who is responsible for such things as landscape maintenance, liability, interior and exterior maintenance and an endless array of other specifics that most new doctors have not thought of. Shopping centers have Common Area Maintenance (CAM) fees that are collected from each tenant, above and beyond the monthly rent. Although the rent may sound reasonable, one must be aware of the CAM fees.

Some leases require written notice of resignation 90 days in advance of the renew date. If you miss this deadline, you may automatically be signed up for an additional five years!

Some rental contracts have maintenance clauses specifying that the tenant must change the air filter on the HVAC unit on a quarterly basis and keep records of this. In the event that the unit stops working, the tenant will be responsible for its replacement if the quarterly maintenance was not completed.

Some leases do not allow for subleasing of the space to anyone else. If you are considering subletting of your space or satellite space, this could be critical.

Many leases will allow the tenant to remove equipment that he or she purchases such as counters and cabinets if the walls and floors are restored to the original condition. Some leases dictate that any permanently installed fixtures become the property of the landlord and may not be removed. Still, some leases require the renovated space to be returned to the pre-renovation state upon vacating. This means that the tenant would have to demolish the walls and all other renovation and return the space to four walls and a floor. This can be very expensive!

When leasing space, it is common to have a per square foot renovation allowance to assist the tenant. One must carefully scrutinize the covenants surrounding this allowance, as it may affect the ownership of property purchased from the allowance. In addition, if the tenant were to break the lease, he or she may be responsible for paying back the renovation allowance.

By the way, many leases will not allow a tenant to remove their own fixtures, while other leases allow removal if the walls are returned to original condition. These may be negotiable items. Throughout the remainder of this text the reference to modular kitchen cabinetry will be consistent to the following scenario.

Returning to the discussion of the business space, the consideration of a telephone system comes into play. As with any equipment, there are basic phone systems and those that cost thousands of dollars. There is no doubt that the telephone is the single most important tool in your practice. An efficient phone system will increase your efficiency and decrease your stress. The converse is true for a poor system. Keeping a sparse initial budget in mind, the author suggests wiring your office to accept a proprietary small business phone system. It may only be several hundred dollars to wire during the construction phase. If you cannot afford a system initially, you can purchase quality two line phone sets and install call waiting on one line. This gives you a potential three-line system for a low price. Your fax line can be switched and not tie up an entire line. These handsets are available with hold and intercom capability and should be quite adequate until you can afford a true system. Once your cash flow improves your system is merely connected to your pre-wired service.

Computers, fax machines and copiers are a must and you need them to do business. Most office supply stores sell personal devices that will get your feet on the ground. Many new practitioners elect to purchase expensive computer systems immediately, and some companies offer reduced rates to new graduates. If this option does not exist, then the author recommends using a PC with a small business software package such as

QuickBooks or Peachtree accounting. It is important to have your data on computer from day one. Although the patient chart will someday be a thing of the past, for now it is a necessary evil. Again, you can spend hundreds or even thousands of dollars on a chart rack or you can buy a pine furniture bookcase for \$60 dollars that will serve the same function.

Restrooms

Generally, office bathroom requirements are aimed at patients, staff and the doctor. In most situations, staff and patients share the same restroom. If one is practicing in an office building, patients may use common restrooms. In any event the author is adamant upon having a private restroom in the doctors private office. Even if it is cost prohibitive, do not deny yourself of this amenity, as you will regret it later.

Operatories and Exam rooms

These rooms are the doctor's realm and basically where he or she makes their living so they need to be well thought out. It is the authors feeling that all rooms should be set up to accommodate right or left handed surgeons. The exam room is frequently the "second impression" that a patient will have of your office and should be decorated appropriately. Remember that until you actually operate, you will be judged by your office and staff presentation. The exam room is intended for pre operative consultation and postoperative visits. It is also efficient to have this room function as an operatory if possible so that surgical procedures may be performed. When renovating new office spaces the author recommends the minimum of one dedicated operatory and two exam rooms that may be usable for surgery. This means that these rooms will require a sink and suction and have the ability to be upgraded to a full operatory later. It is also recommended to plumb all of these rooms for nitrous oxide and oxygen if you anticipate their use as an operatory. Patient vital sign monitors are usually located in the main operatory for IV anesthesia. It may be advantageous to mount the monitors on a mobile cart so that they may be used in any room. An alternate situation is to have two operatories adjacent to each other and have a rotating table between the wall so that the monitors may be faced into either room. When the patient flow demands, the main operatory will be used for the IV patients, while the 2 exam rooms are used for evaluations, follow up patients, and local anesthetic procedures. A common scenario would to have a patient in the operatory awaiting IV anesthesia, a suture removal patient in the other room and a single extraction local anesthetic patient in the third room. The doctor can see the post op patient, anesthetize the local patient, and then start the IV in the main operatory. When he is finished with the IV, he or she will proceed to the local room and remove the tooth while the staff seats an evaluation patient in the other exam room. The key here is to be able to safely and efficiently rotate multiple patients at the same time. When orchestrated properly, this flow is a beautiful thing. On the converse, if your office layout or staff is resistant to this cycle of efficiency, a stressful, backed up, inefficient environment will exist. Obviously, four room {2 exam and 2operatories} allow more versatility, however many new doctors cannot afford this luxury. It is for this reason that the author recommends equipping 3 rooms and

leaving on room temporarily unfinished in anticipation of increased patient volume. Again, it is very important to have the exam rooms have the potential to become operatories.

It is advantageous to have a periapical x-ray machine in one of your examination rooms. It is also useful to have a periapical unit in your operatory, however, these are expensive units. One solution is to purchase a portable unit that can be wheeled into any room. In any event, if one is anticipating future x-ray equipment, it is advantageous to mount reinforcing plates in any room that may house an x-ray machine. Incidentally, the same reinforcement is required for ceiling mount dental lights. These mounting plates are merely 2x6 wooden pieces placed between wall studs and covered with drywall. They give a sturdy base on which to mount x-ray machines and lights.

When considering periapical x-rays it is appropriate to discuss a cephalometric machine. Most OMFS will require the ability to make cephalometric films. Although dedicated units are available, they are expensive and take up valuable space. An alternative to a dedicated machine is to utilize a cephalometric adapter. This device consists of a frame to hold a large x-ray film and the earpieces to position the head.

The opposite end consists of a bracket, which attaches to the periapical x-ray head to aim the beam to the plate. This requires a long wall, but is unobtrusive and economical.

Floor covering for operatories should consist of commercial grade vinyl that is resistant to disinfectants. The furnishings in these rooms consist of the basic Niamtu modular components, namely kitchen counters, cabinets and drawers. In the consideration of sinks, the kitchen principle still applies. One can spend hundreds of dollars on a "surgical sink". A stainless steel bar sink can be purchased from a home center for \$50. The sinks are large enough to wash hands and accommodate instruments but take up little space and are quite affordable.

A very handy feature to have in any room with suction capabilities is a separate switch to turn the suction compressor on and off. Without this switch, the assistant must turn off the circuit breaker at the main panel to control the suction.

Many doctors prefer tabletop view boxes for x-rays, however some surgeons desire built in light boxes. These can be expensive, but if you anticipate them, it is more economic to wire them in the renovating stage for their future use. As stated so many times thus far, the construction phase is the time to make changes. The consideration of room lighting is no exception. Local building codes require a minimum amount of lighting fixtures. Since our profession requires visualization in dark areas optimum lighting is required. Attention should be paid to ceiling fixtures as well as ambient lighting conditions. Available windows in a given building may dictate room placement. Basically, in surgery light is critical and adding several extra fluorescent fixtures is a minimal expense with maximum benefits.

Specific surgical task lighting is traditionally done with dental unit lights or head lights. A strong suggestion of the author is to utilize a high quality headlight for all surgical procedures. Some new doctors are not accustomed to operating with a headlight. The author requires new associates and residents to utilize a headlight for six weeks and the acceptance rate has been 100%. The great thing about a headlight is that the surgeon never obscures the light source as happens with an overhead light. In addition, headlights

are portable and have battery packs that allow them to be used in any room. This portability may also be useful in nursing home consults or bedside hospital procedures. The author hardwires a ceiling receptacle over the treatment chairs in each operatory so that the headlight can be plugged in and dangle from the ceiling the battery pack can be eliminated.

Although the headlight is suggested, it is very handy to have accessory dental lighting for quick exams or suture removals. In these cases, is inconvenient to put on a headlight for several seconds of use. The two common options would be a ceiling mounted track light or a chair mounted dental light on a swingarm. The ceiling light is bulky, expensive and requires dedicated power supply and reinforcement. Chair mount lights are available in several configurations. The author prefers the type of dental light that has a large ring on the base, which sits under the dental chair. The weight of the chair stabilizes the light. The use of a floor-mounted receptacle is useful for this type of light as well as to power the dental chair. The author always recommends floor receptacles anywhere where there will be permanent or heavy equipment. This eliminates running cords to the walls, which inevitably serve as obstacles. In any event, light is important.

The size requirements of exam rooms varies upon space and finances. A minimum space for an exam room is 10x10 feet. This space is sufficient for exams or minor procedures but is crowded and would be difficult to perform emergency recusstitutive procedures. A 12x12 room could serve as an adequate exam or operatory. The main operatory should be as large as possible for several reasons. This room will more than likely house the monitoring equipment and anesthesia machine. In addition if a code situation occurred, sufficient space is necessary for ACLS. Finally, this single room will serve as your "place of work" and cramped quarters are not conducive to efficiency or happiness.

If space permits, it is desirable to have a desk or modular arrangement for family members to sit and to use to demonstrate or present cases. This allows the surgeon to sit with the patients or parents to review pictures, models etc. It is important to remember that most surgery patients are accompanied by a ride, spouse or parent and they need a place to sit during the evaluation or post op visit.

In this day and age of managed care some doctors are constructing certified outpatient surgical facilities. These are subject to strict rules and regulations and require specialized construction and updating. They are not inexpensive and their long-term viability may be in question. For all these reasons, the author does not recommend this type of facility for the new practitioner and the details pertaining to this type of facility are beyond this article.

Operatories

Our discussion of exam rooms has basically entailed much of the discussion on operatories. These rooms should be larger than the exam rooms but have the types of furnishings, lighting and plumbing requirements as described for exam rooms. This room should be in close proximity to the recovery area, the patient exit, the central sterilization area and the doctor's private office. All of this is important in traffic flow and efficiency.

Remember that you want the surgical patients separated from pre or post op patients. In addition, moving sedated patients is cumbersome and the shortest distance to the recovery area and back door should be utilized. Finally, the doctor is usually in their private office between patients and the shorter the distance to the work area the better. We also earlier discussed soundproofing principles. The operatories should be sound proofed.

Operatories need adequate electric receptacles for multiple monitors and surgical equipment such as handpieces and this may be more than dictated by building code.

Anesthesia machines vary with the method of the surgeon. Many doctors require only nitrous oxide and oxygen, while some surgeons utilize vaporizers and full-blown hospital environment anesthesia. Anesthetic machines are very expensive and used equipment may prove to be an important bargain.

The author has placed closed circuit TV observation cameras in all rooms with a monitor in the private office. This can be done for a modest expense and is a great adjunct for knowing what is happening in your office and maintaining an efficient patient flow.

The majority of private practice OMFS operate from standard dental chairs. They are versatile, long lasting, affordable, and not intimidating to most patients. The author recommends a chair that is capable of emergency positioning and has concave armrests to accommodate unconscious patients. Some surgeons prefer gurneys to dental chairs. One advantage of a mobile gurney is the fact that the tables can be moved from room to room. This facilitates moving sedated patients from surgery to recovery areas. A down side is that entranceways and hallways must be enlarged to accommodate turning radius and these types of surgical bed are very expensive. The author does not recommend them for the average office.

One of the most critical pieces of equipment that a doctor will purchase is a surgical suction. This not only affects the quality of our work, but also may be a lifesaving piece of equipment. Although life threatening office emergencies are rare, when they do occur they frequently involve bleeding and or airway obstruction. An inadequate suction machine could make the difference between life and death of a patient. A heavy-duty hospital grade suction machine is recommended. It is also suggested to utilize a remote collection bucket in each surgical location. This prevents moving blood through pipes as well as allows one to measure blood loss or retrieve objects inadvertently suctioned. A dental supply dealer or hospital supply facility should be available to advise you on specific units. This is another device that can be purchased reconditioned for considerable savings.

Every OMFS office needs to be equipped with an emergency kit. This should contain airway equipment and ACLS medications as well as the usual array or required equipment. This kit can be assembled by the doctor or purchased from a company specializing in emergency kits. The Banyon Company (800-351-4530) makes excellent kits for multiple applications. This kit should be portable in case of need anywhere else in your office.

The office should contain back up equipment for electrical failure. This includes flashlight; Venturi or foot operated suctions, or suction devices that operate from the oxygen tank

coupling. Some offices purchase back up electrical generators or powerpacks for this type of situation.

Recovery Area

The next space we will discuss is the recovery area. This is a critical area in terms of both patient safety and office patient flow. It is absolutely imperative to locate this room very close to the main operatory in which your sedation will occur. No matter what anesthetic skills one possesses, patient variability dictates that some patients will be difficult to ambulate. It is very time consuming and difficult to transition these patients from operatory to recovery areas, so the shortest distance is desirable. The author literally has the door to the operatory adjacent to the door to the recovery area. In concert with this we try to locate the recovery area very close to the back door.

Although many doctors have recovery beds in their recovery areas the author never utilizes this arrangement. The running of an efficient outpatient ambulatory anesthesia OMFS office requires safe but rapid turn over of surgical rooms and recovery areas. If you provide a post op sedated patient with a bed, it is natural to want to sleep. This is contrary to ambulatory principles. The author uses high quality vinyl recliners to recover patients. They can be placed in the supine position but the author favors a seated position recovery position. It is the authors desire to be able to discharge a sedated post op patient within 15 minutes of the termination of a procedure.

The recovery room should also be placed in an area where it is readily visible and accessible to as many staff as possible. This room does not need to be large. A 6x6 minimum can be utilized but as with anything, the bigger the better, depending upon space availability. This room should be large enough to run an emergency code. In addition there should be seating for two additional people as a driver and family member frequently accompany a patient. The room needs suction and oxygen availability and is a great location for a closed circuit observation camera. If expense makes central plumbing prohibitive, portable oxygen and suction can be utilized.

Sterilization Areas

The sterilization room is an important room for many reasons and its location and function must be thought out. This always seems to be the epicenter of what is happening with the clinical staff. This room traditionally houses the surgical equipment, expendable supplies, IV medications and prep area, sterilization devices and medical waste area. Much caustic and damaging chemicals will be used in this area and only the most durable materials should be utilized. Heavy duty stain resistant cabinets and modular counter tops should be selected. Bleach and other chemicals may be erosive to stainless steel sinks and porcelain or composite materials may be advantageous. Double and triple bowl configurations are advantageous in separating clean and dirty areas. Counter space needs to be reserved for autoclaves and ultrasonic cleaners and surgical tray set storage. If the sterilization room is adjacent to the operatory, a through the wall pass through can be very convenient. The floor covering in this room should be commercial grade vinyl.

This is one room that needs a maximum of cabinets, drawers and storage spaces and it is suggested to furnish this space initially with a full fledged build out.

Laboratory Space

The next space we will discuss is laboratory space. Hopefully in the near future the tribulations of plaster will be of historic nature, but for now we must plan for their incorporation. Any one doing orthognathic surgery or implant surgery will need the usual array of plaster products, model trimmers, lathes, etc. This space need not be large and since it is a noisy environment it should be isolated from patient areas. This is also a good location for other noisy equipment such as compressors or suction equipment. If natural gas is available it may be desirable to install a hook up for a Bunsen burner. This room is easily furnished with modular cabinets, counter tops, and bar sinks. Soundproofing insulation may be desirable in this room.

Staff Lounge

The staff lounge is a necessary room for several reasons. First of all you need to have a designated area for staff to take breaks and eat meals. If you do not provide for a space of this nature, then your staff will need to leave the premises for breaks or meals. This is a guaranteed way to become short staffed. One of the requirements in the author's office is that the employee on break or at lunch will answer the phone if the primary receptionist is busy. Our staff is well attuned to a teamwork environment and having a break room with a phone and a computer terminal make for an extension of the front desk. It is also important for the staff to have an area just to "get away". The author always makes a point to remind new doctors how difficult is to manage a reception desk with multiple phone lines. A good receptionist is a valuable asset and the rigors of their job is often under appreciated by employing doctors. It is a guarantee that after several hours on end of phones and computers, the retreat of quiet private space is a welcome oasis.

The employee lounge should have a telephone and at least be wired for a computer terminal. It ideally should be located far enough from patient spaces that employee conversations will not be overheard by patients. This rule actually applies to every room where unwanted conversations may be heard. The author suggests purchasing a refrigerator for storing medicines and employee food and feels that furnishing this space with a bar sink, microwave, eating area and a television is a good investment in employee happiness and extended staff coverage. The author personally installs a peripheral countertop configuration that enables this lounge space to be utilized for business space when necessary.

Doctor's Private Office

The doctor requires a space for a private office and the author recommends placing this room close to the private entrance, the main surgical operatory and the recovery area. This space must have its own restroom and closet. The space should be large enough to accommodate at least 2 other persons for business reasons. Many new doctors consider placing a shower in this space, but in the author's experience, this usually is not used and

therefore wasted and expensive space. The doctor's private office is a space that should be soundproofed.

Although we have outlined the most common spaces that constitute an OMFS office, this configuration may vary depending on personal preferences. The author has detailed a conservative plan to employ the basic necessities required for start up with the ability for future expansion taken into consideration.

Forget Me Nots

Since we have been switching between construction phases and rooms, it is appropriate at this time to mention several loose ends that people tend to forget. If one is renovating and has not placed the drywall yet, this is the time to consider security and fire systems as well as a central music or paging system. Many offices spend significant money on light and buzzer communication systems. It is the author's experience that a large number of these systems fall into abandonment and after several months and are never used. In the authors newest office he personally installed a closed circuit surveillance camera system that connects to a monitor in the doctor's private office. This allows the doctor to know exactly who is where. In addition he or she can monitor postoperative patients with sight and sound. This has proven to be a great advantage.

Another aspect of construction that new doctors often ignore is closet space. Most renovation provides various nooks and crannies that make good closet locations. A closet should be placed near the business area, the central sterilization area and the doctor's private office and the staff lounge. It is also desirable if possible to have an outside entrance for medical gas tanks to reduce the commotion of servicing.

A rack of school hall type lockers is also a great convenience for the staff. It provides them with a secure and reserved space. Embezzlement experts warn doctors not to allow purses or pocket books to be taken into the business or money areas and the lockers assist this greatly.

Panoramic Machine

While discussing nooks and crannies this is a good time to consider the placement of the panoramic x-ray machine. This is one piece of equipment that is an ultimate necessity for all practitioners and will pay for itself in a short time. The author places this machine in an area as close as possible to the reception room and evaluation suites as possible, staying as far away from the surgery area. Most practitioners use space for a dark room and if using this, it should be close to the x-ray machine. In most of our lifetimes, the process of developing radiographs will succumb to digital radiology and a dark room may be a waste of space. The author, in keeping with space conservation, uses a counter top with an auto developer that is equipped with a daylight loader. The daylight loader allows loading and processing films without a dedicated dark area. By doing this, the author has been able to save precious space. Also keep in mind that panoramic machines may require 220-power service.

Major Equipment

The second largest expense of opening a new practice is equipment. We will categorize equipment into clerical and clinical classifications. This text is not exhaustive but is intended to serve as an outline on which to build.

Most of the clerical equipment centers around the business office. The decision must be made as to whether to purchase a computer system from the inception. Some companies offer new doctors very reasonable basic set up deals for the initial system. If one decides not to use a dedicated computer system then a PC with a simple accounting package should be used.

A copier is a necessity and personal copiers are readily available for affordable prices. A fax machine is also a necessity and there are combination printers/copier/fax available. A dictation system or service is imperative. As we will address in the marketing section, communication is the hallmark of a specialist. Letter writing is a big part of practice and one can purchase simple dictation systems at office chain stores. This is one item that the author recommends upgrading as soon as possible to a phone activated remote system. With such a remote dictation system, it is possible to dictate a letter from any phone in the world. The author uses this option frequently, as it never fails that one is in the car, on vacation, or home when a thought or idea occurs.

In addition, all hospitals have dictation departments and some will offer this service for a fee.

The doctors office should have a computer and can be inexpensively be networked to the front desk. Telephone systems and chart storage have been addressed earlier in this text.

Major Clinical Equipment

The next focus is on clinical equipment and this brings about Niamtu's Ninth Law of practice, "always purchase used equipment when available". Although this does not apply to all equipment, most dental or medical equipment is quite durable and can last many years. This especially goes for such items as dental chairs, autoclaves, x-ray machines, anesthesia machines, instrumentation, stainless steel tables and containers, dental lights and some types of monitors. Time after time the author has saved thousands of dollars by purchasing modern but used equipment to open satellite offices. These savings make it possible to budget for other necessities and we recommend this to all new practitioners. There is a constant availability of used dental and medical equipment available. Good sources include, but are not limited to, the for sale section of the JADA, and the OMFS Monitor, local dental societies, and hospitals. The latter has proven to be a powerful source for many new doctors. Oftentimes, hospitals have equipment that they are pleased to part with for the favor of you picking it up. Used equipment is of no value if it represents someone's junk or looks antiquated. Do not overlook this source for serious financial savings.

Expendable Supplies

There is a plethora of clinical and clerical supplies necessary to open your doors and do business. The following is a checklist of common supplies and is not meant to be exhaustive, but to serve as a beginning guide.

- Tongue blades
- Gloves-sterile and non
- Masks
- Monoject Syringes
- Isopropyl alcohol
- Alcohol wipes
- Needles-various gauges
- Local anesthetic-varieties
- Band-aids
- Scalpel blades
- Wire cleaning brushes
- Plastic cups
- Q-tips-6 in.
- Cold sterilization solution
- Autoclave test kit
- Ethyl chloride spray
- X ray film
- Duplication film
- Developing chemicals
- Processor cleaner
- Stainless wire-various gauges
- Arch bars
- Sterilization pouches
- Ammonia inhalants
- Suture-assorted
- Gelfoam and eugenol
- Avitine
- Headrest covers
- Hydrogen peroxide
- IV solutions-various
- IV tubing
- Butterflies or Jelco's
- Kleenex tissues
- Sharps disposal bucket
- Suction buckets
- Gauze sponges-assorted
- Syringe labels Kenalog in Orabase
- Triple antibiotic ointment
- Silver nitrate sticks
- Rope wax

- Lab supplies
- Model boxes
- Benzoin
- Cotton rolls
- Temporary cement
- Alginate
- Impression trays
- Tray cleaner
- Reline material
- Iodoform gauze
- Xylocaine ointment
- Penrose drains
- Ortho rubber bands
- Autoclave tape
- Tray covers
- Patient bibs
- Irrigation bags
- And tubing
- Surgical tape-assorted
- Suction tubing
- Anesthetic airway supplies
- Articulating paper
- Toothbrushes
- X ray labels
- Steri strips
- Bone Wax
- Thermometer
- Photographic cheek retractors

Clerical Supplies

- Staples
- Rubber bands
- Paper clips
- Clipboards
- Pens and pencils
- Stationary
- Message pads
- Post it notes
- Tape
- Mailing Labels
- Appointment cards
- Charts
- Forms

- Receipt book
- Copier supplies
- Fax supplies
- Credit card terminal and supplies
- X ray envelopes
- PDR
- Various licenses
- Postage and Mailing supplies

Marketing The Oral and Maxillofacial Surgery Practice

There is no doubt that this entire text can be dedicated entirely to marketing. The mere mention of this marketing may infuriate some doctors while the principles have made many doctors extremely successful. To many doctors, marketing translates to advertising or to buying a holiday gift for a referring office. People with this mind set have surely missed the boat. Marketing constitutes everything that a practitioner does in every detail

of their practice. While many doctors claim to be opposed to marketing, they are actually marketing, they just don't realize that it may actually be negative marketing. Always remember that every detail that defines your office sends a positive or negative message. The key, as we will point out, is to realize the details and control the messages.

The underlying message of this section success. Success means different things to different people, but for most of us, career satisfaction and financial security are high on the list.

This is an appropriate time to mention Niamtu's Tenth Law of private practice, "Profit is not a four letter word, loss is." Some doctors feel that it is unprofessional to discuss profitability, however, it is no shame to desire financial security, on the contrary, this country was founded on capitalistic principles. The difference is that most practitioners that enjoy their profession have other motivation than monetary issues. Regardless of the nature of any business, it cannot survive without making a profit. Keep in mind that the largest charitable organizations couldn't survive without profit. Although marketing involves profit, its purpose extends far beyond that. In reality, marketing actually involves the ability for a doctor to fulfill their vision and enjoy their practice. It involves having your practice represent you and the coveted ability of truly enjoying ones job.

There are a plethora of factors that constitute career satisfaction and we are fortunate to be involved in a discipline where our career is also a life style. Since we all have spent a significant amount of years and toil to reach our status, it can be viewed as privilege to be an Oral and Maxillofacial Surgeon, not just a job. Due to the multitude of sacrifices required to begin practice, most of us will want to practice for an extended period of time. The author can imagine no worse curse than to hate going to work. There is a large segment of our population that despises their jobs and their main goal is to get to Friday. This would be a terrible situation for an OMFS who has spent 14 years in school, taken boards, and entered practice. Unfortunately, there are those in our ranks that fit this mold.

When one examines a successful OMFS, and there are many out there it is interesting to determine the secrets of success. Conversely it is a learning experience to examine the details of a frustrated practitioner with a mediocre practice. I guarantee that you will find antithetical circumstances and philosophies in each scenario. Let's examine a truly successful practice and contrast it with what I call an office of frustration. By the time we are done, we will have defined marketing as it applies to financial success and career satisfaction.

All of us are aware of an overtly successful practice. The first attribute that one will notice is enthusiasm. These types of offices seem to overflow with energy at every level. The doctor, who is the leader of the practice, has a true passion for his or her career. OMFS represents far more than a day job; it is a true passion and we all tend to seek perfection at our passions whether they be golf, gardening or surgery. If the doctor is not excited about their office, then it is impossible to motivate the staff, the referring offices and the patients. Time after time doctors send their staff to a seminar for some type of motivational education and the doctor becomes frustrated when this enthusiasm wanes

after several weeks. The moral here is that the excitement and energy must come from the doctor who again must be the leader of the practice. We will focus more on this later but for now we will make the statement that most employee relations problems are the fault of the employer (the leader) and not the employee. Simply stated they are leadership problems and poor management.

Getting back to the successful practice, the energy level is almost palpable. The entire office seems to glow and to bulge with energy. The offices are bright and full of life, the equipment and furnishings are up to date and spotless, and the employees are absolutely dedicated to providing a level of patient service that is unsurpassed. Creating a warm caring and loving environment is no easy task, but once this is achieved, success is close at hand.

Along with enthusiasm, is the desire for movement and change. Many doctors and staff are resistant to change, but I will guarantee you that successful offices thrive on change and movement. As does all molecular motion on the planet involve change and motion, so must our practices. Successful people are constantly attempting to change things for the better. Perfection is journey without a finish line, but its pursuance is a rewarding challenge. A service-oriented practice will try to alter every detail toward serving the patient. Every form, every policy and every employee can always be changed in a positive manner to better serve our clientele, the patient. With the assistance of your staff, you must constantly look at the mundane details involving the patient experience and ask "how can we do this better." Answering this question produces change and movement, movement towards a goal or vision.

We used the word vision in the first sentence of this section as a parameter of success. In our examination of successful practitioners, vision is a common denominator. Rarely is success a chance phenomenon. Very few successful people have ever gotten anywhere without a vision. This concept sounds so elementary and trite yet is astounding to ask a group of doctors what constitutes their vision and see half of the crowd display a clueless expression. One must, from the beginning, have a clear-cut idea of where they are going and how they will get there. Very few people would embark on a vacation drive without a map or direction, for fear of being lost, losing time or simply not getting to their destination. Yet many doctors endure a 30 year career of stress and frustration because they too have no direction. A clear vision demarcates the destination of the practice and the enthusiasm of leadership is the compass. A practitioner should be able to verbalize their vision as well as to communicate it to their staff. The author is constantly amazed by how many offices that attempt to function without an employee manual. If the employees have no idea of the leaders vision and no description of the rules of the game, then how can they possibly serve the patients? Any doctor who is in practice and has no official employee manual and no descriptive vision is begging for mediocrity, which is antithetical with marketing. A vision may be to have the largest and most profitable practice in town, or to stay abreast of the latest technology in ones profession, or to be able to be financially secure at a given date, or merely to have the ability to spend adequate time with ones family or hobby. The point is that there is direction. A vision is a dynamic principle and will require constant modification and adjustment as ones practice changes.

Assuming that we have a vision and that we also have leadership, enthusiasm and movement; we can start to apply these attributes to patient service.

Like it or not, OMFS is a service oriented business. Being professionals, we usually don't liken ourselves to a restaurant or hotel chain, but we must look to other business to see what makes people happy. We all love to be pampered and if one reflects personally on an enjoyable event, good service is likely to surface as a contributing factor. Great service is even more important in a non-enjoyable environment such as OMFS. Unfortunately, most of our clientele would rather be somewhere else, given the chance. We have many marketing barriers to enjoying our services. Fear, pain, expense, inconvenience, third party influence and lack of appreciation for many of our services pose blockades to patients having a positive experience. OMFS, however, for most people is a necessity of life and frequently a requirement. A successful practice is one that can take these individual barriers and mitigate them to the benefit of the patient. Quintessential marketing occurs when a patient returns to a referring doctor and says " Hey Doc, I went to that Oral Surgery office that you sent me to and had my wisdom teeth removed and it was very expensive and really hurt, and I was really swollen, and my insurance was very complicated, but I want to thank you for sending me there. Those people were the most loving, caring and compassionate doctor's office I have ever been to".

Marketing the ORAL AND MAXILLOFACIAL SURGERY Practice

To devote a chapter on marketing in such a comprehensive ORAL AND MAXILLOFACIAL SURGERY textbook is indicative of Progress. This progression has been made on many fronts. First and foremost is the progress made within our profession.

Whether in the military or in sports the first rule of competitive strategy is to know your adversary. In the consideration of marketing the ORAL AND MAXILLOFACIAL SURGERY practice, we too must realize the adversarial barriers.

ORAL AND MAXILLOFACIAL SURGERY occupies a realm in the public perception interposed somewhere between that of Dentistry and Medicine. This fact has shrouded our identity and services with an air of ambiguity from the onset of the recognition of ORAL AND MAXILLOFACIAL SURGERY as a specialty. This ambiguity of services rendered as well the publics lack of awareness of our training and education presents a further marketing barrier. Finally, the voracious and aggressive increase of our scope of practice and procedures has increased exponentially, leaving the consumer confused about what we exactly do, or used to do.

The aforementioned situations cumulatively have held us back in the marketing and public awareness arena. Ask the man on the street what a plastic surgeon does and he will likely give you an accurate description. That same question posed to the same person about ORAL AND MAXILLOFACIAL SURGERY will more than likely not be representative of the scope of services we perform. This public appreciation of scope has, in the author's

opinion, not increased proportionately, even though our national organization has made great strides to publicly convey our training.

Entering this discussion with these principles in mind facilitates as well as obviates the barriers we face and the direction we, as a specialty must pursue.

What's in a Name?

The majority of dentists graduating today receive a DDS degree, which implies surgical expertise to the public. The more descriptive DMD degree is of progressive thinking and public understanding. The specialty of ORAL AND MAXILLOFACIAL SURGERY was in line for a name change for a long time. Due to the politics of teaching institutions, many reputable ORAL AND MAXILLOFACIAL SURGERY residency-training programs were forced to peruse non- dentoalveolar procedures in a surreptitious manner. Due to our excellent training in general anesthesia, many programs were able to perform some of the advanced procedures within their own clinic, for fear that that other competing surgical specialties may protest. This proved and in some programs still proves to be a double-edged sword. On one hand, we were being trained in trauma, cosmetics and etc., but on the other hand this secretive approach breeds the mindset propagating anonymity. For years, we would not mention the word cosmetic for fear of non-coverage by third party carriers or criticism from other surgical specialties.

Some very progressive leaders in our national organization foresaw the need to change these preconceived limitations and levied for a name change within our specialty. Unbelievably, they met with resistance; however, history led us into the new profession of Oral and Maxillofacial surgery.

The good news of the name change was that it was certainly more descriptive of our scope and gave us pride in perusing procedures and techniques that were sometimes done in the after hours clinic. The bad news is that the term Maxillofacial is not understood by the general public and in the author's opinion, has further masked what it exactly is that we do. The author predicts a name change by our specialty to "Oral and Facial Surgery" within the next decade!

On top of this our public perception is further hampered by the fact that much of what we do is painful, inconvenient, expensive, and without a tangible physical appreciation for the patient. Third molar surgery would be a perfect example of this concept.

Academic Marketing

Marketing is a popular major for many college students and in the first year courses they learn the basics of the profession. Since much confusion seems to exist among health

care providers on what exactly is the difference between marketing, selling and advertising, it is appropriate to review the textbook definitions in Marketing 101.

Selling is concerned with the plans and tactics of trying to get the customer to exchange what they have (money) for what you have (goods and services)

Marketing is primarily concerned with the much more sophisticated strategy of trying to have what the customer/patients wants.

By these definitions, one can clearly see that selling focuses on the need of the seller while marketing focuses on the need of the buyer. Selling is concerned with the sellers need to convert their product or service to cash while marketing is satisfying the needs of the customer.

A marketing oriented office provides value-satisfying service that patients want. It also provides not only the generic product (in our case surgery), but also important is how the service is made available. Extended hours, payment plans, patient insurance assistance, modern facility, state of the art procedure and painless treatment are just a few of the ways this service is made better.

Learning from big business

In the 19th century the US became a production-oriented economy and over the past century has shifted to a consumption economy. The energy and thoughts of the business community were once devoted to developing and improving ways of manufacturing. We now take our ability to manufacture for granted and the emphasis has shifted to a marketing orientation and the energy and thought start with the customer (or in our case, the patient).

After the end of World War II the General Electric company pioneered the marketing concept in industry. The marketing concept is described as "a way of life in which all resources of an organization are mobilized to create, stimulate and satisfy the customer a profit for the owner". If one truly understands this paragraph they can begin to understand what marketing is really all about.

Corporations speak of the 4 P's of marketing. They are product, price, promotion and place. Product refers to making sure that the product is the right one and of superior quality. Price refers to establishing a price that makes the product as attractive as possible and still maintains a profit. Promotion is simply communicating with ones clients or potential clients. Place refers to putting the product where it can be most effectively utilized.

The correct analysis and mix of the 4 P's are important and marketing experts further maintain that a marketing leader must

1. Determine the nature of changes in the market.

- 2. Identify and cultivate customers for the companies existing or potential services.**
- 3. Meet the needs and wants of customers or potential customers.**
- 4. Maintain a profitable position.**

All of these factors are so very applicable to our profession. One merely needs to supplement the word patient for customer or client.

Number two in the above list is also very often overlooked. Historically, there have been many changes in the fee for service in medicine and dentistry. Prior to insurance coverage the patient understood their obligation for responsibility for health care costs. With the advent of health insurance plans the burden of responsibility, at least in the mind of the patient, became the responsibility. With the advent of exponentially increasing medical technology the price of health care soared and became beyond the reach of most self pay patients. Doctors and hospitals fees became obtrusive and cost cutting measures were instituted with shifts towards less hospital time and generalized cost containment. Managed care entered the scene and has caused profound changes in our profession. There is now a shift to having primary care doctors triage patients and surgeons are looking for ways to provide their services without the time and monetary expense of hospitals.

Doctors who had the ability to see these trend shifts were able to adjust their marketing and business strategies to meet the current need. Those whom do not adapt may fail to thrive in this managed market.

Anyone who has read about corporate marketing is familiar with the concept of paradigm shifts. A paradigm is a model and the paradigm for marketing ORAL AND MAXILLOFACIAL SURGERY practices has been the same for years. Be a good doctor, PR your referring sources and one would prosper. We are now in the midst of a paradigm shift. With managed care, larger practices with multiple locations have postured themselves to be attractive to the managed care plan of large companies. Now, many patients are referred to a given surgeon, not because the general dentist wanted to send the patient, but rather because they had to use a participating specialist. Those surgeons whom refuse to explore managed care options may be driven out of business because they have not anticipated this paradigm shift.

A commonly used example of the loss of business domination from paradigm shifts is the Swiss watch making industry. For hundreds of years the Swiss dominated the making of watches and timepieces throughout the world. The paradigm for success was a mechanical product that was made from complex mechanical manufacturing and assembly of labor intense intricacy. The Rolex chronometer wristwatch is an example of the fine product produced under this paradigm. The Swiss prospered and literally controlled the world production of wristwatches. In 1968, the Swiss controlled 65% of the world market in timepieces. They reaped 80% of the profit in the timepiece industry and employed 65,000 employees.

Around 1968, a Swiss company invented the liquid crystal watch and set up a booth at the 1968 World Watch Congress in Switzerland and introduced their new technology. This concept was staggering. The watch had no moving parts, did not require movement or winding to function and delivered an accuracy 1,000 times that of the finest Swiss timepieces. Although this timepiece technology was astounding, the major Swiss watchmakers were indifferent, and did not even patent their own invention. Why?, because it did not fit their paradigm for what a wristwatch should be. Two companies Seiko and Texas Instruments did take notice however and saw the old paradigm for timepieces go out the door. They realized the potential of this new product and were able to move with this new paradigm. The rest, is of course, history. The Swiss workforce lost 50,000 employees and dropped from 80% of the market share to 10%. Today, the Japanese dominate the world timepiece market and had virtually no market share in 1968. The point is that what works in marketing today may not be effective in the future and the ability to predict and adapt is critical. Marketing is dynamic, not static.

Staying abreast of current technology is also important in the paradigm model. The bread and butter of our profession was once the extraction of carious teeth. It was only several decades ago that multiple full mouth extractions were common on the office schedule of most ORAL AND MAXILLOFACIAL SURGEONS. Today, because of fluoridation and education full mouth extractions have diminished rapidly to the point that some dental schools have trouble finding denture patients. Having four difficult impacted third molars removed simultaneously was not common forty or fifty years ago. With the advent of high-speed drills, effective ambulatory anesthesia and antibiotics, this procedure has become the mainstay of most ORAL AND MAXILLOFACIAL SURGERY practices. Anytime a single procedure dominates the well being of any business; its obsolescence could doom the business. The insurance coverage of third molars may fall into disfavor or be otherwise manipulated by insurance companies. We must, as a profession, be aware of this possible paradigm shift for what constitutes ORAL AND MAXILLOFACIAL SURGERY.

Fortunately, our leaders have seen these caveats and many of our ranks are entering the arenas of implant surgery, cosmetic surgery and other non-traditional ORAL AND MAXILLOFACIAL SURGERY procedures.

All of the above underline the predictive thought for medical marketing. It is not uncommon to find doctors whom are very adverse to marketing in the form of advertising. These doctors say that they do not market. This is such a fallacy, we all present an image and this is marketing. Some doctors are actually doing negative marketing by having poor staff and lack of policy while condemning an office committed to excellence!

Practical Marketing the ORAL AND MAXILLOFACIAL SURGERY Practice

The author enjoys a mix of private practice and academic environments. The phrase "always be a teacher and always be a student" drives many of our ranks to excel in both venues. The author has written and lectured extensively on the subject of marketing the ORAL AND MAXILLOFACIAL SURGERY practice and regardless of the community, state, or country, many doctors are in search of the "secrets of marketing". The delusion of these individuals confounds the author time and time again. Practitioners want to know "what to do to get referrals". Sometimes, despite a well prepared and well presented course on marketing, participants will confront the author at the end of the lecture and say "all of that is fine and well, but what is it that you really do to get patients?" "Do you give holiday presents? do you do lunches?, do you need fancy imaging, etc". These doctors have missed the entire point. The correct answer is all of these and none of these.

Marketing is not the act of giving something to receive a patient on a one to one basis. Marketing is more of a mindset and a practice lifestyle. There are many successful practices that spend tens of thousands of dollars on marketing events and gifts, and there are just as many practices that thrive without spending a dime on parties, gifts, etc. The latter practice focuses on two things, superlative patient care and simply knowing how to say thank you.

In addition to the above examples, there are doctors that do all the correct marketing, even employing professional firms, yet have stagnant practices. These practices go through the motions but have poor leadership principles and staffs that negate their marketing investment.

Successful marketing, as stated earlier, is a grass roots level of excellence that starts before the patient ever gets a foot in the door. The bane of existence of any specialist in any discipline is the reliance upon others for referrals. It is rare that a patient sees a sign for ORAL AND MAXILLOFACIAL SURGERY and drops in, while a "Family and Cosmetic Dentistry " sign may cause people to walk in and begin a relationship. If one follows a thriving practice, they will see a constant trend of patients referred from other sources other than general dentists. If an ORAL AND MAXILLOFACIAL SURGERY office provides a warm, loving, and caring environment, patients of record and reputation will bring in as many or more patients than do primary referral sources. It is usually at this point that a doctor really begins to feel and enjoy independence. Getting to this point usually takes a number of years but can be greatly accelerated by attention to basic communication skills and common sense.

The grass roots level of which we spoke must literally permeate every aspect of ones practice and it must be stressed that the staff is far more important in the spectrum of marketing than the doctor. Most offices that are stressful and unprofitable suffer from poor leadership. Most doctors have no experience at human resource management and have accumulated what knowledge they have from hard knocks. It is shocking but correct to say that most employee problems are the fault of the employer and not the employee. Leadership is essential to make any team of individuals with a common goal cohesive and effective. In the author's opinion, 98% of the problems that make practitioners dislike their

jobs stem from poor hiring and firing practices and the lack of leadership. There can be only one leader in an office and that must be the doctor. Leadership cannot be confused with management. One can delegate management and hire managers, but again, there can only be one leader and leadership cannot be delegated.

For the sake of comparison, let us envision two separate practices. One practice is a thriving progressive profitable practice that continues to grow. This office always seems to be on the forefront of the profession and when you walk into this office you are overcome with the energy of the staff. The environment is modern, clean, bright and friendly. The doctor and staff are aesthetically presentable and smiles and warmth abound. When in the office for a while, it becomes evident that that office represents the leader. It is if he or she is "working at home". It is also evident that that doctor has a passion for their profession and practice is a joy and a privilege. The staff is cohesive and their careers seem enjoyable and they work as if it is fun. This office presents an image, and that image is impressed upon the patients that are exposed to this environment. It seems to rub off on the patients and they leave with an enthusiasm. They sense the energy and the warm friendly treatment and are impressed enough to comment to their friends and neighbors. Although they don't look forward to surgery, they don't mind and may even enjoy visiting the office. They enjoy being part of the energy and enjoy the special attention that has seems so rare in this fast moving technological era. The referring doctors and their staffs have the same feelings about this office and are confident that when referring a patient they will be thanked for sending the patient to such a compassionate office. If a patient goes back to a referring dentist and says that the ORAL AND MAXILLOFACIAL SURGEON was expensive, and the surgery made them sore and the recovery was extended but thanks for sending them to such a warm, caring and compassionate specialist, mega-marketing has been accomplished. This is never a coincidence, it is the finality of great effort and attention and detail. It is a result of the pursuit of excellence, based on the principles of leadership and policy.

Let us now contrast this office with one of mediocrity. This office may be right next door to our previous example; but always seems to be "chasing its tail". The office does not glow and is unkempt. The staff is stressed and bickering. The doctor and the staff do not convey an aesthetic image and seem to have a goal of reaching 5:00 o'clock. Confusion and happenstance seem to rule and there is an obvious lack of organization. The general atmosphere seems tense and rushed and fun seems to be the last thing that anyone is having. The entire experience is reminiscent of old fashioned dentistry. The staff turnover is high and the future of health care seems pessimistic to these folks.

Although the above contrasting examples are fictitious, we all can probably relate to a real life example of each scenario. We must ask ourselves what exactly it is that makes such a difference. Knowing the answer to this question illuminates the principles of successful marketing. These are again leadership and human resource skills.

What is Your Vision?

The very first principle to discuss is vision. There are very few successful people in any walk who achieved success by chance. Virtually everyone who has achieved success and professional contentment is a visionary. A person must have a clear idea of their goals and a plan for approaching them. Without this, chaos will rule. If asked, any ORAL AND MAXILLOFACIAL SURGEON should be able to state their vision or guiding principles and their endpoint. This should also be second nature to the staff, after all, if you as a leader do not have a vision, then how can you expect your staff to have clarity on where you are going as an office. This vision must be communicated with the staff and constantly reinforced. If this is not done, a cohesive team cannot be built. It sounds trivial, but it is the single most important factor in beginning a journey to excellence. It is said that excellence is a journey, not a destination. In other words, there is no finish line, improvement and superlative patient care and the love of what you do are the dividends. If while reading this text you cannot immediately stop and write down your particular vision, then you should stop reading because it is the first rung of the ladder to excellence. By the same token, if you and your staff are not in the pursuit of excellence, then you should send your patients elsewhere so they may receive the best care available. Obviously, this sounds drastic, but underlines the point.

A vision must be practical, ethical, attainable, have a time frame and be modifiable to bend with the curves of life. The vision of the author has been to build a large group practice that is enjoyable to both owners and staff and to serve patients with a warm, loving and compassionate environment. To pursue technical excellence and to stay abreast of the forefront of our specialty. To become financially independent and at the same time serve those less fortunate with the ability to obtain our services through community work. To become a well known entity for going out of the way to better provide for patients and referring offices, and lastly to have fun in the pursuit of excellence in ORAL AND MAXILLOFACIAL SURGERY.

After one develops a clear vision, the next critical step is to assemble a team of individuals capable of carrying out this vision. In any major team sport, tryouts are given and the leaders search for certain critical attributes to best serve the effort. The vision is clear, that is to win. Can you imagine a team that merely selected its players without tryouts? They would never win because the right person for the right position would be all too random. With this in mind it becomes obvious why some practices fail to win, the selection process is random.

Selecting the proper employees is a skill and can evade even the largest of businesses. There are scientific statistical methods for selecting the proper person for a job, however, the real answers are simple when applied to real life. For the sake of comparison, we will call a perfect employee a 10 on a 1-10 scale. In most progressive practices a 7 or less is unacceptable. If a doctor can surround themselves with 9's and 10's, marketing can be as easy as showing up for work.

Since the caliber of employee is paramount and usually directly proportional to the success and stress level of any practice the importance is obvious.

Hiring and Firing

Anyone who thinks that this topic is inappropriate in a marketing chapter already has serious misconceptions. Inevitably, when one closely examines the details of a successful ORAL AND MAXILLOFACIAL SURGERY practice, exemplary hiring and firing practices exist. The converse is true for poorly run or unsuccessful stress ridden practices. For the sake of comparison, the author will continually compare the details of two practices. One practice is profitable, user friendly, energetic, and sets new standards for the community and has a doctor and staff that enjoy their career.

The other practice withers on profit, has a frustrated staff and doctor, does not experience sufficient growth, has high staff turnover and just isn't fun to work for.

By contrasting the factors that differentiate these two practices we can gain tremendous insight to some of the most common marketing problems. It is not going out on a limb to make two important statements. Most problems that are encountered in a practice concerning marketing and communication can in some way be directly attributable to the hiring and termination policies of the practice. Statement number two is the fact that the extent of the leadership of the doctor will directly affect the policies or lack there of the office and will contribute to the employee relations problems. Most employee relation problems are the fault of the employer, not the employee.

One of the inherent problems that has, for a long time, affected professionals in all branches of health care is the dearth of courses offered to the doctor in his or her pre professional training. One of the thrusts of today's medical and dental school curricula is the inclusion of business and practice management courses. Even in the most progressive didactic environments, this topic is usually too little too late!

An compounding modifier to the above is the fact that medical and dental practices have traditionally evolved as independent, closed circuited small business models that have been resistant to outside consultation or change of structural and managerial paradigm.

This has created a very inbred system of strong independence but little thrust towards interdependence. Although there certainly positive points associated with this structure, it fails to adapt to changing paradigms and because of this doctors offices tend to be trapped in a whirlpool of poor management, communications and lack of adaptability. Inflexibility in this arena, in the author's mind has led to our inability to predict the current managed care crisis. Cost containment and efficiency issues should have been predicted and dealt with a decade ago instead of now. The ability to foresee and adapt to change is essential to succeed in any facet of business including medicine.

The other component that has crippled the business of private practice surgery, in the author's opinion, is the failure to pay attention to the trends of corporate America. We have been so steeped in autonomy that we simply have ignored the changing trends of big business. Corporate America approaches management strategies with the same statistical scientific scrutiny that we afford our surgical literature. There exists a wealth of knowledge on human resources and marketing that has basically been ignored by health

care providers. It is usually only through consultants that we gain exposure to this information.

Due to this, we are currently reinventing the wheel, which increases stress levels and decreases efficiency.

It is a safe bet that the successful practices that we contrast already have an understanding of the above.

Professional Consultation

The term consultant has been mentioned several times already and this is an appropriate to expound on this now. We all in life seek advice from outside sources, especially in situations that where that person has a higher level of knowledge pursuant to what we are doing. Most ORAL AND MAXILLOFACIAL SURGEONS would not take apart their own engines if their car stops running nor would they consider taking the transistors out of their TV if it falls into disrepair. This example can be carried out ad nauseam, but underlines that our lives revolve around professional advice. This being a fact, it is difficult to believe that so many doctors are resistant to obtaining outside consultation. Our autonomy sometimes gets in the way. Anyone that runs a practice has very strong emotions and opinions about the way the practice runs. When you add partners to the scheme, these emotions and opinions increase logistically. It is a very difficult to make prudent decisions in the face of emotional issues. Anyone who has made decisions to institutionalize a parent, euthanize a pet, terminate a marital relationship or deal with similar issues will testify that it is very hard to make these decisions because emotions cloud the clarity of the issue. In these instances we usually turn to those we trust to separate the issue from the emotions.

This emotional attachment to our practices often causes warped perceptions of the way the practice runs. To make rational decisions, one must have the big picture.

A good metaphor of this situation would be a person enjoying a scenic boat ride along a beautiful river. The person in the boat is overcome with the beauty of the trees, water and wildlife. The boat ride is absolutely wonderful, except there is something very ominous happening. There is a person in an airplane that is flying over this boat and they can see more of the picture. The person in the plane can see that ten miles down river is a huge waterfall that will kill everyone currently enjoying the boat ride. The person in the boat is disadvantaged by not seeing the entire picture and the person in the plane can avert disaster by radioing the captain of the boat to impending disaster.

This metaphor illustrates the role that a consultant can play in your practice. Given the level of quality that we all seek in every day life, it is unfathomable that so many doctors are resistant to these ideas. The author has experienced, in numerous practices, the awakening of the entire office by qualified consultants. Adapting an old adage, a doctor who refuses to seek business advice has a fool for an advisor. Another pitfall that the author experiences is "pseudo consultation". This involves taking advice from the wrong people. Frequently surgeons turn to accountants or attorneys for this type of advice because these individuals are familiar with the practice. Most of these professionals have little practice management experience and often prove to be poor advisors.

A frequent excuse for not seeking outside assistance is cost. Some doctors say that they quite simply afford it. The author is on record as saying that you quite simply not afford it! Successful general dental practices have multiple hygienists doing recall visits. The dentist may pay these hygienists \$200 per day. This can be a significant expense. These doctors may make a clear profit of \$1,000 per day after paying the hygienist. Many dentists never hire a hygienist because they "can't afford one". Again, how can they afford not to? A qualified practice management may cost up to \$10,000 for several days of work. If these people can institute changes that increases your AR, billing, coding and staff relations by several percentage points, the payoff in profit and stress reduction may be ten fold. Yet why are so many doctors resistant to this concept? If a doctor is truly interested in excellence, he or she must take the first step. For many people, they cannot ever commit to take that step. As stated earlier, If someone is not about excellence, then they should send their patients to another ORAL AND MAXILLOFACIAL SURGEON so they can have the best care!

Employee relations

Since many new practitioners will be reading this chapter, the author will begin at an elementary level and progress. The basis of the chapter is paramount to all employers regardless of the time in practice.

There exist universal situations that enhance or detract from any business, and choosing the correct employees is paramount regardless of the type of business. This applies especially to all of the service-oriented businesses, of which healthcare happens to be. Unfortunately, many doctors never grasp the concept that their business is based around service and therefore struggle and endure unnecessary stress while their colleagues who do understand the concept have fulfilling and profitable practices.

In any service-related industry, it is usually the level of service that sets businesses apart. For instance, if you had to ship one of your most prized possessions somewhere overnight and were ultimately concerned about it safe and timely arrival, would you choose Federal Express or the US Post Office? Most people would choose the prior due to the perceived level of customer service on behalf of Federal Express and the lackadaisical attitude often attributed to government employees. Service of ones customer or patient base is the key to success. A doctor may be a genius and the best surgeon in a given area, but if the staff is abusing patients, the practice will not prosper. On the other hand, a very mediocre doctor can be elevated to hero status by a staff that nurtures their patients. Most doctors are clueless on correct hiring and firing concepts and the ones with experience have often earned their knowledge through hard knocks. When the author lectures to large groups of doctors in any locality, employee relations always occupy one of the top three enumerations of practice stress.

In the past, poor hiring and termination practices may have only meant increased employee turnover and doctor stress. In today's litigious environment, improper human resource skills frequently lead to lawsuits. Wrongful discharge, sexual harassment, discrimination and many other employment related litigation is on the rise. For a suit

prone employee, the ability to win a hugely unreasonable settlement holds much better odds than a lottery ticket. Sexual harassment suits have been settled for millions of dollars for innocently intended gestures or actions. This is a frank reality of modern employment law and circumstances. This is the wrong arena in which to learn by mistake. Suits for sexual harassment are not covered by malpractice or umbrella insurance and are the responsibility of the defendant. Guilty or not, subsequent publicity can be very damaging to the morale and reputation of the doctor.

Due to the fact that most ORAL AND MAXILLOFACIAL SURGERY offices involve a male doctor with a female staff, the author strongly advises all new practitioners to thoroughly gain information about local and local employment laws.

Initially, a new ORAL AND MAXILLOFACIAL SURGEON will more than likely require a staff of at least 3 employees. The AAOMS recommends two employees assist at surgery and someone needs to tend to the front desk and clerical duties. Some new doctors may economize by using two employees and placing the phones on a recorder during surgery, however, availability to your referring doctors is compromised. There is no doubt that as soon a doctor can afford adequate staff, he or she will enjoy a safer and more efficient practice.

The easiest positions to fill are surgical assistants. There exists a strong pool of dental assistants, nurses, surgical techs, etc. As with any business, previous experience is preferable. A seasoned assistant can actually teach many things to a new doctor. It is also preferable to hire an assistant who can also obtain hospital assisting privileges. As with all positions a friendly, compassionate, presentable, mature assistant is optimum. One potential problem of hiring new employees is the age and experience levels of the applicant pool. This pay and experience level frequently is abound with young inexperienced females. Many of these people have little experience and their reliability and maturity levels may be insufficient to suit ones needs. In addition, this segment of potential employees is often transient due to schooling, relationships and childbearing. The author has taken pride in hiring this type of employee and watching them grow into an excellent staff member. This, however, has been in the presence with superlative staff members who had the opportunity to mold the new employee into a polished employee. Hiring this type of person without the nurturing can lead to many employee/employer difficulties.

The job of practice receptionist is a much more challenging situation. This employee is literally the ambassador of the practice and more than any other employee can add or detract from the practice. This person is usually the first person that gives an impression of the spirit of your practice. In many cases, perspective patients call the office and are bounded by many barriers. Pain, expense, inconvenience, apprehension, third parties and lack of appreciation of services are just some of the common barriers between a doctor and their patients. Many of these patients are "shopping around" to find a caring and reassuring environment or the ability to tailor finances. An exceptional receptionist will act like a magnet bringing these patients to fruition, while a rude or non-compassionate person may distance them even more. This position calls for multitasking, especially for the new doctor with a small staff. Besides the receptionist duties, this

employee must assist in coding, billing, insurance, accounts receivable and collections. All of these functions are as vital to the success of the practice as the skill of the doctor. This position begs for a mature experienced individual and will command a higher salary. This is money well spent as this person can literally help shape the future of the practice.

Where to find good employees.

This is a question posed by all businessmen and women. Experience is very important and the optimum situation is to hire someone that has worked in an ORAL AND MAXILLOFACIAL SURGERY practice. The author warns against hiring an employee from a colleague's office, unless it is discussed up front with the neighboring doctor. A new doctor can count on intimidating existing practitioners and there is no need to start off in a deeper hole.

Local dental societies usually have newsletters with employment sections that can prove useful. The wanted ads in the local are a traditional means of finding help. The author warns about placing anyone's home phone in the ad for applicants. It is not unusual to have many, many calls at all hours of the day and night. The author, instead, suggests a neutral address or PO Box for which to send resumes. If the new doctor does not have hiring experience, it is suggested that a qualified party assist in the interview process. It is important to hire someone with the correct "fit" that will augment the personality of the doctor. Many employment situations are a roll of the dice, but the author cautions hiring someone that conveys feelings of suspicion. This is no place for a demure introvert. Hire someone with good eye contact, a good smile, and an enthusiastic attitude.

As the practice prospers, additional employees will be added. It is not unusual for an ORAL AND MAXILLOFACIAL SURGERY practice to have 3-5 employees per doctor. As we will allude to later in this section, many offices feel that they are under staffed when in reality, they are actually overstaffed.

New doctors are frequently at a quandary as to starting salaries. By surveying colleagues in the general dental community one can establish a scale for given positions in a given community. Additionally, many of the "throw away" dental periodicals offer year regional staff salaries as well as regional fees.

One of the major incentives to work for many people is to obtain insurance benefits. In the health care professions it is pretty much a given to offer health insurance as a benefit. Although there are many means of doing this some of the most common are as follows. Many companies offer group health plans at a substantial savings, while other employers give their staff a monetary sum for the employee to use the plan of their choice. Since many employees may have coverage from spouses etc, they may not need all the benefits that another employee would. So called "cafeteria plans" present a menu of options that employees may choose from and are a popular option. Other benefits include sick leave, holidays, uniform allowance and retirement benefits. Most doctors have pension and profit sharing plans and therefore are required to match funds for employees. This is a tremendous benefit and is often overlooked. An employee with longevity can save

thousands of dollars in 401K plans or similar vehicles. This benefit must be fully explained to be appreciated and extends the gift of ownership to ones staff.

Let us now direct our attention to the actual art and science of hiring and firing. If there is one element of running a business that most doctors are unprepared for it is finding, keeping and terminating employees. Almost every seasoned practitioner bears some emotional scar from improper handling of employee issues. Many in our ranks have been parties to lawsuits for violating the most basic tenants of employment procedures. Enumerating several commandments of hiring, it is important to discuss some absolute basics. Many of these principles probably existed in the marketplaces of ancient Rome, yet millions of bosses make these mistakes 2000 years later.

The author feels strongly that it is an absolute infraction to hire spouses or family members as employees. Nepotism will at some time cause employee problems. The author has lectured all over the country on this subject and is often met with resentment for stating this opinion. It never fails that at the end of a lecture a doctor or spouse will confront the author in stern disagreement. The author's response is that there are always exceptions to the rule, but he is aware of countless problems involving family. This is especially difficult for partners or other employees due to the fact that preferential treatment may be perceived. In addition, the spouse may have the "coaches son syndrome" and apply stresses that are unnecessary on them. There is no doubt that it is difficult for a partner or manager to reprimand ones spouse and if push comes to shove, it is rarely the other person who must leave the practice. The author has observed many state of the art practices over the past 20 years, and it is rare to find an exceptional practice with family members as employees. Two exceptions that exist are having family help in the very inception of practice as a cost savings issue or casual summer employment for odd jobs.

While on the subject of nepotism, it is also an unwise practice to hire relatives of current staff. The seem pitfalls apply, and many embezzlement schemes have involved this type of situation.

Although it appears painfully obvious to common sense, professional doctor employee relationships should stay just that. In this era of sexual harassment, even the most benign of gestures can be grounds for a successful suit. The author is aware of multiple cases throughout the country involving very expensive and embarrassing outcomes for a surgeon. The author is aware of suits brought forth for telling off color jokes, inappropriate body contact that were "backrubs", and commenting on an employees attire or physical traits.

Another common violation is the temptation to manipulate monetary funds. Some doctors may pocket cash that comes across the front desk and feel that it is untraceable. Always remember that if a staff member witnesses a doctor evading taxes or doing anything illegal for that matter, he now has a partner. If the doctor can steal cash and no one knows, then why shouldn't the employee?

A doctor spends as much or more time with staff than they do with their family, and there exists a temptation to bare one's soul. The author cannot stress enough the need to always keep some distance from the doctor's private life and what the employee knows or hears. The author is familiar with several exceptional surgeons who were dragged through the mud by a terminated and disgruntled employee. Never underestimate the diabolic nature of a scorned employee. Like a nasty divorce, they will use any weapon of destruction so do not provide them with ammunition.

Let's get back to hiring and discuss the interview process. There is a true art in being a good interviewer. This involves the art of listening. Listening not only to what the employee says, but being able to read between the lines as to the employee represents. We will elaborate on this later.

First of all, the dress and demeanor of an interviewee is important. Given the fact that most people are at their best dress and behavior at an interview it is usually safe to assume that what you see is the best you will ever see. If dress or demeanor is inappropriate at an interview, it will only go downhill.

The author feels strongly about hiring bubbly, enthusiastic employees, and if an applicant does not smile and show strong eye contact, they are usually a poor choice.

An additional caveat is an applicant that speaks negatively of previous employers. This should be a severe warning, especially for individuals who claim to be "victims". There is little doubt that you will be the next bad guy in their list.

As stated earlier, experience should be high on the list of employment attributes. Training someone to do a job is OK, but for a new doctor it merely adds additional stresses. It is better to hire a "teacher" than a "student" for the new doctor.

Interviews need not be exhaustive, and should be standardized. In short you have two people sizing each other up. Don't forget, the applicant is also interviewing you as a boss, and when an employee resigns, they are effectively firing you as a boss. It is a two way street. One good question to ask is what the applicant liked or disliked about their previous job. This can extract key information about how they may interface in your office. It is important to know if they can meet your standards in terms of overtime and Saturdays, etc.

The next most important thing is to be able to relate your vision and the goals of your practice. You must actually present written documentation of who you are, where you are going and how you plan to have this applicant assist your journey. Many doctors do not have these guiding principles in writing and how can an employee relate to goals that are non-existent? Again, you should provide this applicant with his or her job description and discuss it in detail. If you desire an exceptional practice, you need to employ exceptional people. If you don't have written job descriptions, you must settle for mediocrity. The author suggests the doctor make an audio or videotape containing the guiding principles and visions of the practice. This will standardize the interview process and simplify this task.

If you have properly defined your goals and visions, you can effectively ask the employee if they want to play on your team and follow your rules. If you have not defined the rules of the game, then how can you possibly expect the employee to play? The author has presented the rules of the game to applicants and they stated that they could not comply with our expectations. This employee has done both of us a tremendous service because it may have been months of frustration before the employee quit or was terminated. The point is that if we didn't have the job description and rules of the game defined, then we could not have gained this information.

Employee references can be very patronizing or very significant as to hiring. Unfortunately, legal precedents have been set and it can be grounds for a suit. Many employers are very happy to get rid of a problematic employee and don't want to have any backlash from a bad reference, so their word may not be accurate. On the other hand, an employer may be afraid to give an accurate reference due to legal recourse. It probably requires speaking to several individuals to actually obtain an accurate base. To simplify this process it is important to basically ask the previous employer if he or she would hire that employee again. It is also prudent to ask them if the applicant possessed the attributes or lack thereof that we are about to discuss. This at least gives some standardization to the referral process and allows the new employer to find out the applicant's ability to fit in to their office.

Any employer must be extremely carefully about providing a negative reference. If an applicant can prove that you have prevented them from employment, you may be liable. Million dollar lawsuits have been awarded to employees whom were able to prove defamation. The author severely cautions any employer against giving a verbal or written negative reference, especially to a stranger. Many large companies will only verify employment history that an employee was hired on a given date and worked there for a given period of time. These companies refuse to comment on subjective questions.

If an employer wants to provide a negative reference without jeopardizing their self, the statement "I cannot comment on this employee under advice from my attorney" should make the point without creating liability.

There is no doubt that hiring the incorrect employee can cost thousands of dollars. The cost of training, the loss of efficiency and the negative impact are immeasurable, but they cost money and they cause stress.

The author feels that there are eight attributes that make a perfect employee. For the sake of measurement, we will refer to a perfect employee as a "10". What we desire is to be able to screen for employees that are a "7" or above. The following attributes will greatly assist this evaluation process.

1. **Competency and Presentation**
2. **Unconditionally Committed**
3. **Givers or Takers**

4. **Offensive or Defensive**
5. **Superstar or Team Player**
6. **Joyous**
7. **Self Managing**
8. **Learner**

1. **Competency and Presentation**

Competency is the foremost attribute required in the consideration. Again in any service oriented business customers or patients expect and seek a certain level of care and service. When a person goes to a nice restaurant, they know in advance that it will be expensive. For that expense they expect a high level of service, i.e. prompt seating, polite treatment, accurate ordering, fast service, and attention to detail. A waiter that cannot meet those expectations is incompetent. If you order a rare steak and salad with dressing on the side and get a well done steak and a salad drenched in dressing, that is incompetence. This incompetence will, across the board, cause unhappy customers and invariably eventually harm the reputation of the owner. What is frustrating here is that the restaurant owner may really have paid attention to detail. He may have a beautiful facility with ample parking. He may purchase only the finest ingredients and he may have hired the best chef in the area. Despite all the attention to detail, a single incompetent employee may shatter his dream of having a fine restaurant by negating his attention to detail. There is a difference between inexperience and incompetence. If our waiter had a badge "waiter in training" we may expect a lesser level of service. This employee may become an excellent waiter, but should not be turned loose on the public without someone supervising.

Presentation is also a very important factor to consider in our business.

The discipline of ORAL AND MAXILLOFACIAL SURGERY involves cosmetics, esthetics, and health. One of your most powerful marketing principles is the appearance of the doctor and staff. Sloven, out of shape staff with yellow teeth or fingers from smoking or excessive body piercings are not the image we are trying to convey. An obese employee that is bubbly and neat may be an asset, but someone with cellulite bulging from dingy polyester white scrubs does not assist your marketing efforts.

2. **Unconditional Commitment**

Unconditionally committed is defined as commitment with the lack of conditions. The closest example that the author can find is a resident in a training program. As residents, we could not allow anything to take precedence over our work. None of us would have dreamed of telling our respective program chairman that we couldn't meet a deadline because we ate lunch and didn't have time. We were in an environment where lunch was not a priority, and our work took precedence. When we are called to the ER in the middle of the night, we can't say "it's late, call me in the morning." These are examples of unconditional commitment.

Owners of business have much more impetus to be unconditionally committed, because they reap more of the benefits or failures than the employees do. For this reason, it is rare

to find this level of commitment in an employee. One thing about any society is that people identify and bond with cohesive organizational units that convey a common goal. Fraternities, sororities, social clubs, sports fans, bowling leagues, scouting, and church groups are examples of situations where people unite and develop sometimes-extreme loyalties. There is usually little monetary incentive in these groups and the point is that we are social animals and will extend great efforts for "the cause". This same socialism extends into office settings and when employees bond and identify, they will put forth great efforts for the good of the practice. When you have a good leader, clear-cut goals and the correct employees the ensuing is a beautiful machine. Doctors that have exceptional and profitable practices probably are good leaders and have exceptional employees with a well-defined common goal.

An unconditionally committed employee will perform within reason to accomplish the task at hand. An applicant that won't work overtime or on Saturdays or follow your rules of the game is only conditionally committed, and does not meet our criteria.

Finally, an employee may be unconditionally committed to you and not your vision. If an employee is only committed to you and you come into work with a poor attitude then they will also take on your attitude. If the employee is, however, committed to your vision, then they will pull you aside and remind you of your commitment to excellence and point out that your attitude that particular day is not what our goals define.

3. **Givers versus Takers**

Someone is either a giver or a taker. A giver is a loving compassionate person who truly enjoys giving of themselves. These people understand the win/win concept and fully realize that the more they give, the more they will receive in return. These people exude a generosity that is not measured in physical gifts, but more importantly in the subjective sense. These people give gifts of advice, time, compassion, empathy and service. You should, by now, getting a picture of what it is that we want in an employee.

A taker on the other hand operates in the win/lose environment in that in order for them to win, someone else must look bad or lose. This was the person that reminded the teacher that they didn't collect the homework assignments in school. Their means were not to serve as a reminder, but rather to look good at the expense of others. This is a malignant personality trait and is manifested in all sections of culture. An ORAL AND MAXILLOFACIAL SURGEON that refers to other ORAL AND MAXILLOFACIAL SURGEONS as competitors instead of colleagues is another example of a taker. Any person that speaks negative about anything in order to enhance their own identity is a taker. A giver would compliment the other person on their efforts then focus on those of their own. Although it is impossible to screen for this attribute in an interview, this behavior must be identified and these people removed from your staff. One bad apple can spoil the whole bunch!

If, as an employer, you ever come across the "what's in it for me?" attitude, you must take action. If an employee must have someone lose for them to win, guess who will be losing? The losers are the boss, the other staff, and the patients.

4. **Offensive and Defensive Employees**

By this categorization we are referring to one's ability to accept change. Change is the basis for all molecular structure and all of life from the sub-cellular level on up involves motion, change and energy. If you examine successful people and successful practices you will see that they thrive on change. Change should breed excitement, but for many people it breeds fear and insecurity. If a doctor is truly interested in approaching excellence, then they must continually change all aspects of their practice to increase efficiency and service. The author challenges and rewards his staff for changing. We look at our forms, our policies, our furnishings and so on and brainstorm, as a group, on how to improve them. Accepted employee suggestions are validated by monetary rewards.

Some employees are intimidated by change and take the "if it ain't broke, don't fix it." attitude. This is poison in a motivated practice.

Employees that accept and encourage and accept change are termed offensive, while those employees that fear and resist change are termed defensive.

The author recently made significant changes to the current charting system in his office. These changes meant altering the status quo of everyone's interaction to the structure and handling of the office charts. It was truly enlightening, as an employer, to witness the offensive staff immediately recognize the potential for increased efficiency and service, while the defensive staff members could only see problems. For these defensive staff, this meant doing things differently and even though it was actually less work on their part, they resisted due to their personality trait.

It is appropriate for staff to challenge change, in fact when the author proposed the charting system changes he did not consider some shortcomings and was enlightened by challenge from the offensive staff. It was interesting that the pitfalls put forth by the defensive staff were less founded to improving anything.

We all like change because it counters boredom. If we all wore the same clothes every day and eat the same food at every meal, life would not be as interesting. The same holds true in the workplace.

A valid leader understands that all change may not be effective and must concede to their staff that a given plan was not working. It is alright to make mistakes and not to dwell on them, but rather to move forward and by trial and error enhance the service to your patients.

Successful practices have offensive players.

5. **Superstars versus Team Players**

The term superstar is not a positive adjective in the sense we are using it. A superstar is that type of employee that can do it all. Although this might be appropriate or even desirable for your first employee, you will have problems when you begin adding staff. The superstar manipulates situations so all the attention swirls around them. It is not about winning the game, it is about how many points they scored.

The superstar feels that for their previous experience or superior intellect that they can "do better".

They feel a superiority and are often over protective of the doctor and the practice. Their attitude is that they must "save" the practice from the incompetent hands of the other employees. These employees may take some time to recognize, because they seem so dedicated on the surface. If one examines the attitudes of their co-workers it will become evident if they are respected leaders and role models, or self-servingly critical.

There are tricks to ferret out this personality type. They frequently place themselves in situations that "no one else can do". For instance, they are the only ones that can back up the computer, or the only ones that do the payroll, etc. They thrive on being needed for important functions. They frequently do this to become indispensable. They may cause many employee problems and realize that the other employee will be fired, because the practice cannot run without the efforts of the superstar. Guess what, you can't fire these employees because no one else can perform the vital functions like back up or payroll. The key to neutralizing superstar status is cross training. Give several staff responsibility for critical functions. This is good business sense and lessens the chance of fraud and embezzlement. Cross training prevents superstardom.

The above examples do not mean that one person should not have responsibility. The difference is in the person. While the superstar wanted other staff kept in the dark, the team player would have communicated the important responsibilities to the other staff so the office would function in his or her absence.

Look for, hire and reward team players, they will make your life and practice less stressful.

Although ORAL AND MAXILLOFACIAL SURGERY is not physically challenging, many doctors go home at night exhausted and stressed. They are not exhausted from doing surgery; they are exhausted from having to constantly manipulate staff members to keep peace. Superstars embezzle from the practice. They don't steal money, they steal energy. They are like sponges and they steal the energy and excitement from the other staff or even patients. To counter this type of behavior in these "indispensable" staff, the doctor must constantly be manipulating situations and environment. This is what becomes stressful and exhausting. Surround yourself with team players and you will be energized. Synergy occurs when the total is greater than the sum of the parts. Team players, offensive staff, and givers blend harmoniously to cause synergy.

6. **Enthusiasm, Joy and Energy**

Knowing that we spend a significant part of our time with our staff, it makes sense to seek enthusiastic, joyous and energetic people. Happiness and enthusiasm are contagious and are self-perpetuating. Friendly people with high energy levels are a welcome addition to any group of people anywhere. If you truly believe that there are no dress rehearsals in life then you should make the most out of every waking second. For movers and shakers there is no room for pessimism. The form of ORAL AND MAXILLOFACIAL SURGERY is not particularly exciting for the patient, but a enthusiastic, joyous, energetic staff member can greatly enhance the service and happiness level of patients through attitude. Surround your self with enthusiastic, joyous, energetic employees with the other previously mentioned attributes and your practice will prosper.

6. Self managing

Once you have found staff with the positive attributes, you need to make sure that they are self-managing. There exist employees that know just what to do, but will not perform unless directly supervised. This is a drain because you need to people to do the job of one. There is nothing wrong with the concept of a manager, but if you must literally stand over someone to ensure progress, you have an employee that is not self-managing. Self-managing employees are a pleasure to work with and take all the effort out of management.

Termination

If the author could highlight a single entity that holds back progress and perpetuates turmoil it would be the ignorance and hesitancy of doctors to terminate an employee. One must make a decision to run a practice or an employee repair service. There is no doubt that terminating an employee is a decision that is wrought with emotional and legal ramifications. Firing some one or being fired can provoke so many emotions on both parties, that many doctors procrastinate or endure years of unnecessary stress because they cannot bring themselves to "pull the trigger".

In this situation, we again ignore the tenants of big business. In the corporate world, termination and the factors leading to it are clearly defined and it is not uncommon for an employee to be terminated in the presence of co-workers while a company security guard hands them a box in which to place their belongings, then escorts them to the door.

It is very traumatic for an employee to be terminated as it signifies failure and humiliation. It is even worse when the employee feels that they were unfairly terminated. If an employee is terminated for being tardy and has the retort that "Mary Ann is always late", your credibility is lost and you may open your self for a wrongful termination suit.

The best way to avoid termination is to use correct hiring principles. This sounds so trite, but in most offices hiring is such a haphazard event that it becomes a roll of the dice. The author is constantly amazed in his travels on the lack of attention to basic human resource policy. Time after time well established offices do not have written job descriptions, policy manuals, employee documentation files, and other basic information. Every office should have written policy on exactly what it takes to be an excellent employee and what it takes to be terminated. In addition to this, employers must be consistent with these policies with

every employee. If an employee does not know the goals of the practice, the day to day policies and what is expected of them, then how can they be expected to perform? Without structure one has chaos. Unfortunately, many practices new and old function in a chaotic state.

For all the above reasons, every practice needs a map and a compass. The map is the policy manual and the compass is the leader of the practice, the doctor. No one can get from point A to point B in unfamiliar territory or inclement weather without navigational aids. Can you imagine an NFL team with no one designated as the quarterback? If there was no leader and anyone could call any play at any time, chaos would rule and the team would never advance. Similarly, if the team had a quarterback who knew all the plays but no playbook for the rest of the team, the same chaos would rule. Any successful team must have a leader and a playbook and any pilot must have a map and a compass. Similarly, every office must have a leader and rules of the game, which we will enumerate later.

When the performance of an employee begins to falter, the leader must conscientiously ask their selves if it is an employee or employer problem. Often times as we have pointed out, the perceived employee problem is actually a leadership problem. If it is truly an employee problem, and if the employee can be salvaged, then a written warning and a second chance may be extended for a probationary period. If the employer feels that the employee is not catching on or is unsalvageable, then it is better to approach the inevitable ASAP. It is also important to document employee shortcomings and proof of counseling the employee. This is critical in terms of defending a wrongful discharge suit or an unemployment claim.

Doing the Deed

If the proper pre-termination steps have been carried out, the actual task of termination need not be complicated. The single most important point is to have the entire script well thought out and clear in your mind. This is no time to ad lib or fumble around, absolute clarity is essential. It is also important to realize that if you are unhappy with the performance of a staff member, they are probably aware of this and they are also probably unhappy and some times the termination of employment is actually a relief on the part of both parties.

The author always terminates an employment relationship on a Friday afternoon, unless a significant infraction such as theft or substance abuse has transpired. It is important to have a private environment away from other employees and it is mandatory to have an employee, preferably of the opposite sex, present to document and witness.

The author very simply tells the employee that the employment relationship is not working. He further tells the employee that he feels that are a fine person, but that they are just not a good fit for the practice. The author states that he has a certain vision and direction for the practice and that the employee is not moving towards the goals of the practice, and again it is not a good fit. The author prefers not to delve into specifics as it opens the door for argumentation or comparison to other employees. If the employee pushes in that direction, the author takes control of the situation and reiterates that the topic is not open for discussion and moves on. It imperative not to insult the employee and leave them with self-esteem. If the situation is applicable, the author offers the employee the ability to

resign with severance benefits or be terminated with no benefits. The author enters the interview with two pre-drafted letters, one for resignation and one for termination and gives the employee a choice. If the author feels that there may be legal implications or retribution, he has the practice attorney present. It is acceptable to have a manager or attorney do the actual firing, as long as the proper channels are followed. In fact it may be wise for the doctor to distance his or her self from these proceedings and stick to doctoring.

Although it may seem cold, it is an absolute necessity to obtain any keys, credit cards or any other practice possessions immediately. There are many cases of documented sabotage involving the violation of this.

An even greater temptation for sabotage is to terminate an employee with two weeks notice. This is a perfect invitation for this person to be unproductive or diabolic within your office. A prudent employer will already have a replacement lined up to step right in the position.

The author stated earlier that some doctors will commit serious errors in judgement by taking money from the front desk, having affairs with staff or allowing staff to know personal or family information. It is after firing an employee that they become disgruntled and exposes any deceit or retribution. This is a real and all too common situation, do not fall victim!

Incentives, Bonuses and Employee motivation. Practice builders or paying twice for the same job?

In researching literature on employee incentives, from various sources, the author found a spectrum of advice from loosely structured incentive ideas from individual practitioners to actual scientific statistical models and methodology to determine employee incentive systems.^{1, 2}

Some basic definitions.

Let us examine some basic definitions and various theories on actual compensation issues. Although the same word can have different meanings to different people, we will attempt to affix a common definition to the following words or concepts.

An **incentive** is a repetitious award for going above and beyond the call of duty.

A **bonus** is a one time reward for a one time extra effort.

Q: Our office manager spent much of her own personal time researching computers and settled on the best choice. This important task has helped our practice. Is a bonus in order?

A: This is an excellent choice for one time bonus for extra effort and fits our definition.

Q: Our office needs to track referrals, our receptionist frequently forgets to ask for the source, should I give her an incentive of .25 for each patient?

A: No, this would be a poor choice; you are paying her extra for doing her job. Documenting referral sources should be in the job description.

Q: Our office gives our employees a \$100 Christmas bonus, is this a good motivator? The answer is no.

A: First of all, this yearly incentive is actually a gift or benefit, because it does not fulfill the previous definition of a bonus. In reality, the staff expects this and it probably does little to boost production and efficiency year round. It merely remains a good gestured gift and should be listed on the benefit page of your procedural manual.

Although examples like the previous scenarios may interest private practice surgeons, they are elementary to the point of motivation and incentives. Many doctors want questions like those above answered, but the actual answer, as this article will show, lies much deeper.

The author, has been directly involved with assisting residents in setting up their new practices for the past 13 years. One of the rewarding aspects of this experience has been the ongoing consultation with many of these former residents and witnessing their growth and success. Watching these young men and women go from zero to success continually reaffirms my faith in what a great country and specialty we have.

As the author is privy to the successes and pitfalls of this select group there are numerous themes that surface regardless of the doctor, the size of the practice or the geographic locale of the practice. Invariably, employee issues become a stressful part of running a private practice. Practices without written policy manuals and those with poor leadership have significant employee problems, while successful, energetic, motivated and profitable practices invariably are based around an excellent staff. There are many reasons that effect the quality and motivation level of a staff. In the authors experience it is the basic issues of proper hiring and motivational techniques that most effects this environment. The basis of this article relates to employee bonus strategies. It is important to say at the onset that monetary bonuses or compensation schemes will by no means make a content, self-managing staff. The word bonus or the entire concept for that matter has been used in a very ambiguous manner in professional offices. There is no doubt that monetary incentives may in some cases boost productivity and motivation, but there becomes a point when their significance diminishes and they become a gift instead of an incentive or a reward.

If you have an incredible, loving, caring staff, they will make you successful and you can afford to pay them incentives. On the other hand, if you have a substandard staff, they may actually hurt your practice and cost you money. In the latter instance, you cannot afford to pay them a salary, let alone a bonus.

It is common for even the best-known practice management consultants to state that increased pay is a good motivator. The author agrees that money in and of itself won't

make a good employee out of a poor one, but to say that money is a poor motivator is nonsense. Frequently, consultants say things that doctors want to hear. Tell a group of good employees that money does not motivate and they will be laughed off the stage, it is in the author's opinion a fallacy. If for a moment you don't believe in the motivational powers of monetary gain, just sit back and observe doctor's reaction to managed care fee reduction. We all want to make as much money as our perspective positions warrant. When this relationship ceases to exist, people begin to lose motivation towards their career. I have many times heard my colleagues say that their practice is losing its allure due to managed care. They don't feel that it is "worth it" or they don't want to take the risk of performing a given operation for the reduced fee. I have heard many doctors say that they would not advise their children to enter health care because of this. Granted, pay reduction is not the only ill of managed care, but it underlines my point that money is in fact a motivator for motivated people.

I used the term career in relation to employee motivation and this serves as a very key term. One of the inherent problems of working in a medical office as compared to a corporate situation is the lack of ability for promotion. Unfortunately, a receptionist may reach their entire level of promotion on the first day of work. Obviously, they may have some level of promotion, but the truth of the matter is that there may just be no where to go. The practice needs a great receptionist and that is the end of the career path for that particular job. Another shortcoming is that for this job, there exists a pay ceiling. It is impossible to continually give raises because after a time, that employee would end up making \$30 per hour. All of us, including the doctor have a probable pay ceiling. For these reasons, it is difficult to compete with the corporate environment for great employees. This provides us with the challenge to be innovative with these employees and their positions to provide a successful and fulfilling work environment with adequate reward for a job well done. Examine the staff of a highly successful office and you will see employee longevity. This is not happenstance; the leader of the practice has evolved a work environment that has job satisfaction, compensation and benefits that can carry the right people throughout their working life. In turn, these "career" employees provide a progressive, profitable and low stress career for the employer.

The topic of this communication is bonuses as they relate to employees and the author intends to present pros and cons on this, but the actual underlying them is happy motivated employees. We must continually stress the importance of leadership on the entire employee picture. The author feels strongly that there are several commandments to successfully run practices and the following three are among the most important.

- 1. There can only be one leader of the practice and that is the doctor.**
- 2. Leadership is not management and cannot be delegated.**
- 3. Most employee relation problems are the fault of the employer, not the employee.**

Discussion on each of these topics is beyond the scope of this article, but if leadership maladies permeate a given practice, reward compensation will have little effect in producing a harmonious employee/employer relationship.

Consultants are often asked, "What motivates an employee besides money?" The answer is actually quite simple; the same thing that motivates doctors motivates employees. The love of what they are doing, the ability to make a difference, the ability to have some control, the ability to contribute to the big game. We will examine these issues later in this article, but through out this article the theme of leadership must be underlined. All employee problems are in some way the fault of the employer

In the authors' experience, offices with unmotivated employees frequently have unmotivated leaders or the hiring and termination practices of that office are astray.

As with any practice management topic, controversy exists when considering employee incentive programs. Knowing these controversies is healthy because it shows us both sides of the issue and can help us avoid common misjudgments.

When properly instituted, an incentive system is a win/win situation. There should be no problem as an employer in giving someone \$10 dollars if his or her increased work has given the employer \$1000. Big business and industry have known this for years and have applied to virtually every aspect of business from manufacturing to sales. A poorly structured incentive program will lead to a win/lose situation where the employer does not receive a return for his or her generosity.

A properly structured incentive program will enhance motivation and teamwork and provide enthusiasm while creating plans of action. A good incentive system can lead to more efficient scheduling, higher productivity and better collection rates. An incentive system makes staff active participants in your business as opposed to merely recipients as well as giving the staff the spirit and pride of ownership and responsibility.

The right incentive system can pull staff together and unite them in a common cause, thereby increasing the concept of teamwork.

Opponents to employee incentive programs are quick to highlight the negative points.

An incentive system will not work in every office. Too many doctors adopt incentive plans with unrealistic expectations or as a way to make up for an inadequate compensation system. Experts say these doctors would be better off rewarding staff through higher base pay and annual raises and by taking a more active role in staff development than simply dangling a carrot in front of them. Experts profess that even the most well conceived incentive plan is fraught with potential dangers if it is not implemented and explained correctly. It may be a way to give the office a healthy kick in the pants but can backfire if poor leadership issues and poor staff development issues exist. It is by no means a cure all and won't make a successful office out of a poorly run office. Opponents

to incentive programs say that you shouldn't pay someone extra for doing their job. If ones receptionist does not keep the schedule full, then you have the wrong receptionist, etc. Other opposing consultants warn that incentive systems perpetuate an assembly line mentality and that the added scheduling and production may boost staff stress levels to a point that hurts morale. This point, in the author's opinion, must be very well considered. If staff members become reliant on incentives for lifestyle and suddenly this disappears, it can cause domestic financial problems on the part of the employee. There are cases where this has led to embezzlement. One way to control this is to advise employees to splurge with their incentive earnings and to spend it on a luxury item that they might not likely purchase without that money. This will assist the staff member not depending upon the bonus for necessary living expenses.

Finally, some consultants feel that segregating reward/responsibility to specific employees breeds a "I don't care what happens to the rest of the practice as long as I get my bonus" attitude. Opponents also feel that after the passage of time the novelty of this system wears off, creating a "you owe it to me attitude."

Who is Responsible?

Incentive systems are devised to increase the bottom line of a business, which translates into an increased workload. Who is responsible for the increased work?

There are multitudes of ways to delegate responsibilities that produce incentives. It would be optimum to give each employee an incentive based upon his or her particular job description, however, the book keeping and tracking of this would be very time consuming. It should be noted here that incentives must be tracked with accurate data. If ones office has problems tracking such necessities as payments, collections AR etc, then adding the increased burden of tracking incentive parameters will further add to your burden instead of enhancing your practice.

Another consideration is placing the responsibility on a singular person. Some offices base their incentives solely on collections or AR. Is it unfair on the part of the receptionist who is hard working to base incentives on the work of the person doing collections? Many consultants would say that this is fair, stating that increased productivity should be a seamless teamwork effort. In other words, does the chart have complete information, is the coding correct, are the charges correct, are the financial arrangements completed before the treatment is begun? The business cannot function without the effort of the entire staff. In some offices, even the cleaning staff shares in the bonus because they also contribute to the image of the office. Opponents to this say that appointing a single person for the responsibility will polarize the staff.

Putting it all together.

If one began the reading of this article to walk away with the answer of a quickie incentive program, they will be disappointed. As illustrated it is not necessarily a simple situation and is dependent on many employee and employer variables. We will present several

commonly operable situations in private OMFS practice on fact to consider when setting up an incentive program.

1. **Consider a practice management consultant.** If the answer is not clear in the mind of the doctor, we highly recommend contacting a practice consultant. It is very difficult to evaluate one's own practice due to the emotional level of those directly involved. Practice management consultants can see a picture invisible to many doctors and have the training to implement changes.

2. **Inform your employees their existing benefits.** It is not uncommon for a practice to actually have many benefits that the employees don't realize. These should occupy a page in your policy manual, but since so many offices don't have policy manuals, many employees don't even realize the benevolence of the practice. This list should include sick time, personal days, holidays, pension profit sharing, health benefits, continuing education, flex time, parties or social events and any other practice related benefits. Employees must realize what they have before you decide what else to give. It is the author's experience that most practices do actually offer significant benefits and it is important for the staff to realize this. We once presented a benefit list to our staff and much to our dismay, some of our staff had no idea of the balance accrued in their pension profit sharing accounts despite their receiving statements. This is a gift of ownership and is a great overall incentive for practice altruism, but the staff must be aware of it!

3. **Keep the staff motivated.** As discussed earlier, this is the most important and most challenging aspect of running a practice. It is imperative that the leader of the practice be a sparkplug. The author speaks to doctors that are frustrated because they send their staff to a CE program and they return motivated, only to lose this enthusiasm after several weeks. I ask the doctor "where is your motivation?" It is unreasonable to expect staff to remain excited about your practice if the doctor is not. If you don't have written organizational policies and a content staff, or if you have lost that excitement about your profession, then it is time for a consultant or retirement.

Keeping staff motivated is sometimes very simple. One thing that most employers are guilty of is failing to show daily appreciation. Sometimes a simple compliment or thank you will go much further than a monetary bonus. We sometimes say nothing about the 99% good that an employee does but are quick to jump on the 1% bad that happens. A simple "Mary I realize how compassionate you are with our surgical patients and I just want you to know how much I appreciate this and how important it is to my success." Take some time and carry this concept to all staff and you will provide great incentive at absolutely no cost.

4. **Empower your employees with the gift of control.** In everyone's job, dissatisfaction comes with the lack of control. Happy and motivated employees are those with some control over their job. The ability to participate in the decision making process is a wonderful stimulant. Many offices find that employees may rather have extra time off than a monetary increase, for instance. In many of the most successful offices the employee decide the dress code, office policies and even the incentive systems. No one will ever be happy in a dictatorial environment.

5. **Allow your staff to see some practice statistics.** Most offices probably do not share the financial information with the staff. The author and many consultants agree that employees should be aware of the expenses and profits of the office. In our particular office, our staff was shocked to realize how expensive it is to operate. We have shown our staff exactly much our overhead is just to pay the fixed expenses. This gives the staff a point to relate to, that it my cost \$2500 per day just to cover expenses, let alone make a profit. It has been our experience that once they begin to understand these numbers they can better appreciate salaries, benefits and incentives. This can be done without revealing doctor or manager salaries because they are included in fixed expenses. Once the staff understands profit and expenses, if they can figure out means of decreasing expenses or increasing profit, then an incentive is appropriate. If this data is never shared the staff will never understand the entire picture or concept.
6. **Keep abreast of the latest computer and communication technologies.** This will ensure optimum as well as maximum communications. Computers, scanning, E-mail, and the Internet have all added powerful resources to the ability to communicate and boost productivity.

Actually doing it.

Although we have outlined a multitude of possible means to institute an incentive program, here is common means.

The numbers are irrelevant; it is the theory that is important. Set up a monthly threshold. Set a figure that the doctor wants to earn after all expenses are paid. Then give staff a percentage of anything in excess of that amount. Suppose, for example, the doctor wants to earn \$10,000 a month and decides that staff can have 10% of any clear profit over that amount. If the profit one-month goes to, say, \$20,000, staff gets 10% of \$10,000, or \$1,000. The second part of this equation is how to distribute this incentive. Some doctors will split it equally, or reward employees proportionate to their pay scale within the practice.

The point of this article is not to provide a numerical formula, but rather to serve as a guideline and present popular pros and cons of incentive systems as well as to examine the various theories of rewarding some for increased effort. An incentive program for your specific office should be a personal decision depending upon such things of the quality and development of your staff, the accuracy of your accounting, and your ability to do more work.

Consultants say that the salaries of personnel including bonus figures should not account for more than 22-23% of gross revenues and not to exceed 25%. The incentive objectives should be measurable and attainable and the goals should not be too difficult. It is also stressed to use methods that won't overburden your accounting system and finally begin with a trial period. The institution of incentive programs have added turmoil to offices and

increased stress levels. Be optimistic, and don't commit to long term goals that lock you in to a given situation.

In conclusion, many employers feel that the mere fact that someone has a secure job is enough of a reward, while other employers realize the potential of a win/win situation. However you feel, we urge you to examine your office closely and make sure that your human resources and staff policies are in order. As stated earlier, no incentive will make up for poor leadership or management or inappropriate hiring and firing policies. You would be far better off investing time and money in staff development, procedural policy, and management communications that circumventing the problem under the guise of an incentive. Incentive programs will only work properly in the face of teamwork and a well-balanced doctor/staff communication.

Initiating a Marketing Plan

Although the author has till this point has downplayed the specifics of a marketing plan, they are very important. Their importance is only relevant after a doctor and staff is committed to understanding the theory and mindset of excellence and patient centered care.

We, as doctors, have a dual commitment that is non-existent in most other businesses. We have taken an oath and are expected to sacrifice for the well being of our fellow man. Going to the emergency room in the middle of the night to treat a patient without funds is a good example of some of the problems that set us aside from other profitable businesses. In addition, what we do is expensive and traditionally, people have had a low priority for paying doctor bills. No one would think of going to a restaurant and ordering a meal and be shocked to receive a bill and have to pay on the spot. This mentality has, in the past, not carried over to doctors. Things are quite simply different today and we must again adapt to be profitable. Most doctors are compassionate and realize that their profession assists many people who may not have the ability to pay. On the other hand, without sufficient profit the business will not thrive to a point to provide that service. We literally walk a tightrope with patient care and medical ethics on one side and the need for aggressively structured business on the other side. An improper mix can detract from our humanity or force us out of business.

This is an opportune time to discuss profit. When lecturing on the subject, some doctors find the mere mention of profit objectionable or unprofessional. This is a capitalistic society and our economic thrust is on profit. Profit is not a four-letter word, but loss is. There are few businessmen or women who do not desire the amenities that society offers. Having a profitable business allows one to pursue their careers in a more content manner as well as offsetting the mix of indigent treatment. Many of the frustrated practitioners in ORAL AND MAXILLOFACIAL SURGERY are frustrated because their lack of profit. Their poor hiring and firing practices, lack of formal policy and leadership are impeding their profitability and enjoyment, and this is all tied together in the marketing equation.

We have stressed the leadership concept as well as the importance of the staff to the success of the office. Let us now examine the role of the doctor in the image of the office, because after all, image and marketing are inseparable.

Most successful practitioners have a passion for their profession. In this day and age it is difficult to find time, but a marketing plan starts with clinical excellence. A doctor needs to be well read and attend continuing education concerning what is current. By doing this he or she is satisfying a public thirst and that is a thirst for what is new. People are constantly intrigued by newer and better ways to accomplish mundane tasks. The mere incorporation of lasers or minor cosmetic procedures will enhance the image of the practice, but only if you let your patients and referral base know. This lack of communication is a pitfall for many doctors.

Communication is the essential measure for a successful practice and in this age of computers has never been easier. The author feels that a doctor should view their practice as a team, a family and a center. This center is nucleus for what is current and best serves the patient. Generalists will list lack of specialist's communication high on their list of complaints. The generalist relationship is such that they see a given patient and their family several times each year for many years and develop a special communication with these patients. The specialist may see most patients for two or three visits and be faced with the barriers of pain, expense and fear. It is definitely more difficult to develop this level of communication experienced by the general dentist in several visits. We therefore must work harder and be more impressive. When a general dentist refers a patient to a specialist, he or she may not see that patient for months. If the ORAL AND MAXILLOFACIAL SURGEON failed to send a referral letter detailing the surgery, it is very embarrassing for the dentist, as they are ultimately responsible for the global care of their patients. A smart specialist would realize that anytime they could communicate with their referring doctor it is free marketing. Each time your letterhead and crosses the desk of a referring source, it makes a subliminal marketing impression.

The previous areas of discussion are primarily philosophical, but none the less paramount to the understanding of the global nature of marketing. We will now focus on some basics that may actually be applied to one's individual practice. It is important to mention that these ideas expressed by the author are by no means exhaustive. They only scratch the surface as to some important guidelines. The author once participated in an AAOMS seminar in which five practitioners presented a slideshow of a patient's journey through their office. This lecture focused on each doctor's image, physical plant, referral and marketing strategies, patient care etc. There were many simple but thought provoking ideas presented. The point is that satisfying a patient is an inexhaustible process and there are endless means, some big, some little, of improving service and thanking referral sources.

While considering the basics of a marketing plan, try to imagine your most favorite restaurant. What is it that you like about it? They probably have a clean environment with friendly and accommodating staff. Their service is probably excellent and their food is unparalleled in presentation and taste. The restaurant probably has reasonable prices

and has amenities such as staff that remember the patrons, easy parking, and a way of always making you feel that you are their only customer even on their busiest nights. Try to apply this thought process to all the details of your practice. No matter how busy, we should attempt to make each patient feel that they are the only patient in our practice.

Image and Logo

The most basic of basics in marketing is identity. The first thing that you need to do is to be remembered. Can you imagine if one of the most famous soft drink companies did not stress their logo? All people would remember is that "that" company with the good taste. The cola wars are a Madison Avenue example of how essential image is. These companies spend billions of dollars making sure that society remembers their name.

Some image marketing is so effective that a product name becomes the moniker for all products of that type. When you hear someone ask for Scotch Tape, or ask for a Xerox, they probably are speaking in a generic sense. This psychology applies to health care marketing and without a logo, it is much more difficult to gain an identity.

There are many ways to create a logo. One can consult the yellow pages for a graphic artist or marketing firms or do it themselves. The logo should represent the doctor and the practice. If sailing is the passion of the doctor, a tasteful logo centered around a sailboat makes a point and is fun. Once decided, the logo should be service marked to protect its unlawful usage. The logo should be distinctive and colorful and should be used whenever possible. The author uses his logo on prescription forms, all stationary, newsletters, invitations and virtually any thing that represents the practice, including scrubs. When people see this logo, they think of our practice. If the logo is not distinctive, it is not as effective. The author feels that the commonly used logo of a retrognath, a prognath and a normal profile has been overused in our profession. It is also effective to have a slogan to compliment ones logo. It should say it all in a nutshell.

Uniformity

In the author's opinion, one of the beneficial aspects of the stringent OSHA requirements was the wide spread acceptance of surgical scrubs in the office. Again, in the author's opinion, having freshly laundered scrubs with the practice logo and the name of the employee embroidered on the scrub top is a functional and professional look and also designates the players of the team to the patients. The office is one place that you should be able to tell the players without a program! Again, going back to the sports metaphor, all teams have uniforms. The issue of nametags for employees is also important. When a patient is placed in the unfamiliar environment of an ORAL AND MAXILLOFACIAL SURGERY office they can become very intimidated. The unusual sights, sound and smells coupled with the fear of surgery and pain does not exactly present a relaxing environment. The patient, in this situation, looks for any vestige of warmth, friendliness, or compassion and will bond with these people, thus mitigating these fears. When you can call someone by his or her name this automatically puts a person one step closer to a bond. In fact, when one examines the habits of very successful people, they inevitably are quick to

remember a new name and use it frequently in a conversation. The fact is that people like to hear their name in conversation. Many doctors write the first name of a patient on the chart in very large letters that may be seen across the room so the entire staff may refer to the patient by name. Some offices use a chalkboard and with "welcome Bill Smith" inside the treatment rooms. In any event, it is very helpful and should be mandatory for all employees to have some sort of nametag. If for no other reason, it will allow a patient to be specific when they compliment or criticize an employee's performance.

Breaking the Ice

The anxiety associated with visiting a doctor is sometimes palpable. Some people become sympathomimetic and obviously stressed. There are many subtle tricks that most seasoned practitioners employ to place patients at ease and make a positive experience.

The author feels that nothing is more important than a smile. Due to the stress associated with our career, we must sometimes force a smile, but no doctor or employee should ever enter a treatment room without a smile. No other body language is as reassuring! In addition to smiling, patients liked to be touched. Classic medicine from thousands of years ago talks of "the laying of the hands". There is something about appropriate compassionate touching that helps the doctor patient relationship. A handshake or a pat on the shoulder is sometimes all that is necessary. Unhappy patients that feel rushed through ones office will frequently say, "The doctor didn't even touch me".

Posture is also important when speaking to apprehensive patients or any patient for that matter. Again, no matter how rushed a doctor is, they should always sit down sometime during the patient conversation. It is better to be eye level with the patient and this shows that you are "into the patient".

Masters of communication will always begin a professional visit by making small talk with the patient. People are impressed by the fact that a busy doctor would ask about their hobbies, families, vocation, etc. Again, taking 30 seconds to informally chat with a patient can lessen the appearance of being too busy. A patient is really impressed when you remember a personal fact months later, and astute communicators will make a notation on the chart "Patient likes riding horses.", etc. This is a way to really make someone seem appreciated.

Some patients are difficult to warm up and complimenting them is a nice way to begin a conversation. The color of a dress, the smell of a perfume, a piece of jewelry or the patients children are all easy compliments. Complimenting on the great work of the patients dentist serves to reinforce the patients faith in their dentist and they frequently repeat this fact the next time they visit the dentist which has a positive marketing appeal for you.

There are many times that we are truly rushed in trying to accommodate overbooking, emergencies and all the other problems with a busy schedule, but by paying attention to the above details, it can totally change the perception of the patient. In addition, if a staff

member proceeds the doctor and does the same type of communicating, a cumulative effect results. Every doctor and staff should always if there are any questions before discharging the patient. With positive communications, one can accomplish in five minutes what others may take 25 minutes. Providing a variety of high class and informative material on the doctor, the staff and the office will also help pass the time in a constructive manor as well as assist your marketing.

The Art of Waiting

Waiting is one thing that patients hate. This is one reason we refer to the lobby as a reception room and not a waiting room. Industries such as fast food companies, banks, and retail stores have done many studies on waiting. Fast food chains have found that people don't mind waiting as much if their order is taken immediately, even if there is a significant wait after words. In addition, people that can't wait are served first. Drive through windows take precedence over the counter customers. Retail businesses have found that customers pay less attention to time if they have something free. This may be a bowl of candy or a self serve coffee station. We, as doctors can take advantage of this type of psychology. In addition, if a patient is going to experience a long wait, they will due much better if they are informed. A progressive office will update the patients on the status of the wait and offer anyone the opportunity to use the phone to adjust their other business or reschedule the appointment. People become quite agitated when held in limbo. Again, if you are truly interested in marketing, make these patients comfortable, provide them with useful information about your office and services and give them something to do.

He author always apologizes to patients for an unreasonable wait and tells the patient that their time is just as valuable as his own. In addition, the author will often adjust the fee in the interest of patient relations. We further explain to the angry patient that we devoted our time to a patient with an emergency and if it were the angry patient who needed our services, we would be there for them also and others would have to wait. Our office also sends an apology letter to patients that have experienced substantial waits.

Running behind on a schedule is a fact of life in many offices, but some common sense and special attention can mitigate this factor that causes patient dissatisfaction. This is marketing in it's purest form!

Physical Plant

In the institution of a marketing plan, few things are as important as the home base. Although the first impression of ones office usually begins before the patient arrives at the office, the first five minutes in the reception room probably define much of the patient's attitude. It is important to remember that our profession is about well being and aesthetics and our offices must represent this. From time to time, the author will sit in his reception room during business hours and just observe. It is interesting to see how people interact with ones office and to make observations yourself. There are many intimidating and offensive things that occur in our offices. When walking through your own office, we are

sometimes oblivious to these factors due to our accommodation. When we walk through the fragrance department of a large department store we are usually impressed by the mix of fragrances, however the employees behind the perfume counter doesn't notice the smell. In this case the smell is a positive factor, but the smell of burning flesh from a cautery, strong disinfectants or medications, burning dentin, etc are certainly not palatable to your patients even though you and your staff don't notice them. The same thing can be said about noise. There are few things more offensive to anyone than the sound of a drill or the shriek of a patient in pain. Couple this with the sound of a patient with airway problems or anesthetic gagging and you are subjecting your patients in the reception area to a cacophony of scary and unwelcome sounds. How are they supposed to feel if they are next to be treated or if it is their family member in surgery? All noxious sounds do not come from patients. In a professional environment, we must be very careful about staff and doctor conversations being audible to patients. In the Capitol Building in Washington, D.C. there is a popular attraction that illustrates the peculiarities of acoustics. If one stands in a certain spot in one of the large rooms adjacent to the rotunda and whispers, the conversation may be heard with clarity in another area some 60 feet away. It is astounding that the acoustics carry a whisper that far.

This same acoustical situation can and does exist in offices. There are many well-documented situations where patients have overheard remarks from staff or doctor conversation, personal phone calls or employee bickering. Also, patients may misinterpret what they think they heard. In many offices, receptionists make collection calls or speak with patients about sensitive financial or health information. The wrong conversations can provoke ill will or even legal problems.

The author always recommends sound attenuation techniques for the reception room, the surgical suite and the doctors private office. In addition it is important to keep a professional decorum at all times in the company of patients.

An office need not be elegant to make a good impression. Practice management experts will attest that cleanliness is one of the biggest factors that effect the thoughts of patients. In this day and age of potentially fatal communicable diseases sterility and cleanliness are paramount. Many practitioners have signs posted throughout their office extolling their extra attention to sterilization and the like. This is pure marketing. This is a good point to bring attention to another important point of marketing. That point is that if you go out of your way to improve service for someone, it is imperative to let them know. When we send cleaning to a dry cleaner and we get a shirt or blouse back with a sign attached to a button informing us that the cleaners saw that the button was missing and replaced it, we realize extra service. Just think how frustrated you would be if you packed that shirt or blouse for an important out of town meeting and getting dressed prior to the meeting you had no button. In this case the dry cleaner was showing exemplary service and you only realized it because of their efforts to point out their extra effort. Had you unpacked the clothing for the meeting and did not have a sign on the button, you would have never realized the extra effort. Case in point, when you go above the and beyond the call of duty to extend service, let your patients know of your efforts or they may go unappreciated. As consumers, sometimes we pay in excess for a superior product. We have all purchased something that was more expensive than usual but we purchased it

because it was explained to us that only the best parts were used and the guarantee is exceptional. People will pay more money for goods or services they deem exceptional. If your office is exceptional, you need to point it out in every respect to your staff and patients.

It is a great promotion to have the staff compliment the doctor and vice versa. Many times patients make phone rounds with multiple offices to find the one that "feels" best. By a receptionist saying to a patient "oh you will love our doctor, he or she is so gentle and friendly you will just love them". He or she really goes out of their way to make sure you have as pleasant an experience as possible." As a practitioner I am absolutely positive that many patients who were riding the fence or phone shopping came to my office due to the complimentary nature of the staff. In return, it also says a lot about a doctor that compliments his or her staff in front of an employee. Most of us are probably very appreciative of our staff, but fall way short of expressing these thanks. By complimenting a staff person in the presence of a patient, you sincerely elevate the morale of the employee and reinforce the cohesive nature of the team to your patient. If there is one fault that we all are guilty of as employers it is having an employee that does 99% of things correctly and we jump on them for the 1% they do wrong. The world needs more compliments!

It pays to take a weekly stroll through your entire office when there are no patients present to visually inspect the state of your facility. Some subtle details will jump out that may not be noticeable in "the heat of battle". Outdated or wrinkled periodicals, dirty carpeting, unhealthy plants or flowers, messy aquariums, outdated or worn furniture, dirty windows, and crooked pictures are just a few things that should be inspected by the staff and doctor on a regular basis. The clinical areas must be clear of sometimes difficult notice objects like wire, alginate, bits of suture, etc.

The author strongly recommends redecorating the entire office every 5 years whether you think it needs it or not. First of all, it probably does need renovation, and secondly, it is amazing how such little things such as paint, wallpaper, and furniture can increase morale. Many of us spend as much or more time in the office than at home. For this reason alone it should be nice and represent you and your interests. Although unfinished or pine furniture was once popular, it now portrays a yard sale image.

Identifying a Target Market

Again, image and marketing are inseparable. Every businessperson struggles for a way to identify their target market and spread the word of their goods or services. There is no disputing that word of mouth is a very effective means of marketing, but it is also the slowest. There are many means of which to mass market and we will discuss them later.

Identifying the target market for any business is very challenging. It may cost several hundred thousand dollars to find out that Pepsi drinkers are 23-year-old republican college graduates. Fortunately, for our profession, our target market is obvious. For the vast majority of us, the general dentist or dental specialists are the funnel for our business.

When the author speaks to new practitioners he makes the point that 10 general dentists could support an ORAL AND MAXILLOFACIAL SURGEON if they were prudent practitioners and properly screened their patients. The problem for most of us is that we are not the only show in town. There are usually many choices for a dentist, so why choose our given practice?

An entire text can be devoted to this question alone. Initially, many established referral relationships begin when a practitioner enters practice, and if the service is appropriate, continue as habit. Why did this dentist originally begin referring to a new doctor in the first place? Age distribution has an influence in that many dentists refer to specialists of comparable age. They may know each other or at least both relate. Many established doctors may refer to a new doctor because they have empathy for the new practice, or simply because the doctor is just plain new and different. Perhaps they feel that the new doctor has skill in the latest techniques. There are many reasons why an established general dentist may stop sending patients to an established practice and begin sending to a newer or different practice. The biggest problem, however, is that it has to do with a change in service.

When a practitioner first enters practice he or she is usually enthusiastic and hungry for business. Due to this, new practitioners do all the right things. They see any patient at any time, they work until the job is done, they are quick to express their gratefulness for referrals, they are super friendly to patients and referring dentists and will bend over backwards to get new business. They are humble but confident and are usually excited if not supercharged about ORAL AND MAXILLOFACIAL SURGERY.

With this willingness and attitude in mind, it is easy to deduce not only new doctors get patients, but also why experienced doctors may lose patients. Obviously, most of us lose some of the vigor we once had, but too many doctors fall into a false sense of strength as a specialist and assume that a decade old referral relationship will continue on out of habit. This could not be further from the truth. If a doctor continually decreased their level of service, they are literally inviting competition into their referral area. When considering a marketing plan, remember to try and do as many of the things that made you successful and never, never let your guard down out of confidence. It requires much less energy to maintain a favorable referral relationship than to try to retrospectively re-enter one.

Pre Entry Materials

The best time to market is always! Many doctors are under the impression that they need not concentrate on marketing patients until the patient contacts the office. This is not true. First of all, many doctors mount tasteful and effective media marketing campaigns and we will discuss these specifics later. More importantly is the ability to obtain a favorable position with the gatekeepers of your target market; i.e. the general dentist. A busy general dentist is very similar to a busy ER doctor in and that they need to get problem patients out of their office in order to stay on schedule. They will take the path of least resistance to get the patient to another caregiver, usually a specialist. If your office is

easy to get a patient into, you are in the most favorable position, if your line is busy or your receptionist makes the general dentist's staff jump through hoops, then you are in an unfavorable position. A prudent specialist will constantly adapt their office to make it easy to make an appointment.

There are many techniques to facilitate a favorable referral position. Many doctors supply the referral base with referral pamphlets with pictures of the doctor and staff as well as pertinent information about the surgical experience. These brochures often have a map to the specialist's office as well as important phone numbers. Some practitioners include some promotional gifts with the brochure such as refrigerator magnets, fast food coupons, discounts for surgical evaluation, adolescent oriented coupons, etc. A pre-surgical packet makes a nice presentation for a patient to receive and helps the patient identify with the specialty office before they ever walk through the door.

The author has found this to be a very efficient and time saving method, which allows our office to schedule more patients, that will experience less waiting. In addition, we have found the patients to be more accurate when they can fill out forms at their leisure.

Making it Easy

Since most general dental offices have panoramic radiographs on their patients, they usually send them to the ORAL AND MAXILLOFACIAL SURGEON for the patient's appointment. Sending the referring office self addressed stamped panorex greatly facilitates this process and puts that office in a more favorable position. There are hundreds of ideas being used by successful offices. The challenge for us all is to constantly think of service oriented ideas to better serve our referral bases and patients. It is fun and rewarding to challenge your staff to literally dissect everything that constitutes your office and try to reassemble it for better patient service.

Synergy in Marketing

Synergy occurs when the whole is greater than the sum of its parts. This can be applied to marketing only when the doctor involves his or her staff. A doctor can have the best marketing mind in the world, but be tremendously reduced in effectiveness if the staff is not involved. McDonalds fast food chain has a strange policy of training their managers and franchise owners. They require these executives to literally begin at the bottom. Managerial trainees must flip burgers on the grill, run the french fryer, and make milkshakes for several weeks before putting on their white-collar clothes. Many businesses take this grass roots approach because it brings home an enormous point. A manager is more effective if he or she understands everyone else's job. In addition, this experience will stimulate the innovative mind to figure a more efficient and profitable way to get the job done.

It is a shame that as doctors we don't spend a day a year being a receptionist or surgical assistant. We would gain much insight into our practices. Our staff hears, sees, and feels things that elude the doctor.

If a doctor has the right staff (which if you don't you are negative marketing) they will exponentially compliment the marketing experience. It is essential to communicate and formally launch a marketing campaign. It is very effective to refer to this as a patient service enhancement campaign. The author recommends canceling patients and having a _ day meeting. The purpose of this meeting is to point out to the staff the importance of patient centered care and to explain to the benefit of superlative service. Each staff position should have a specific job description and it is imperative to challenge the staff to be innovative and try to improve each detail of the patient's experience. The doctor must be prepared to reward the staff with some type of incentive for their contribution. This is a win/win situation because when the staff wins, the doctor wins more. Once you have challenged the staff and they respond to the challenge an energy level is created that is almost palpable. The ensuing enthusiasm serves to further fuel the synergy engine and draws the entire team to a common goal, superior patient service. The author is continually amazed with the endless ideas submitted by the staff and frequently asks, "why didn't I think of that?"

The author requires each employee to submit at least 2 ideas and rewards them with a monetary bonus. An employee that does not submit 2 ideas cannot be reviewed until this is completed. An employee without an idea on how to improve patient service has no place in an office in pursuit of excellence.

Failure to enlist your staff in the marketing of your practice will deprive you of your most effective and most economical asset.

In 1995, the American Society for Quality conducted a survey on the reasons for customers switching service providers. The interesting results are as follows.

- Death 1%
- Moved away 3%
- Influenced by friends 5%
- Lured away by competition 9%
- Dissatisfied with work 14%
- Attitude of indifference on the part of an employee 68%

This survey most probably applies to every type of business on the planet. Most of us can relate to a restaurant that has great food but mediocre service, one rude waiter or waitress can ruin the best of products or service.

Patient Surveys

The quintessential marketing question is "What is it that I can do to better serve my patients, staff, and referral base"? This also translates into "How can I be more profitable"?

Individuals spend thousands of dollars to find this answer when it is actually right under their nose. Ask your patients, staff, and referring doctors what they want and how you can better serve them and they will tell you for free. Actually, the author places a two-dollar bill in the return envelope with the survey as an extra incentive for return of information.

The survey need not be exhaustive, and in fact the most to the point it is, the more participation you will probably have. There are several schools of thought on how to execute this type of polling process. Many doctors feel that anonymity is important to obtain true and unbiased input. Some doctors will use a professional marketing firm to do this although the author feels that this is unnecessary. If one feels strongly about the possibility of bias, a neutral return address and PO box can be used. The author is familiar with practitioners that rent a post office box and have envelopes and stationary printed with a fictitious company such as "Martin Market Research". The survey contains a cover letter that states that they are a market research company conducting a survey for Dr. X's practice. Proponents of this type of approach feel that referring offices may be more candid with a third party firm than they would be with the acquainted office.

The author has experience with multiple methods or referral surveys and still prefers performing surveys from his own office on his own letterhead. The experience has been that referrals are in fact very candid and specific and frequently sign the survey. The author gives the responder the option to sign or remain anonymous.

In this day and age of business and the state of junk mail, it is difficult to get people to fill out a treatise. The author uses 10-15 yes or no questions followed by an open-ended area asking for any specific input on how we can improve our office.

Some of the basic questions asked are as follows.

- Is it easy to refer patients to our office?
- Our hours of operation convenient
- Is it easy to reach us for emergency patients?
- Is our after hours answering service polite and effective?
- Do your patients generally relate a positive experience when returning our office?
- Do our insurance and billing personnel serve your patients well?
- Is our office efficient in communicating about your referrals and prompt in returning your referral records?
- Does your office enjoy our educational and social functions?
- Do you have any suggestions for future social or educational functions.
- Please list any positive comments you have about our office.
- Please any negative comments you have concerning our office.
- Please list any additional comments which may assist our office in serving your staff and patients.

The above are merely examples of meat and potatoes survey questions. It is less important what you ask than the fact you care about asking! An office that does not take advantage of this powerful tool on a regular basis has surely missed the marketing boat.

If a given referral source makes a negative or interrogatory comment and signs the survey, it is important to respond in writing as soon as possible. Failure to do this may be ignoring the truthful critique of that doctor and taken as offensive.

It is possible to over survey a referral base and the author suggests doing this task every two years. The author also uses what he refers to as precision surveys. This is a very specific survey concentrating on a single subject or procedure. An additional precision survey used by the author is one that is mailed only to referral staff and not intended as doctor survey. These can be even more accurate as it is oftentimes the staff that actually makes a referral. The general dentist may simply tell the assistant or hygienist to "Send this patient to the Oral Surgeon for their wisdom teeth". From that point on, it is the staff of the dentist that deals with the patient and the specialist. In the consideration of a marketing plan, never, never overlook referring staff, as they may be your greatest allies.

Although a referral survey is an integral instrument for an office interested in excellence and patient centered care it only tells one half of the story. To really discover how to better serve your patients, ask them too!

The author has gained tremendous insight into the perception of patients from random patient surveys. The operative word here is random. There are obviously multiple phases of the surgical experience and depending what phase you catch a given patient in may or may not be accurate. For instance, a patient who has been to the office for an evaluation may be very pleased while a patient with a dry socket and a post operative nerve dysaesthesia may be disgruntled at that given point in time. By the same token, a patient may have had an excellent experience all the way through the office, however three months later become unhappy about their lack of insurance coverage and resultant balance owed to the office.

Due to the temporal differences, one would not gain a representative sampling of the true global office experience unless all sectors are queried. The author recommends a suggestion box in the reception area and a monthly random sampling of patients in various phases of their surgical experience. It is also significant to reinforce the need for statistically significant responses. Sending out 10 surveys may be futile, although any input is better than wondering, and this is especially important for negative criticisms.

The next link in the survey triad is your own staff. As we have eluded time and time again, the staff is your most powerful marketing tool. They work closely with patients in ways that we as doctors never see. Your staff has input that is vital to achieving excellence and a patient centered office. Ask them; listen to them and reward them for making things better. Once you have input from the survey and begin to institute changes, you will begin to notice a difference. It is also at this point that your patients will notice a difference. When this whole process gains momentum, a beautiful thing happens and it is called marketing. You can actually see and feel it. It is no coincidence and it can and will for anyone willing to take some time and follow some basic steps.

Lunches and Marketing

If there were a time honored PR entity, it surely would be the business lunch. Many a big deal has been negotiated over a restaurant table and many a referring doctor has been courted over the same.

This is one area that this author feels is minimally effective as a PR tool with notable exceptions. It seems that our lives have continued to become more and more hectic and that people have accommodated in a variety of ways. Many people that sat around the breakfast table with the family as a child are gulping down breakfast in the car on the way to work. Lunch for many business people is a time to return phone calls or catch up on the morning's work. It is safe to assume that most medical and dental offices run behind schedule. Trying to force fit a harried luncheon date of social nature can make a usually pleasant experience undesirable. By the time two people drive to a destination and order food, it is already time to leave. The author feels that instead of enlightening a referring doctor, a rushed lunch may actually be an imposition. Exceptions to this are extended lunch hours that would allow both parties' time to relax or if the referring doctor is a good friend. In the case of a strong existing friendship there is much less social strain to court the other doctor. Another problem with lunches is that many specialists pursue referring doctors and they sometimes are "lunched to death". A referring doctor may actually be put off by the thought of a long lunch but be embarrassed to turn you down. It is perhaps best to schedule a dinner or a weekend event that is not so bound by time constraints. Obviously, these matters are personal and don't apply to every situation, none the less the subject warrants consideration.

While on the subject, it is sometimes wise to leave a referral relationship strictly the way it is. It is human nature to try to become close to someone sending you business. The referring office is probably sending you patients because you and your staff treat their patients well. Sometimes the best thing to do is to concentrate on the treatment and not the social value. A referring doctor need not become your best friend, but you do need to find means of thanking them. Really successful offices are those that know how to say thank you. Once you figure out how to do this by different means on a consistent basis, you have figured out marketing.

Obtaining Outside Consultation

We have touched on the importance of this strategy in the beginning of this chapter and additional discussion is warranted as it relates to the topics at hand.

ORAL AND MAXILLOFACIAL SURGEON are leaders by virtue of what they have achieved. Our ranks hold a most impressive array of talented men and women. The author is always impressed when attending our annual meeting by the caliber of our membership. Many of us entered this specialty to be independent and it is sometimes difficult to look to others for assistance. One of the most beneficial things that the author has done to benefit his practice is the use of outside consultants. Again, for many ORAL AND MAXILLOFACIAL SURGEONS, it would be unthinkable for them to consider a

consultant because they feel that they know their practices or cannot justify the expense. With the proper consultant, this is so very far from the truth. We all feel that we know our practices, but we are blinded by a subjective factor, and that factor is referred to an emotion. All practitioners truly desire their practice to prosper but unnecessary stress and inefficiency burden many doctors. These doctors assume that practice has to represent this drudgery and are destined to tolerate it for their careers. These doctors have cheated themselves and given in to the cop out that ORAL AND MAXILLOFACIAL SURGERY "is not what it used to be" and cannot be enjoyed. They feel that they have an intimate knowledge of their practice and community but they cannot see the burden that their emotion has created.

This same situation exists in our practice because a trained professional can see and appreciate things that we cannot. "A fish cannot see water because he is in it all the time" sums up the need for outside consultation. The author has found this to be a constant breath of fresh air and change. It has been especially effective for partner relations, managerial selection, associate buy in, employee relations and plotting the course for the future. To spend ten or twelve thousand dollars to make five to ten times that in profitability seems a no brainer, yet so many doctors wish to do it themselves. The monetary gains are probably overridden by the gain in efficiency and decrease in stress.

It is not only problematic or inefficient practices that require professional consultation. Thriving, prosperous practices also need preventive maintenance. It is always wise to change the oil before the engine blows up.

Oftentimes, the product of a consultation visit leads to gross changes. Closing or opening satellites, terminating senior staff or associates, changing fee structures, altering buy in and buy out policies are a few of the changes the author has experienced, but these have all been retrospectively beneficial for the entire practice.

Where does one find a qualified consultant? Many time's professional associations maintain lists of consultants recommended by the membership. One caveat is that just because a consultant calls himself or herself qualified, does not mean that he or she can carry the load. The field of healthcare is replete with "consultants" and a former dental hygienist may not have the professional background to make hard business and accounting decisions. Another beneficial source is the MGMA or Medical Group Management Association. This professional organization is a nationwide entity with very valuable health care resources. Any practice with a manager should require membership with this group. They have publications, multi-specialty practice figures and forecasts, employment opportunities and a vast network of printed material available. This organization can recommend a list of qualified consultants.

When considering a given consultant, always ask for references and check them thoroughly. The good people come highly recommended. Maintain a reasonable expectation of any consultant. Most mature practices have problems that took years to occur and cannot be fixed overnight. A good consultant will be able to focus on the main areas of weakness and initiate short and long-term goals for the practice. The author

would no more consider practicing without a consultant than he would without malpractice insurance.

Community service

It has been said that what one gives to his or her community, they will get back tenfold. The author truly feels that this applies to ORAL AND MAXILLOFACIAL SURGERY. There are many positives about being an active participant in community service programs. First of all, it gives a local doctor a means of paying back and thanking the community. There is never a community where someone cannot afford our services but is in great need. This type of charity work really brings a good feeling to the caregiver and inevitably, the community will notice. A caring doctor donating his services to those in need is an impression that sticks in the mind of the citizenry and frequently generates publicity that further reinforces the giving role. The author and his partners have had much experience with the multitude of community service projects and everyone involved becomes a winner. It is a powerful means of assisting the less fortunate and building a reputation for compassion.

Procedure Specific Marketing

There are procedures we perform as doctors that provide more clinical and economic satisfaction than the removal of carious teeth. It is these rewarding operations that most doctors wish to proliferate in their practices. It probably can be safely stated that the best means of marketing dentoalveolar procedures is to market the general dental offices. Although this certainly holds true with such expanded procedures as implants, TMD, Surgical Orthodontics, and cosmetics, the general dental office in itself may not be the optimum marketing target. For one thing, certain referring dentists may not do or believe in such areas of surgery such as TMD or implants. There are practitioners that have a captive audience of possible implant or TMD patients, but do to previous bad experiences or failure of the dentist to stay current, their patients may be told on a daily basis "Implants don't work" or "TMJ surgery is ineffective." Obviously, this caliber of referring dentist is beyond the casual "go see the Oral Surgeon" mentality that more frequently exists. It is for reasons like this as well as the broader markets available that procedure specific marketing can greatly enhance one's patient base.

The first and foremost important factor in subspecialty marketing is clinical excellence. Unless a doctor is on the cutting edge of education in a given area, he or she cannot profess excellence. Being on top of continuing education allows one to possess information that may be disseminated to referring colleagues. It sets one apart as an expert and opens the door for preferred referral and confidence. Equally important is the need for the ORAL AND MAXILLOFACIAL SURGEON to achieve good treatment results. Nothing succeeds like success and this certainly applies to specialty marketing. Once this type of relationship is established, it is not uncommon for a given referral source to continue to send patients to another ORAL AND MAXILLOFACIAL SURGEON but send the procedure specific cases to you because of your efforts and results. In many cases this allows one to "get a foot in the door" to obtain all the patients referred from a given

office. Without technical excellence it is much more difficult to market to referring doctors or the public, as they may be more informed than the treating doctor. A specialist preaching antiquated techniques will soon divert the confidence of referrals.

Another reason that general dentists may not be an adequate target for procedure specific marketing is that cosmetic surgery and diagnosis is beyond their training or interest. This brings the second important point in procedure specific marketing, and that is educating your target market. It is absolutely imperative that your primary marketing target, which is the referring dentists, is knowledgeable and aware of your services. The key is to educate this group to be aware of indications for the techniques that you offer. Given the emphasis on aesthetic dentistry, there exists a fertile market and opportunity to present literature and discuss cosmetic facial procedures.

The specialist with these goals in mind needs to prepare information packets for referring dentists to give patients as well as an educational experience to inform the dentist and their staff.

The second half of the successful equation for procedure specific marketing is the dissemination of information to the secondary target market, which is the public. We will discuss specifically in the following text.

Informational Marketing

We will soon discuss specific marketing for TMD, cosmetics, implants and surgical orthodontics. There are several powerful marketing tools often overlooked by many practitioners. These techniques are very cost effective and apply to all procedures. Due to their broad applications, we will discuss them now.

Internal Marketing

This, in the author's opinion, is the most overlooked marketing tool in our profession. We are in somewhat of a unique situation in and that our reception rooms hold a captive audience. We, on a daily basis, have patients escorted to our offices by individuals of varying ages. These patients require a sometimes-significant wait and are frequently bored. Many people bring books or trust that doctor's offices have magazines. The latest issue of People Magazine will do little to promote your procedure specific marketing efforts.

If a surgeon is truly interested in cultivating given areas of practice, then every person that walks in and out of that office becomes a prospective patient or referral source. It is a shame that many of our colleagues are doing truly dramatic expanded ORAL AND MAXILLOFACIAL SURGERY procedures on the other side of the door, yet the majority of potential patients a few yards away remain unaware.

With the multiple advances in personal computers, it is truly easy to make excellent display and educational materials that only five years ago would have required expensive

professional assistance. Now, anyone with a PC, desktop publishing software and a color inkjet printer can make display grade quality pictures, pamphlets, newsletters, as well as a multitude of other promotional material. In addition, some imaging systems or computer programs allow for presentation of procedure specific educational materials. For those untouched by computers, many fine VHS tapes exist for marketing our services in your reception room. The choice is yours, a patient can wallow in boredom or pass time by looking at before and after photos, case presentations, educational videos, and interactive CD ROM's. People thrive on information and especially in the environment will read or look at anything put before them. The author has not only found this to be an effective marketing tool, but has also created a broad area of interest for staff members to develop and become involved. This enhances the team concept because it makes the staff feel like they are truly contributing more directly.

Again, ones reception room can have Norman Rockwell pictures or posters of functional and cosmetic patients in the pre and postoperative stages. If the surgeon is a contributor to the professional or media literature it is very effective to display these articles in the reception room. Anything that shows the public ones expertise or interest to specific expanded procedures is of great marketing advantage.

Although the patient can gain much information from a well displayed reception room; it is imperative to give them information to take home. Brochure racks with informational and educational procedure specific pamphlets are very popular with patients. Out plastic surgery and Facial Plastic Surgery colleagues have realized this power for a long time. It is not uncommon for someone to take a brochure home and look at it some time later and return to the office.

Doctors that pursue the powerful potential of internal marketing will attest that many patients comment, " I didn't realize that Oral Surgeons did that." If a surgeon feels it to aggressive to place pictures etc. on the wall, then tasteful coffee table photo albums can serve the same purpose.

In all considerations of marketing one must constantly ask the question "how can I spread the word about these procedures that I enjoy doing?" The answer is to take everything to the next step. If you are making promotional media for your own office, how about distributing it to the offices of your known referral sources? A tastefully prepared album demonstrating the given procedure or procedures may well be a welcome addition to the reception rooms of your referring dentists.

Finally, and it may sound trite, the author strongly recommends actually telling patients that one has expertise or enjoyment for given procedures. It is amazing how much people talk, and word of mouth is and always will be the ultimate marketing tool.

Newsletters and Media Packs

True to all marketing, informing a target referral or a target patient market of ones services is the key. We assume that most general dentists and patients are well aquatinted with our professional capabilities. It has always amazed the author that even newly graduating dental students are frequently ill informed on our capabilities.

Newsletters have become very trendy and many of them are probably discarded without being read. The key to effective use of this powerful marketing tool is presentation and content. A Xerox copy of a newsletter on a folded white 8.5x11 piece of paper just doesn't get attention. In addition a recipe for summer punch is not relevant. One can literally spend thousands of dollars in the development of a professional newsletter, but it can be done for almost nothing with a PC and a copy center.

First of all, people like reading news. It does not even have to be news that relates directly to your specific procedure. Almost everyone will listen to health related news. Articles from the New England Journal of Medicine or the vast array of health news and studies available on the World Wide Web serve as good filler. If one is truly pursuing excellence in a specific procedure, then the chances are that they are well acquainted with the current literature. Great articles can be built around scientific journal literature. Anything new, controversial or of interest is likely to draw attention.

In most referral circles, referring offices are well acquainted with the specialty office and some personal information may be of interest. Intraoffice news such as courses attended by the doctors, articles published awards of doctors and staff and other "gossip" may hold interest. There are many things that can be disseminated through newsletters. Office hours, new staff, seminars, insurance and coding information and the like are very relevant. Pictures, graphs, tables and color all enhance such a publication.

In the employment of a newsletter, the author warns of several pitfalls. In order to be effective, the newsletter must be consistent. Many offices begin with a very energetic newsletter and a commitment to continue, only to fizzle out after one or two issues. A well-constructed newsletter is work intensive and setting realistic goals is paramount. It is far more effective to have a quality quarterly newsletter than a mediocre monthly publication. The author suggests finishing the future issue before the present issue is released. This forces the office to have issues "in the can" for future uses. The other important point is to involve everyone in the practice. If each employee and doctor is responsible for a given duty, the workload is dispersed and organized.

If one is serious about a referring office appreciating the newsletter the quality and quantity cannot be overlooked. If you are truly providing useful information then the chances are that your referring offices may wish to keep the publications. A personalized three ring notebook with your office name and logo will give the doctors somewhere to store your newsletter and enhance the perceived value of your medium.

A media pack is the equivalent of fragmented newsletter intended for ones referring offices. An example may include brochures of your office, scientific article reprints, promotional freebies for the referring doctor, actual case presentations of esthetic or functional results, medical emergency tips, personalized pens, magnets, Post It Notes, etc., This marketing tool is intended as a promotional "care package" and its contents can be innovatively constructed with the efforts of your staff.

While on the subject of marketing to referring, there is an imperative link that is missed by many offices, and that is the referring staff. As we have pointed out various times, it is frequently the general dentist's, assistant, hygienist, or receptionist that actually makes the referrals. It is very uncommon that these individuals receive a direct thank you from referring offices and once done it leaves a serious impression. Never underestimate the power of ancillary referring staff.

Media Networking

Our nation, and the world for that matter have made the planet smaller by the ability to report news events as they unfold. In 1864 it took weeks for some rural people to find out about the assassination of President Lincoln. Most of us, on the other hand, observed the events of Operation Desert Storm live. There are many sources of news and informational services including satellite, cable, network TV, local TV stations, magazines, newspapers and other printed material on national and local levels. With all these sources of news, these companies have the constant need to report anything of interest. Editors literally scramble to find anything that might provide interest to sell their respective media.

This need for news coupled with the rapid advances in our specialty provide a fertile situation for newsworthy material. The baby boomers are now into their fifty's and we have as health conscious society as ever. People want to know and understand their health and disease. It is not unusual to turn on the television set and see an actual surgical operation. Virtually every form of media has a health news section and as ORAL AND MAXILLOFACIAL SURGEONS we need to take advantage of this.

Many of the procedures we perform produce dramatic results and are therefore newsworthy. In addition, we are doing many new procedures that are even more interesting to the general public. Even such simple operations as dentoalveolar surgery hold interest to the public because they and their families will undergo many of these experiences.

There is a multitude of ways to gain this type of exposure. In some cases editors will call local doctors to inquire about specific procedures. This is a hit and miss situation. Some doctors employ professional marketing firms to initiate a media campaign and usually obtain adequate results at a significant expense. The methods used by professional agencies are basically saturating any and all media sources. This requires the compilation of press releases and distributing them to the usual sources. This basically is a simple procedure and requires little more than the ability to write and some mailings.

Instead of spending serious money on professional services, the average practitioner can do this in house. A press release is no more than a short story with an interesting headline. "Thousands of Americans have found new life through the help of dental implants", would be a typical headline followed by a several paragraph description. It is important to keep these releases informational and not promotional and to focus on the operation and not the doctor. Generally the author will be quoted and the marketing is in the name association with the technique. Sometimes, depending upon the topic, the editor may do an on depth article and a subliminal promotion is usually appreciated by the public. It is important to remain accurate and quote average success rates etc. Sensationalism or factitious information can severely reflect on the creditability of the editor and the company.

It is important for anyone who begins this type of media promotion to understand that the return may be one hit in fifty releases and not become discouraged with the ratio. It is really persistence that frequently wins out. In addition, many health editors file this type of information only to use it months later when a related topic or article surfaces. It definitely helps to have a working relationship with local newspaper, television and radio news or health editors.

Web Pages and the Internet

We are experiencing a very exciting and historical time in computer history. We will be able too look back and say that we saw the beginning of the World Wide Web. This entity will change the way we market and purchase goods drastically, however, it will take several more years before security and a common internet monetary scheme are worked out. This will affect our profession in many ways. We will have the ability to order supplies, obtain CE credit, give or listen to academic lectures, participate in telemedicine, and communicate with our referring doctors and patients.

Currently, the Internet is a huge buzzword as individuals and companies scramble to make a profit from the "Web". The Internet was begun as a multi site academic repository of databases for military purposes and purists resent anyone trying to profit from its use. On the other hand entrepreneurs from every walk of business including ORAL AND MAXILLOFACIAL SURGERY are trying to devise a means of profit. At the time of release of this article, there is only a handful ORAL AND MAXILLOFACIAL SURGERY offices with web sites listed on the common search engines.

For the most part, at the present time, having a Web site is little more than a novelty. The author initiated and maintains one of the first surgical homepages in his state. Although our office has significantly marketed our presence on the Web, other than being pioneers, there have been no significant marketing advantages. Patients contact the site from time to time to communicate with our office, but most "hits" consist of curious individuals surfing the web.

The author truly feels that the future holds great promise for a WWW site. As more and more patients become computer literate, it will be advantageous for ORAL AND

MAXILLOFACIAL SURGERY offices to be online. Some institutions are currently making patient appointments in the web and patients can gain useful information from a well-constructed homepage. Hours of operation, insurance information, pre and post op instructions, explanation of surgical procedures, doctor biographies, education and informational material are just some of the topics that the author has included in his homepage. As we become more and more interactive, patients will use the Web much as they currently use the telephone to communicate. When the security encoding advances, patients will be able to check lab results and biopsy information from a doctor's homepage. The use of the web will be interactive and probably serve as a combination of telephone and TV. We will probably be able to make rounds via the Web in the future.

With all the impending excitement and anticipation of expanded services, the author feels that at this point in time a home page is mostly a novelty. As doctors become more computer literate, they will construct their own homepages or pay someone to do the same. It is a neat little item to brag about or have fun with, but sooner or later, everyone will have one. The author sees the current use of a homepage as being similar to an ad in the Yellow Pages, before all homes had telephones. It was useful for some people but beyond most.

The author would not advise someone to invest thousands of dollars into a Web site until the usage becomes more mainstream. Currently, many ethical questions exist such as practicing medicine or dentistry across state lines. Furthermore, AAOMS Mutual Insurance Company has recently issued a directive stating that malpractice coverage may not be extended for certain practices of soliciting patients on the Internet.

Finances

Many practitioners fail to see payment options as a significant marketing tool. This can be a true practice builder.

Our country has been built by making it possible for people to purchase goods and services without paying for them at the time of purchase. Stores such as Sears and Penny's established this concept years ago and issued charge cards. This has existed in our society for many years from the corner store to the biggest of businesses.

The thrust of insurance coverage may likely shift to a significant patient responsibility, while many patients may be left without any coverage at all. All of this accentuates the need for a financial program. For most patients, what we do is a middle class luxury and we are a low priority for payment. It is not uncommon for a patient not to even realize that they have impacted third molars until their dentist points them out. They are then referred for removal and undergo inconvenience, discomfort and expense without any real perceived appreciation. People don't mind paying for something they perceive as important, but are quicker to default on items or services without perceived value.

If one extends payment plan options, they must inform the target market to turn this into a marketing tool. Obviously, a sensible ratio exists for each practice and one does not want

an excessive amount of payment plans. One must keep in mind that when we extend someone credit, we are actually giving them an interest free loan. Most doctors do not want to be in the banking business, but those with true business sense realize that a vast potential exists.

Although, there are many honest individuals that will be compliant, payment options must be set up with the non-compliant patient in mind. Payment options must be stringent and have signed contracts as to what happens in the case of default. Most all of us are used to paying home or auto loans and if we were to default, we would face consequences. The same must be instituted when formulating payment plan. First of all, one must determine the credit risk of a patient. The author, like many practices, maintains a modem connection with at the credit bureau and can check on the record of a patient. It is interesting to see a given credit history as it is not uncommon for people to have good credit with banks but multiple infractions with health care providers.

Needles to say, a patient of this category is a poor risk. If a patient defaults on a payment plan, the balance is due immediately and will go to collections with the signed patient agreement. The agreement also states that it is the patient whom is responsible for the attorney's fees. If default consequences are not explained up front, the plan is ineffective.

In the author's office there are certain requirements to qualify for credit and a credit report is filed. Some patients remain ineligible, bet the majority of applicants do qualify. There is a down payment required at the time of surgery and experience has shown those patients unable or resistant to this will have a high default rate. If a surgical procedure has a \$1,000 fee, we require 1/3 of the amount on the day of service and extend the remaining balance for 3-6 equal payments. The patient is issued a computer generated coupon book similar to car loan coupons and an expected payment schedule. As stated earlier, if payments are tardy or missed, the account may be turned over to collections.

The author promotes this concept in the yellow pages as well as to referring sources and in our reception area. Over the years, we have received much positive correspondence and many referrals for making it easy and possible for someone to benefit from our services. In this day and age if impersonal business, many patients view this as a compassionate measure.

Many offices charge a reasonable interest rate on their loans and this can be a profitable situation. It also takes some of the sting out of lending money. There are several proprietary services available for medical and dental treatment, however, the author has found patients more resistant to these.

Yellow Page Advertising

It is interesting to view respective phone directories when visiting different cities. Since one is unfamiliar with the doctors, it is interesting for the author to see which ads stand out or make a marketing statement. Generally, the author believes that marketing techniques are more favorable if they are new, different, or otherwise notable from the other practitioners. Yellow Page ads are a confusing conglomeration of gentle" and "friendly"

dentistry and the like. Almost every ad looks or reads the same. To be effective you must be different. Merely adding a picture can make a patient take notice. This is especially important for a doctor that is trying to attract patients similar to their own gender or race. Since patients often times seek similar doctors, a female or Asian doctor may wish to publicize this. If a practice has doctor or staff that are fluent in a given language, this may also be noteworthy. Expanded services, hours, techniques are all things that call attention to your add. Size, location and the use of colors and logos are all things that contribute to having your add noticed. Commenting on strict sterilization may also draw attention.

Although Yellow Page ads are of great importance to general dentists, they may or may not assist the ORAL AND MAXILLOFACIAL SURGEON to that extent. In most localities the average person has a general dentist for their primary dental care. The usual referral network is that if an average patient is in need of care they will either be referred or ask for a referral to a specialist. In other words, most people have a primary care provider. People who consult the Yellow Pages for dental or Oral Surgical care frequently do not have a primary care dentist and are of an emergency nature. These patients, in the author's experience, have very low dental IQ's and are frequently financially challenged. There are of course exceptions to this and again, in the author's experience, some people consult the phone directory for convenient locations, curiosity, or as a self-referral. If a practitioner is interested in staying busy, then all patients are an income source, regardless of social or income status. The author has many times treated a patient for a simple emergency procedure only to have that patient refer many friends to the office. An additional repeating scenario is assisting a patient that is out of work and when they become employed they may remember the favor.

Due to the above logic, it may be better to keep Yellow Page ads plain and simple, depending upon ones locality, because they generate mostly dentoalveolar procedures. It is fine to have a very formal ad that extols the virtues of your cosmetic and expanded training, but you may well be wasting your money on the wrong target market. The author recommends carefully and accurately tracking "phone Book" referrals to find out your true target market, then cater strongly to them. Finally, ever patients under the care of a dentist may use the Yellow Pages to price shop. The author is supportive of Yellow Page advertising.

Seminars

Most regional dental and medical societies require continuing education minimums for doctors. Providing quality, accredited complimentary continuing education has multiple benefits. Number one, it provides a requirement and a service to the referring doctors and staff and in addition promotes your office and your surgical abilities. If the ORAL AND MAXILLOFACIAL SURGEON has good information and is a captivating public speaker, then in house seminars can be very effective. As with anything else, if the quality or content is lacking, you can make negative PR.

If the ORAL AND MAXILLOFACIAL SURGEON feels more comfortable not participating, then our specialty is replete with qualified speakers on interesting and useful topics. An

effective means is to publicize the event 6-8 weeks in advance with a reminder three to four weeks in advance. A convenient venue is a local hotel with conference rooms and the ability to provide lunch for your require attendees. This is a way for one specialist to take 80 referring dentists to lunch at the same time. As stated many times previously, always challenge your efforts to include referring office staff. They greatly appreciate a day out of the office and also have CE requirements. All attendees of any seminar expect to leave with physical material. It is very advantageous to provide personalized folders with well done handouts or appropriate information. Another exceptional touch is to provide a letter of documentation of attendance and a presentation grade course diploma. This can be done quite professionally on a PC or by local copy centers. One can go to the extra expense of framing the diplomas for preferred referrers. Personally delivering these diplomas presents a convenient means of dropping in on a referral source.

Such topics as Oral Surgery for the General Practitioner, Medical Emergencies in the Dental Office, Dental Implants, TMD, Practice Management Issues, Financial Planing and Investing, OSHA Update, Malpractice Issues, Pharmacology Update, New Horizons in ORAL AND MAXILLOFACIAL SURGERY, and any issue that may effect your target market such as Direct Reimbursement are good topics for seminars.

We have previously stated that a vital secondary target market exists and that is patients of record and potential patients. The same seminar vehicle illustrated above but tailored to the public can be very productive. Promotion of this type of event is best done through newspapers and local media. One can also have promotional posters printed and posted in referring offices public bulletin boards etc. It is imperative to keep these seminars factual and educational and refrain from testimonials or obvious promotional tone. It is advantageous to maintain an RSVP list and lecture registration list with attendee's name and address. They are usually perspective patients with a significant interest in your topic and should become part of your promotional mailing list.

The public response to this type of seminar may vary. Sometimes local hospitals will sponsor this type of lecture series as well as pay for its promotion. This is very desirable as it enhances the educational aspects and insulates the surgeon from the promotional nature of such an event.

Once a practitioner develops a reputation for speaking prowess other groups are frequently eager to obtain such presentations.

Marketing TMD Patients

So much has changed in this field, that even doctors whom are recent dental school graduates may be uninformed. With all of the changes and shifting attitudes, this is an excellent field to educate both the referring doctors and the public. This need for re-education allows an interested a good "foot in the door".

This is one area where a plethora of interesting scientific articles are being written. Disseminating these articles on a regular basis increases awareness of the literature while

stating your commitment to this area. It is also of great benefit to give your referring sources printed informational material with your office name inscribed. When someone has problems or questions this packet of information given to them by their dentist will answer questions and identify you as a specialist.

Physicians are an important link in the marketing effort for TMD patients. As anyone who sees a lot of TMD patients knows, many patients see their physician first when suffering from TMD problems because they don't know what the problem is. In addition, many patients consult with ENT physicians thinking that their TMD manifestations represent otologic problems.

The author feels that one of the biggest deficiencies in most ORAL AND MAXILLOFACIAL SURGERY practices is the failure to send referral letters to the patient's physician when the patient has been referred by a general dentist. Since the patient's dentist generates most referrals, he or she will invariably receive a letter detailing the diagnosis and proposed treatment of the patient. Many practitioners fail to send a copy of the consult to the physician. This is important for several reasons. First of all, it is the MD that is the "gatekeeper" of the patient's total health. The secondary reason is the marketing advantage of that physician seeing your letterhead, logo, and name in a repetitive fashion concerning a specific procedure, in this case, TMD. Although especially applicable to TMD, this same reasoning holds true for all ORAL AND MAXILLOFACIAL SURGERY procedures. Remember, sharing of information is good medicine and good marketing.

Pharmacists are also good potential referral sources due to their exposure to patients with medical problems. Physical therapists work with many patients with bone or soft tissue pain and have proven to be a good referral source.

Some practitioners moderate their own TMJ support groups and this actually serves as a beneficial forum for the surgeon and the patient. On the part of the patient, they are exposed to patients with similar problems and disabilities. There is an enabling force generated from the support, compassion, and assistance of someone who has been there. As for the surgeon, the other patients can tell the new patients what to expect and what is realistic. This can be very effective informed consent and may curtail the patient with unrealistic expectations. An interesting forum for these groups is to have speakers from various disciplines to speak on related topics. The author has participated in this type of forum and was impressed with the benefits for all involved.

One key issues of procedure specific marketing is to inform anyone whom will listen. This disease entity is diverse and affects a significant portion of the population. There are a multitude of medical, dental, nursing, physical therapy, and hospital groups that are eagerly looking for speakers. Another effective audience is professional support groups that may share a relation with TMD, such as Chronic Fatigue syndrome and Fibromyalgia.

Non-medical professional groups such as insurance claims associations and legal and paralegal groups have interests in TMD and seek speakers.

Finally, public groups such as Rotary, Lions, PTA groups, geriatric organizations, church groups, etc. solicit speakers on a regular basis.

If one is truly interested in "spreading the word", then public speaking is an effective outlet to reach target groups. Although there may or may not be individuals in the audience that need care, almost every person in attendance has the capacity to relate your services to someone who does require your services. It is also imperative to hand out written material with a business card due to the short memory of many people.

Implant Marketing

The placing of dental implants and related augmentive procedures has become the mainstay of many ORAL AND MAXILLOFACIAL SURGERY practices. The placement of implants generate significant fees and interests many types of general dentists and specialists. Those of us whom have witnessed the past 15 years of dental implants can attest to the great job of disseminating public information. Our profession and membership have spearheaded marketing campaigns targeting referring doctors and perspective patients. This procedure was of great public interest due to the novelty of the technique as well as the success of the procedure. This is an example of something that can literally change a patient's life and have great perceived value.

When one considers the most basic requirements of an implant oriented practice the first thing necessary are patients with missing teeth. As elementary as this may sound, many offices spend much time and money trying to perpetuate their implant practice yet ignore the patients under their nose. Virtually any patient with a dental extraction is a candidate for an implant or augmentive procedure. A practice truly interested in increasing the volume of implants must do across the board marketing. As stated several times previously, procedure specific marketing is impossible without expertise on the subject. If an ORAL AND MAXILLOFACIAL SURGEON is planing to market his or her referring dentists, then the surgeon's knowledge of restorative dentistry as it relates to implants must be superlative. Without this level of knowledge, referring doctors will see right through a surgeon claiming superiority.

Successful implant campaigns must, like other specific procedure marketing, include the entire staff. All of ones staff from receptionist to assistants must have a working knowledge of implant basics. These ancillaries are frequently much better sales people than is the doctor. These staff people are able to present facts to patients in a manner beyond many doctors and have a great and trusting influence on patients. Some very successful implant practitioners give their staff a monetary incentive for each implant done. This is a great team builder and a win/win situation.

It is important to remember that during your marketing efforts one may inadvertently step on the toes of a referring dentist. It is possible that a patient referred for extractions may have been treatment planned by the dentist for crown and bridge. If that patient returns to the dentist all hyped up about implants, the surgeon may become a persona non grata. It is fine to discuss or give information to an implant candidate, but they should always be

cautioned that this might not fit into the referring doctor's treatment plan. In addition, when a discussion occurs about implants, a dictated letter should be sent to the referring dentist and to the patient, outlining the proposed treatment. The letter to the dentist should state that this patient is an implant candidate if the dentist feels that this treatment course is indicated.

In any marketing campaign, follow up is everything. This is where most surgeons drop the ball. Since we see hundreds of patients with missing teeth, a letter and informational packet should go to every one of these patients. Never assume that the expense is beyond any patient. You have the ability to make it affordable. A spreadsheet or database should be kept on each perspective patient with dates of the initial contact, the first patient letter, the first letter to the referring doctor, and subsequent reminder letters. Persistence is imperative. A follow up reminder letter should be sent at two reasonable intervals to the patient and the referring doctor.

Informational packets should be prepared in a professional folder and contain informational literature, pictures, actual cases and patient experiences. If one is serious about implants, these packets should be everywhere and routinely mailed to any group of possible patients. AARP groups, senior organizations, and related groups should be high on ones list.

Since most referring doctors are more concerned about restoring implants, a vital need for continuing education exists. In the author's experience, this is one of the easiest seminars to host due to the interest of restorative dentists. The author has gathered in excess of 100 local dentists on multiple occasions with the lure of a nationally known speaker. Since the field is so rapidly changing, anyone on the cutting edge will have an eager audience. For the price of a few implants one can take a large group of dentists "to lunch" and provide useful information and CE credits by hosting such an event.

Most implant-oriented surgeons will attest to the fact that referring sources appreciate personal attention for implants. For many dentists implants are still a new experience and some professional handholding can build good bonds. Discussing a case in person is an excellent means of visiting the office and becoming acquainted with the staff serves to further cement the bond. Many restorative dentists also enjoy watching the actual surgery and the dentist and staff should always be welcome. The closer you can get them involved, the bigger player you become in their eyes. Remember, procedure specific marketing takes a significant time investment up front. Once you have gained the confidence of the referring base the reward will follow as long as your ability is recognized. Some implant oriented surgeons provide their good referring sources with prosthetic instrumentation to make it even easier to for them to restore implants.

Parlaying this personal attention to the next level is the intention of a study group or study club. In this scenario, multiple doctors with similar interests gather with the specialist to discuss treatment and restorative options. The brainstorming and networking in this environment is very beneficial to the dentist and surgeon and again helps create a bond.

One good adage to keep in mind is to make it easy to refer a patient to your office. As stated at the onset of this article, there are many barriers to actually getting a patient into the office. Some successful ORAL AND MAXILLOFACIAL SURGEONS offices take the time and money to place the abutment and return the patient to the referring doctor ready to be restored. Some offices do not charge for implant consults or credit the cost of the consult towards the implant. Providing a guarantee to the patient is a strong selling point. Some practitioners will replace or refund a failed implant, minus the cost of the implant, for a period of one year.

Since the single largest barrier to implant case acceptance is money, it is wise to anticipate and assist in this area. The first question out of the mouths of most patients is "Will my insurance cover this?" A friendly, knowledgeable insurance person is a key advantage to an implant oriented office. A well-versed insurance person may be able to obtain even partial coverage for a patient.

The author recommends the purchase of a large white marker board to list potential implant patients. On the horizontal is the patient name and vertically across the top of the board are the specific marketing follow up parameters. An example may be information packet, letter to patient, letter to DDS, follow up letter 1, insurance verification, payment options explained, etc. under each category would be the date and initial of the responsible employee. The author is very much in favor of this large board format, as it serves as an obvious reminder of the team effort and goals as well as providing an organized means of preventing potential patients from falling through the cracks.

Insurance denial is the step where most implant patients fall through the cracks. When a patient is denied coverage, the finance team should immediately descend on the patient to assist their cause. Financing a good credit risk allows someone to afford your services and \$100 dollars per month for a year is much better than zero dollars forever. The choice is yours. This step must be also occur with the restorative dentist to be truly effective.

As indicated in the section on procedure specific marketing, authoring, lecturing, and media saturation is also required to become recognized for specific techniques or procedures.

One group that is often overlooked by marketing doctors is senior populations. These people are frequently retired and have raised their children and paid for their homes and other debts. This is one group of patients that may actually have money to spend as well as a specific need for implant services.

Patient testimony is often related to snake oil salesmen, but when done educationally and for informative reasons may be very effective. A perspective patient with an expensive and complex case may feel much better and more confident by relating to the experiences of a similar patient. A marketing oriented practice will maintain a list of supportive patients to use as references for implant procedures.

Cosmetic Surgery Marketing

In the past thirty years we have witnessed an explosion in the scope of our profession. We have advanced from dentoalveolar and trauma specialists into orthognathic surgery, which increased our aesthetic awareness and opened the door for the progression into the facial cosmetic arena. This says a lot about the aggressiveness and ability of our ranks.

Although, at the current time, full-blown cosmetic practices constitute a mere fraction of our membership, this area promises great excitement and growth potential. Esthetic surgery is especially attractive to the ORAL AND MAXILLOFACIAL SURGEON for a variety of factors. First of all, we have been doing cosmetic and nasal surgery with our osteotomies for some time. We have an excellent understanding of the face and are enthusiastic about providing surgical techniques that someone actually wants or looks forward to. Our ability to perform outpatient ambulatory surgery allows us a cost effective forum and finally, with the current state of managed care, all specialties are looking for non-insurance reimbursement. This underlines the point we have eluded to several times that people will spend money on something they perceive a adding value to their lives. With the aging baby boomers there is a more fertile market than ever. The door is wide open for our specialty providing we make this grass root in our training programs.

For those of us already in practice the challenge to keep up exists along with the ability to expand our practices. Someday, in the future, people may well wonder into an ORAL AND MAXILLOFACIAL SURGERY office and ask for a face-lift. For now, however, we must elevate the public's awareness of what it is that we exactly do.

Again, we are very lucky because we have a captive audience in our reception rooms on a daily basis. All of us who have done osteotomies and genioplasties should have enough before and after pictures to construct an interesting display in the reception and evaluation areas. As stated so many times earlier, to successfully market a technique, one must posses expert status and have significant experience with the technique as well as its complications. For this reason, one should tread lightly and not over-market commensurate to experience. The author feels that genioplasty, facial liposuction, facial mole and lesion removal, repair of split earlobes from pierced ears, and chemical facial peels collagen injection, and subcutaneous alloplastic augmentation are procedures that can be performed in the office and are easily within the capabilities of most ORAL AND MAXILLOFACIAL SURGEONS. With a basis of these procedures, one can build a nice cosmetic surgery base with little expense. Some doctors may be satisfied with only these procedures, while others will progress to laser resurfacing, eyelid, nasal, and face lift procedures. These obviously will take a significant commitment on the part of the doctor and on our specialty as a whole. Fortunately, there exist many worthwhile courses to enhance our education. The down side of this is the time it requires away from the practice to obtain these skills. Another draw back may be the dental practice acts in some states. Most of us practice under the auspices of the dental laws and they need to be constantly updated to remain current with our progression and advancement. It is imperative that our political ranks pursue this in all states.

A much simpler means of expanding ones practice into the cosmetic arena is to hire an associate with the proper expanded training. The word proper is important because it is essential to obtain hospital privileges to truly progress in this area. Although some of our membership is unfoundedly intimidated by the double degree, it is definitely in the best interest of our profession.

Once a doctor feels competent enough to compete in expanded cosmetic procedures it is important to consider several issues.

Most cosmetic surgery practices cater to an affluent patient base. For most patients, esthetic surgery is a luxury and these patients are used to luxurious environs. An office dedicated to cosmetic surgical procedures cannot project the proper image with unfinished pine furniture and NASCAR magazines. These offices must look as nice as the living room of the clients seeking your consultation. Formal furniture with a professional decoration scheme is of utmost importance in the mind of the author. Most patients seeking facial cosmetic procedures are female and this is an important statistic to keep in mind and tailor the office to.

Confidentiality in cosmetic surgery is an entirely different ball game and neighbors or acquaintances do not necessarily want to be seen in this environment. In addition, the reception room is not the place for a perspective laser procedure to view a 48-hour post op dermabrasion patient. Private entrances and cubicles can assist this situation immensely. When the receptionist this patient walk through the door, they are immediately escorted to a clinical site.

Cosmetic surgeons are very keyed into informational sources and have a vast array of informational and skin care products available for their patients. A cosmetic oriented practice should be well stocked with literature explaining various procedures and techniques as these frequently open the door for various procedures. When performing chemical peels or laser resurfacing, there are many products that may be sold through the office that will assist the patient and income stream of the practice. In addition is an added convenience for the patient to be able to purchase their required products without going somewhere else. Many plastic surgery practices have ancillary staff that generate significant income from consultation and sales of pre and post treatment and maintenance products. This should not be overlooked, but the staff must be well trained.

Depending who you ask, an imaging system may or may not be essential in the cosmetic arena. The author has international experience with cosmetic imaging hardware and software and their application to practice. The well-informed cosmetic patient expects imaging as part of the surgical experience. A decade ago it was quite a statement of technology to be able to morph a picture to show someone what he or she may look like with a new chin or new nose. Today, this technology is taken for granted and modern imaging goes far beyond these boundaries. We will all progress to the digital office in a few short years and those of us whom make this transition now will be regarded as state of the art and having the cutting edge technology is a powerful marketing tool in itself. Most of us are encumbered by paper, film, slides and video. The correct imaging system

can free a doctor of many of the inefficient means of record storage as well as create presentation formats and make ones images work for the practice.

The author feels that the future of imaging will consist of totally computerized images that track the patient through the various phases of the surgical experience. Many of us do this now, but trying to find a single slide out of a collection of 5,000 is not time or cost effective. In addition, conventional film means that we have delay to obtain the images and the images may not be adequate to our dismay when received. With modern imaging technology, it is simple to take pictures with digital cameras and immediately have them to work with on the computer. Image editing software provides the ability to enhance, augment, reduce, and enhance images in a variety of ways. Presentation programs in imaging software allow the surgeon to present interactive "slide shows" of all the phases of an operation including pre-op, intra-op, and post-op. Showing actual pictures of the last 30 genioplasty procedures you have done is far more an impactful marketing tool than having the computer redraw a fictitious chin. Remember, the computer can do anything and it becomes unrealistic. The real proof is in the pudding, and the pudding is the doctor's actual cases. If one is truly interested in the development of a cosmetic practice, then they need to take a lot of pictures and possess the proper imaging system to process them.

Controversy exists over whether to give the patient a hardcopy of a surgical prediction. This is a personal choice but the patient must be made aware that this is a computer rendition and not an implied surgical result.

There are many avenues available to market the cosmetic practice. This is easy lecturing due to the level of public interest associated with this topic. As stated earlier, there exist many social clubs and organizations that actively seek patients. This is grassroots marketing and will interest male and female members. To truly tap the perspective market one must gain exposure to female clientele. Many women's clubs exist and speaking to a group like this can be a tremendous marketing experience. If one thinks about the habitus of cosmetically inclined individuals then beauty shops, makeup counters, and clothing stores are good marketing sources when tastefully done. Ear piercing kiosks at malls, tanning salons and health clubs are also excellent sources of perspective patients. Providing referring dentists and ob-gyn offices with personalized informational brochures on cosmetic procedures can also be effective although many doctors may not display such material. Some practitioners publicize the fact that they offer significant discounts to staff of medical or dental offices. The strong testimonial from a satisfied medical staff person can provide powerful marketing.

Most of the marketing techniques applicable to procedure specific marketing as discussed in the early part of this chapter are effective in the cosmetic arena, especially authoring short articles or media interviews.

Computers in Marketing

We have touched on this topic through out our discussion. Many doctors are computer resistant, and it is unfortunate. Keeping abreast of new technology can enhance ones practice and marketing efforts in so many ways. One of the problems of a busy practitioner is the lack of time. When serious about procedure marketing, one must maintain accurate records of their surgical endeavors and follow these patients closely for an extended time. With computer spread sheets and database software, it is simple to recall patients or details concerning a procedure. For instance, if one maintains the inexpensive software, searching your implant database for all Asian females with post op infections in 1989 would be a snap. Having statistics at your fingertips is important for several reasons. If one professes expertise in a subspecialty, then they should be able to quote accurate figures relating to success and complication rates. In addition, contributing to the scientific literature is simple because the information is readily available and this is usually 90% of the hassle. Lastly, this database gives the procedure specific doctor the same good feeling as does a favorable investment statement, one is proud to view the fruits of their labor. Sharing this type of information with colleagues will promote respect and underline your commitment to that given procedure.

With the rapid advances in computer technology, it has become much easier to communicate. Affordable scanners give the doctor the ability to digitize pictures and slides and use them in lectures or they can be sent by modem to any place in the planet. With the Internet, doctors can discuss a case with the web phone and simultaneously look at pictures and radiographs. With the chalkboard function they can even point, underline, and circle given areas of a photo in real time. Netscape's Communicator browser allows for all these functions. A practitioner can, for the price of a local call, send images of patients to satellite offices, insurance companies, or referring doctors.

Any doctor who is serious about market needs to have a good camera and use it constantly. If one doctor performed 100 procedures with no documentation while another doctor performed 10 procedures with great follow up statistics and many pictures, the second doctor can better market because of these valuable tools. Many times, the one who better tells the story wins the prize. Most surgeons do take many pictures but for decades have been encumbered by slides or pictures. Academic oriented ORAL AND MAXILLOFACIAL SURGEON possess thousands of slides and it is very cumbersome to keep these organized and archived. Anyone that lectures on a regular basis has experienced the drudgery of spending hours searching carousels for a specific slide. With modern software and imaging systems this labor is a thing of the past. Affordable digital macro cameras are now available that totally eliminate the reliance on film and developing. Anyone whom has ever taken a special intra-operative picture and found it to be overexposed when it was returned from the developer or anyone whom has taken a picture of an out of town patient and the eyes were closed will love digital photography. A color LCD monitor allows one to view their picture immediately. These digital images are loaded to the computer and the doctor has total control over editing. Images may be enhanced, colored, cropped, rotated, scripted with text or patient names and many other functions. What is most interesting for the marketing oriented surgeon is the ability to

instantaneously make professional lecture slides. Programs such as Microsoft PowerPoint and Lotus Freelance Graphics allow for simple addition of text and graphics. These data files may be sent by modem to a film processor for output as lecture slides, but that will soon change. The author predicts that by the end of the next decade, finding a carousel projector will be as difficult as finding an eight-track tape player today. Once the slides are made on the computer, they can be presented from a laptop projector connected to a digital projector. Since all of one's slides will be archived, they can all be visually or numerically sorted for use in a given lecture. If one is giving a TMD presentation and desires a slide from the orthodontic lecture, all that is required is to drag that slide into the presentation. These lectures, once constructed can be saved to disk or CD. Walking into an auditorium with a single CD that formerly represented 12 carousels is a joy. This technology is here now and is affordable. Anyone truly interested in cutting edge marketing needs to be involved with this powerful and fun medium.

Converting one's 2x2 lecture slides to a digital picture is also easy with scanners. It is, however, a very time consuming process and the sooner one purchases a digital camera, the further ahead of the game they will be. In addition, the rapid evolutions of high-resolution color inkjet printers enables the doctor to have near photographic quality prints in seconds. This can be very handy when showing morphing changes to a patient or referring a patient to another doctor. Using these prints in desktop publishing for intra-office display or sending an orthodontist a before and after picture in your referral letter are some additional uses.

The computer will play a larger part in all aspects of our practices in the future and can enhance our marketing efforts today.

Call on Hold

One can promote their practice with call on hold devices. In a well run office, patients on hold will be minimal. Few things put patients off more than a long hold, especially for those calling for an initial appointment. The receptionist is better to take a number and return the call within five minutes than to put the patient off. A long hold on the telephone is basically telling the patient that they are not a priority.

All offices will experience holding telephone patients and the recorded promotional messages can be helpful. One thing the author cautions is to make a script that stands out from others due to the fact that these devices are very popular and many seem to have similar dialogues. These devices may be purchased inexpensively from communication companies or telephone stores, or for a larger price a professional company will take care of the hardware and scripting.

Calling Post Op Patients

In the author's opinion, this is the single most important PR technique a doctor can do. No other type of marketing can do so much for so little investment.

Many ORAL AND MAXILLOFACIAL SURGEONS call their patients in the evening to check on their status. These "phone rounds" are quite rare in the medical world and many patients are literally taken back by the fact that their surgeon took the time to personally call. The author has, many times, had patients say that the reason that returned to the office, or sent another patient was the exemplary fact that the doctor called them after surgery.

If the doctor cannot call the patient, then the surgical assistant should call, or the receptionist can dial up the patient the following day to have the doctor say hello. The impact, however, is much more significant when the doctor personally calls the patient the night of the surgery. If a surgeon did no other PR, he or she would get a lot of mileage out of this technique.

Social Events

It is human nature to socialize with those with similar interests. The author has never attended a professional meeting as a member or a speaker that did not begin with a "social hour" with a bar of some type.

Those progressive practitioners that are dedicated to the pursuit of excellence usually know how to celebrate. Celebration is not to be confused with revelry, but deals with the pride of reaching specific goals and setting new ones. Content, motivated practitioners with constantly growing, profitable practices know how to celebrate. These doctors celebrate their happiness and dedication to their practice on a daily basis. These doctors are upbeat people who rarely frown. Their energy seems supernatural to some people and their enthusiasm to serving their patients and "just doing Oral Surgery" is inspiring to watch. It is this type of doctor that needs to speak to dental student classes to show the potential of what is out there.

In addition to the daily celebration of practice a well-versed marketing oriented practice will share their goal setting, optimism and celebration with their referral sources. Most every person enjoys a party and it is refreshing to gather ones referring base for a non-business experience. Many successful practices find a way to thank their referring sources through social interaction.

There are many types of social affairs used to serve as receptions to thank the various people that send business to the practice. The first question one needs to consider is whom are they trying to thank. Referring sources for ORAL AND MAXILLOFACIAL SURGERY usually compromise general dentists and staff, dental specialists and physicians, ancillary referring sources and patients. Some practices have a large party and invite all sources, doctors, staff and patients. The author has had extensive experience in this arena and wishes to state several comments and observations.

Many doctors do not enjoy or wish to socialize around their staff or possibly your staff. Many doctors, rightfully so, are reserved in the presence of their staff and will be inhibited to really relax and enjoy themselves. This is not opportune for social situations and

should be taken into consideration. Some offices make it a point to entertain small groups of several offices and staff to specifically focus on the importance of staff appreciation. The author has handled this situation by having two yearly social events. One event is more formal and usually pre holiday and intended for doctors and guest only. The other event is much more casual and is designed for doctors and staff, with a focus on the staff participation. This affair is geared more towards the younger generation and includes a rock band and party. We have found that fewer doctors attend this function, but the staff participation is in the hundreds and the doctors that do attend enjoy the experience.

The author and his office have had much experience in social gatherings. We recommend, to be effective, that an affair be held on an annual basis to underline its festivity and importance. It is also easier to plan a party with a theme. The author has had Caribbean Cruise parties, Wear any Hat parties, Wine Tasting Parties, Sports oriented parties with competition, Country Western Barbecues with dancing, Shrimp feast parties, Halloween Costume parties, New Years Eve Parties, Pumpkin Carving Parties for doctors, staff, and families, Roller Skating Parties for patients and referring offices, taken referring groups to baseball and hockey games, just to name a few popular events. An additional concept is to host a family oriented event at a Sports Park or similar facility. These parks offer golf, batting cages, miniature golf, arcade game, and other recreational activities. The family forum consisting of referring sources, spouses and children is a fun event and usually has significant participation. The author is aware of surgeons that sponsor such competitive events as basketball, billiard, horseshoe, lawn bowling and croquette tournaments. This involves a large group of offices and staff and proceeds to semifinals and finals. Everyone has fun and it involves doctors and staff.

The author always has nametags for everyone for the sake of his office as well as the attendees. If the author's staff is present, they are identified by different color nametags or by special tee shirts made by our office for the event. Our staff personally roams the crowd and makes sure that everyone has a nametag. It is also imperative to have a sign in list to monitor just who is attending your event. This statistical information is important to monitor progress or decide what type of event works best. If alcohol is being served, the author has designated drivers available to drive anyone home should it be needed.

The author has also had experience with mega-parties and has hosted a \$25,000 holiday party for a number of years. This is a formal function held at a museum. The entire evening is scripted with for elegance. Champagne and wine are served with heavy O'douveres, and minstrel and performers roam the crowd of over 300. A caricature artist draws picture of people and a professional photographer is present to take a color portrait of the guests, which we mail, to them with a referral thank you.

Limos were provided to chauffeur guests past the downtown holiday lighting display and each guest was given a bottle of wine a gift upon leaving.

This party is attended by many well-known local celebrities and has been very much looked forward to by the referral community.

Several theoretical questions exist when spending this type of money on a referral event. First of all, it is questionable weather one receives a dollar for dollar return for monies spent. Second of all, it is difficult to decide whom to invite. The great referrers are

obvious, but how does one handle marginal referrers? Initially, we invited almost all-potential referring sources; however, over the years found that the same people would come to the party every year, but not send patients to the practice. In addition, some doctors only sent patients in November to qualify for an invitation. As we began cutting back the referral list, some doctors that were marginal became put off, and stopped sending patients altogether. The partners would labor about whom to invite or not to invite, and the intense work needed to plan such an event became cumbersome. We ceased having the party for several years basically to not have it become commonplace instead of a luxury.

Many practices hold gala affairs and it is a nice way to say thank you. One must carefully follow and weigh the perspective referral benefits of such a function. Anytime an event becomes commonplace, it loses its thrust and these dollars may be better spent elsewhere.

Everyone is appreciative of a gift and referring doctors are no exception. The author has a set policy for certain circumstances. If a colleague is ill or a baby is born, the practice sends a floral arrangement. This is also automatically done when a doctor opens a new office or hires a new associate. The practice maintains an account with the florist and they know exactly what to send when we call.

Many practices give holiday gifts to their referring doctors. This can be a very appreciated and underlines your thank you. One key to mention here is not to only say thank you once a year. Progressive practices are those who know how to thank their referral sources all year long in many different ways.

The author and his partners have given many varieties of gifts over the years and we have found that people appreciate personal or usable gifts much more than something of little value or a one-time use. Calculators, Mag light flashlights, sports radios, Swiss Army Knives, wine or liqueurs, fax machines, restaurant gift certificates, car wash coupons, movie theater tickets, auto detailing certificates, limousine services, power tools, Godiva chocolates, computer software and sporting event tickets are an example of gifts utilized by our practice. Due to the diverse nature of referral sources, it is sometimes difficult to decide who would like what. For several years we have been offering our top referrers a certificate that is redeemable for a \$100 dinner at a French restaurant, a \$100 gift certificate at a well known steak house, or a helicopter tour of the city. This has seemed to please everyone, at least for now.

From time to time a referral source sends back a gift or is insulted by a gift gesture, stating that our good service is all that is necessary. You can't please everyone. In this case, we make a donation to a local charity in the name of the doctor and staff.

Group Lunches

Earlier in this text the author stated opinions on lunch networking. Although, not in great favor, there is a simple means to take a doctor and staff to lunch without ever leaving ones

office. Our receptionists at each location pick offices that we intend to market. Two thirds of these offices are stable referring offices and one third are marginal offices we would enjoy working with on a larger scale. The receptionist calls the office to announce our intentions of providing lunch for that office. We then fax them a calendar and three menus from local restaurants. They return a date and everyone's order and on the day before we call to remind them of the lunch. Our receptionist then picks up the meal and delivers it to the doctor's office. If at all possible, the receptionist stays and joins the doctor and staff with the lunch. Along with the lunch, the receptionist presents a refill of referral brochures in a plastic stand, pre-stamped and pre-addressed panorex envelopes and various other practice promotional materials. We have done the same thing with breakfast bagels or pastries. A supply of plastic kegs of large hard pretzels is also kept on hand and taken to offices when employees return x-rays or visit offices for other reasons.

Promotional Materials

In the marketing profession promotional materials are called swag. The author as well as hundreds of other ORAL AND MAXILLOFACIAL SURGEONS maintains an inventory of promotional items. Our practice has used our logo on such items as pens, pencils, toothbrushes, refrigerator magnets, coolie cups, Frisbees, office emergency brochures, tee shirts, scrub tops, Swiss army knives, flashlights, Post It Notes, coffee cups, plastic drinking cups, sports bottles, key chains, baseball hats and paperweights, just to name some. We distribute this to referring doctors, patients, and prospective patients.

It is nice to always bring some simple gift when visiting a referral source and these various items are great. Our office gives our post patients a sports drinking bottle with our logo that contains the post op instructions, gauze, a refrigerator magnet, follow up appointment, prescriptions, and a coupon for a local fast food restaurant. When the author lectures at local high schools or groups he distributes Frisbees or other materials depending upon the age of the audience. People really appreciate these and it helps them remember you and it is a minor office expense.

Activity Sponsorship

Marketing is recognition and community sponsorship directly relates to recognition as well as helping individuals. The author and his partners are active in many community groups including, Big Brothers, religious groups, scouting, Rotary, YMCA, minority groups, athletic teams, charity groups, etc. Some of this activity includes direct participation or speaking, while other involvement involves sponsorship or buying uniforms with our name and logo or placing ads in athletic programs or posters. Most aggressive marketing offices follow the tenant "every little bit helps."

Managed Care and Marketing

The fee for service environment along with the laws of supply and demand have set the stage for referral favoritism for a century. We are now in the midst of a managed care revolution and many rules are rapidly changing. Although, no one likes the fact that we are doing more and being paid less, we must learn to adapt to thin environment. With all the negative talk, one positive is that managed care has made many of us better businessmen and women. Doctors have been notorious for being remiss in many business functions, but due to the previous profitability, could afford to be sloppy with their business practices. Now, the ensuing changes have forced many doctors to take a hard look at their coding, billing, collection, purchasing and other business line items to control costs and raise profitability. Some doctors have actually found that the attention to business detail will make them more profitable than before.

Since managed care companies recruit closed groups of participating doctors and specialists, there may be no choices as to specialists. In other words, we may have a captive audience of general dentists that has no choice but to refer patients to our office due to contractual participation. This negates many of the previous referral tactics that have been traditionally used to gain preference. There is still no substitute for superlative patient care, but depending how long managed care stays popular, the traditional specialist marketing may become much less of an issue.

Do You Know what is Happening at Your Front Desk?

As we have stated so many times previously, your staff is your greatest or worse marketing asset. Since the doctor is usually far away from the front desk, many of us are unaware of what is truly going on. The author has sent "sham" patient make appointments and progress unknown to all staff and doctors through the office. The office administrator or consultant are the only individuals that know the identity. At the next staff meeting, the "mystery patient" comes and presents their input and observations. This has served to be quite informative as well as keeping everyone on his or her toes. The author also has individuals call to make appointments to check on the courtesy and consistency of the staff. It is also interesting to drop a twenty-dollar bill in ones petty cash to see what happens with the monthly reconciliation.

An exceptional receptionist is the keystone of a successful office. This person can bond with prospective patients or drive them away in hoards. The key to being busy is to make it easy to make an appointment at your office. As stated earlier, there are many barriers to ORAL AND MAXILLOFACIAL SURGERY. It hurts, it is expensive, insurance is complicated, it adds inconvenience, it causes apprehension, and many of the procedures we perform have little perceived value by patients. A great receptionist will work on these barriers with the perspective patient and turn an inquiry phone call into an appointment. When a patient calls and has obvious fear, a good receptionist will brag on how good the doctor is and how gentle and painless the surgery is. If a patient calls and is concerned

about finances, an astute receptionist will bring the patient in for a complimentary consult and explain to them that the practice has payment options. If a patient calls and is concerned about insurance hassles, the proficient receptionist will tell them the name of their personal insurance person in the practice who will process their insurance. If a prospective patient is concerned about inconvenience, a good receptionist will work the patient into the schedule to suit them. Many patients call various offices to shop for price or just a general feel of office demeanor. A smiling, energetic, enthusiastic receptionist will "attack" these patients with kindness and service and win them over. We use the word smile although you cannot see a smile on the phone; you can certainly sense it. All of our offices have signs at the front desk that says, "always answer the phone with a smile." This is truly the first rule of service. We all have bad days from time to time, but they must stop when the phone rings. It is absolutely to treat every phone call as it was your best friend. Remember that the patient is our boss! The author has some very trusted and competent employees but we do not allow them to answer the telephone because of their rough edges when dealing with the public.

There are many simple tricks that an excellent receptionist can relate. When a new patient presents to the front desk the receptionist asks, "have you ever been a patient here before?" this can be very negative. This patient may have a purged chart and been a patient several years and had a \$15,000 osteotomy and we are asking them if they have ever been here. This is an insult; the appropriate greeting is "when is the last time you have been to our office? At worse, they will say "never." When a patient of record calls, the employees should act obviously excited and engage in a minor conversation. People adore being remembered or being recognized. In this harsh world of automated answering, a smiling, friendly voice is a rare find. This is paramount when any referring doctor calls. If your front desk people don't know something personal about your referring doctors, then you have the wrong staff. "Dr. Niamtu, it is so good to hear your voice, how have you been, are you still deer hunting? is much better than "how do you spell that name?" Making contributions to someone's office and not being recognized is a real turn off. Even new employees must act like referring doctors and patients for that matter are old friends.

One thing that occurs in all offices is cancellations. Most offices have patients that make appointments but fall through the cracks for various reasons, usually finances, time, or fear. An excellent receptionist will reschedule a broken appointment before the patient hangs up. If the appointment is cancelled, this patient should be placed on a ledger and be called multiple times to re-appoint. Staying busy involves working broken, missed or cancelled appointments.

These same characteristics need to carry over to the clinical staff also. These clinical and clerical positions are usually distinctly different and if communication is lacking between "the front" and "the back", then the office cannot be efficient. If one examines successful happy, profitable offices, they invariably find a harmony between clerical and clinical employees. The key to this communication is cross training. It is impossible for someone to truly appreciate someone's job unless they have done it themselves. We earlier eluded to the policy of fast food chains, requiring their managers to spend time on the grill and

french fryer as part of their training. The author, during a citywide blizzard assisted in answering the phones and from that day on gained ultimate respect for the ability to manage multiple phone lines and maintain a smile. If an office stresses cross training, then every employee will know the rigors of each other's job. If you receptionist cannot take a panorex or assist in surgery or if your assistant cannot make appointments, then you are short changing your patients, your staff and your self.

The clinical staff also has very special requirements involving patient service. A good assistant is a buffer between a busy doctor and apprehensive patients. On the evaluation, these employees can assist the filling the blanks that the doctor hasn't expressed. They can assist in patient treatment decisions and can quite oftentimes sway a patient towards a given treatment plan. Compassion is essential for these staff members. The ability to calm apprehensive patients and hold the hand of a pre-anesthetic patient can truly mold the entire surgical experience. This is no place for a gruff employee.

Putting it all Together through Communication

The author has outlined many theories and techniques related to marketing and patient service. We have used the term "content, happy and profitable practice" many times throughout this chapter. Anyone who has built this type of office will testify that it is a task of significant proportions and the pursuit of excellence is never ending. It is said that excellence is a journey, not a destination as there is no finish line. If someone is truly dedicated to their profession and practicing with enjoyment and profitability then they will peruse the following tenants:

- Hire and maintain the correct staff
 - Provide leadership and enthusiasm
 - Make clear what is expected through a policy manual
 - Train the staff to be patient centered service providers
 - Reward them for their efforts
 - Pursue excellence in all facets of your practice
 - Know when to terminate an employee
 - Constantly improve the level of training and communication
 - Always be a teacher and a student

These above are key to set the stage for organized marketing. Without these, there is no marketing, unless it is negative marketing. A common misconception is that marketing

merely involves the physical techniques mentioned earlier. A surgeon cannot market alone and an uninformed or under trained staff cannot market at all.

Constant communication and consultation is paramount in keeping the team sharp. No football team would ever reach the Superbowl without practice. For the ORAL AND MAXILLOFACIAL SURGEON, this practice involves staff communication. Any progressive practice has regular meetings with the doctors and managers as well as the staff. Even though ones staff may know what to do and what to say, it has to be continually stressed to stay aware and sharp. Enthusiasm is contagious and the same may be said of the lack there of. This team spirit must be perpetuated. The author has monthly staff meetings with the partners and manager, Quarterly staff meetings with everyone included, and an annual retreat for staff focused on communication, patient service, and continuing education. In addition to this, the manager has regular meetings with various locations. One does not need have a group to do this, and in fact is much easier with a smaller office. Regardless of size, everything in this chapter applies to all offices.

To enhance optimum communication, one must have policy and consistency in all positions. The author and his partners have utilized a set of communication principles we refer to as “ The Rules of the Game”. His is an excellent list from which to build, and a valuable tool to show a prospective employee that you are contemplating hiring.

As stated so many times earlier, every game has rules and to win, one must be acutely aware of all the rules to avoid a disqualification. The winners in ORAL AND MAXILLOFACIAL SURGERY are happy, profitable practices, and the losers are those whom go home exhausted and frustrated and dislike what they do for a living.

The following principles are referred to as the “Rules of the Game” and in the author’s office take precedent to all other forms of communication. All partners, managers and employees are aware of the rules and they are posted throughout the office in bright Day-Glo laminated frames. The author feels that it is very important for each and every person in the practice to have an intimate knowledge of the rules, and like referees in sports, the owners and managers must have even greater understanding. We will examine each rule and it’s implication as it relates to ORAL AND MAXILLOFACIAL SURGERY.

1. **Be willing to support our missions, values, and guiding principles**

This rule, although very obvious, is the most often overlooked. The author is amazed and confounded by how many ORAL AND MAXILLOFACIAL SURGERY practices do not have a written policy manual with distinct job descriptions and a clear outline of the vision or goals of the practice. If you do not communicate these with an employee, how can you possibly expect them to support them?

2. **Speak with good purpose**

Gossip among doctors and employees is one of the most destructive forces in an office. This involves speaking about someone without his or her presence. This is done by idle, unchallenged employees and can undermine your entire staff and effort, literally. This should be grounds for termination and strictly prohibited. This also applies to those whom say one thing and do another. A leader must truly practice what they preach. Like your mom said, "If you can't say anything nice, don't say anything!" This especially holds true for pessimists.

3. **Be open and honest in your communication with each other.**

Actually expressing ones true feelings is sometimes very difficult. We are often afraid to hurt someone's feelings, rock the boat, or cause friction, so often times it is easier to agree with someone or support their improper behavior because you may be intimidated to express the truth. This is one of the most difficult things for some people to do, but if this rule is not followed, the others are meaningless. One must be able to look partners, managers, and employees in the eye and tell them exactly how they feel. If this is done with consistency, a person will be respected. For this to work, all individuals must take a pledge to be open and honest. This breaks the ice and paves the way for open-ended communication. Failure to do this will perpetuate the problems of communication that plague many practices.

4. **Complete agreements and be responsible to others and yourself.**

When people sit down to iron out problems, it is human nature for everyone to want to jump on the bandwagon and to volunteer to take responsibility to make a change. This frequently involves a task, behavior change, or a sacrifice. All too often, those that are enthusiastic starters often loose their vigor or neglect to follow through on the task or the behavior they promised. This is common and is one huge reason why some practices never get out of the hole. It is imperative that when someone says they will do something, that they take the responsibility to follow through and that the leader of the practice take the responsibility to coach them through their stated work and insist on its timely completion. A person must realize that when they fail to follow through on a task, they let themselves down as well as the practice.

- a. Make only agreements that you are willing and intend to keep.
- b. Clear up any broken or potentially broken agreements at the first appropriate time with the appropriate person.

This is especially important. If one sees that they are missing their promise or timeline, then it is important to discuss this with the correct person at the correct time. The immediate leader for this staff position must be made aware of the possible lack of follow through and it should be expressed immediately. Complaining to the incorrect person may be

gossip, and failing to notify the leader immediately will compound the problem by procrastination.

- c. Do not commit to others unless there is agreement.

Because a given individual feels that he or she has the correct idea or action does not make it correct. This must be clearly communicated to the group and a positive response must ensue, which requires rule number 3.

5. **If a problem arises, look first at the system, not the people, then make the correction.**

If there is one thing that many employers are guilty of it is this. We stated earlier that most employee problems are the result of the employer, not the employee. This is usually true. Employees often take the brunt of criticism when the employer is guilty for being a poor leader. Again, if there is no policy manual, no job descriptions, no vision or goals, then whatever occurs is happenstance or coincidence. Your chances of having an enjoyable, profitable practice then fall into the odds of winning the lottery. Virtually any employee problem can be traced to improper leadership. Next time you are disappointed with an employee, stop and look in the mirror and ask yourself as a leader, "Did I do everything possible to make the rules and goals known and set clear standards to be followed in this case?" It takes a big person, but so often a leader cannot answer this in the affirmative. A true leader will admit the shortcoming and do better, a poor leader will continue to be a blamer.

6. **Don't be a blamer.**

No one likes taking criticism or being wrong, but blaming others for ones failure or shortcomings will only perpetuate mediocrity. The three hardest words to say are "I was wrong." Once a person can speak with honesty and admit this then they will be respected and open the door to other individuals to exhibit this honesty. For this environment to exist, the other staff must be supportive and accept apology and honesty and not persecute the individual or dwell on the admission.

7. **Commit to add value by making more out of less.**

In order for any business to thrive, each person must add value. It is when staff or doctors detract value that stress and waste occur. The key to operating a successful business in this day of managed care and business is to be lean, economical, innovative, and value conscious. This is not only in physical spending, but also on decisions and the entire aura of the practice. Waste in policy or expenditures will severely affect the ability for some doctors to enjoy their work and make a profit. Each and every staff member should constantly challenge each

other and the practice to do more with less and when a suggestion is valid, that employee should be rewarded.

8. **Have the willingness to win and allow others to win.**

In a win/win situation, the attitude is if I allow others to win, then I win also. With an employer, the win is even bigger. This is a competitive world, and many people are used to winning to be promoted or to advance. Unfortunately, many of these people feel that they can only win if someone else loses. This creates a backstabbing environment, and for the person to win, someone must lose. If this person is your employee, then the practice will ultimately lose. These people are very goal oriented, and are difficult to control. A win/win person, on the other hand, progresses and advances just as fast, and with fewer waves, because they realize that by allowing others to win, they will win and may win bigger. It is this type of employee that portrays altruism and is a valuable asset to any practice. The world needs more winners.

9. **Focus on what works, retreat on what does not.**

Many times the best intentions are put forth with ideas or policies, only to have them fail or fall short of the intended benefit. A progressive leader will realize that some ideas, no matter how good they seemed, are not feasible. These leaders will admit the shortcoming, regroup and attack the problem from another angle. A poor or resistant leader will not admit to the shortcoming, and beat a dead horse even know it is not in the best interest of the practice. Some leaders remain hardheaded and will propagate poor policy just because they cannot admit to being incorrect. No matter how good it sounded, if it doesn't work, move on. What is also important here is not to focus too much on the past. If one is surrounded by individuals that will not forget a mistake and continually reflect on what didn't work, the proper environment is not being fostered to admit a mistake. Do not dwell on the past, learn from mistakes, and move on.

10. **Encourage the risk of innovation**

One must focus on the very best communication for the staff and the best service and care for the patients. To do this, oftentimes requires going outside of the usual parameters for practice and service. If one follows the usual details for running a practice, then one will have a usual practice. To have an exceptional practice, one must constantly challenge the leaders and the staff to think of innovative means to better the communication and patient service and care. Sometimes staffs are shy or hesitant to provide input. Sometimes those who provide input are ridiculed or ignored, or worse yet go unrewarded. Big business learned decades ago that it pays to have good ideas and one should pay for good ideas. If someone makes a suggestion that makes a difference, they deserve reward. They win and you win bigger and your patients win biggest.

11. **Don't shoot the messenger.**

Upon hearing bad news, the king would kill the messenger; the story goes. None of us want to hear bad things about our practice but to ignore them only makes things worse. Ignorance is bliss is only for someone that wants to work in a stressful and non-profitable environment. A good leader must demand to know what is good and well as what is bad and must liberate the staff, patients and referring doctors to have unencumbered input. If you make it hard for someone to tell you negative things, you will never hear them. This is not reality. Sometimes it requires a negative to make a positive. True leaders have an open door policy for constructive criticism and will act accordingly. Before criticizing someone, first try to understand the principles of the policy and always offer criticism in a positive and constructive manner, as stated in rule number 3. Encourage critique!

12. **Raise the "red flag" when overloaded.**

Leadership requires energy and sometimes, with the best of intentions, we put too much responsibility and burden on ourselves. Even though we think we can handle it, we become overloaded and begin to break rule number 4. This, although with good intentions, actually encumbers the practice and skews all the above rules. We all have limits of responsibility that we can handle and must maintain a good mix of relaxation and outside activities. If one becomes overloaded and in trying to make something better, they may actually make it worse. We all tend to multitask and sometimes instead of advancing a few prime goals we wallow in stagnation. This leads to inefficiency and burn out. In addition, if our managers "raise the flag", we can appreciate their honesty instead of admonishing them months later when we see that the projects are not done. It is far more advantageous to admit overload and ask for help to keep the practice on track. Never be afraid ask for assistance, and never create an environment where this is frowned upon.

13. **Always maintain a sense of humor.**

Life is a short ride and we all have only so many heartbeats to enjoy it. Sometimes we take things way too seriously. There is a time for seriousness and a time for levity. Most influential and successful that the author has had the pleasure of being associated with always find humor in life and make the best out of all situations. As ORAL AND MAXILLOFACIAL SURGEONS, we live in a high stress environment and face sometimes-grave decisions on a daily basis. No matter how bad things seem in a given crisis, history tells us that they will pass and improve. Optimism is a virtue and is contagious. Try to smile every second and try to find humor and laughter in life. There are no dress rehearsals in life! How would you treat people tomorrow if you knew it was your last day on earth? The button that fell off your shirt or the flat tire would carry much less aggravation.

Conclusion

As the author has attempted to illustrate that marketing is not a specific task, but rather a lifestyle. If one examines very successful practices they will invariably find an excited, energetic leader with an enthusiastic and caring staff that enjoys what they do for a living. Marketing, as we have illustrated, goes far beyond the bounds of a gift or party and is a total commitment to excellence and the desire to share this with ones patients, referring doctors and the public in general. Marketing, like underwear, is very personal and the same techniques will not work for every doctor or locale. Each one of us needs to find his or her own comfort level and do as much possible as they can with what they have. Marketing need not be advertising or yelling and screaming. Subtly informing target patients of your services can be accomplished in many ways. ORAL AND MAXILLOFACIAL SURGEONS are very innovative individuals and the author could not possible cover all the various strategies of marketing. We have attempted to dissect the theoretical aspects of marketing and to present various options as viewed by the author. "The customer is always right", "Do unto others as you would have done unto you", "offer an excellent product at an affordable price", and "Always be a teacher and always be a student" are phrases that may be centuries old. Certain common sense factors in how one presents their product or service will have an enormous impact on the success of their business and their happiness in their profession.

Regardless if an office consists of multiple doctors and locations, or a one doctor, five employee single office, the theories and techniques presented apply across the board.

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