

Ep #10: How to Use Automation in Your Dental Practice



Full Episode Transcript

With Your Host

Dr. Tarun Agarwal

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Welcome to *T-Bone Speaks* with Dr. Tarun Agarwal where our goal is to change the way you practice dentistry by helping you achieve clinical, financial, and personal balance. Now, here's your host, T-Bone.

SHAWN: Is this the first time that you've done a podcast or recorded sitting directly across from someone?

T-BONE: No, all my podcasts are recorded with me and Chuck, we sit side by side.

SHAWN: It's intense. Sitting right across the table from T-Bone staring you down. [laughs]

SHAWN: What was your idea, why did you want to start a podcast? What information did you want to get out there and serve the dental community?

T-BONE: Well, it's interesting, you know. I decided I want to do a podcast when I heard the Dental Hacks. I'm like, if Allen and Jason can do it, I know I can do it.

SHAWN: If he can do it, anyone can do it.

T-BONE: Well, it's not even that. I have a lot of good - in my mind, at least humbly I have a lot of good information I want to share and one of my goals right now is to be able to share and help people and one of the challenges I face is, how do you touch more people and a podcast is an unbelievable venue to touch more people. I think where I struggle with my podcast is, I do really good answering questions and one of these challenges I have with my podcast is right now I have to create the content where if I could get people to just ask me questions, I could answer the content and that's really what people want anyway. They want you to answer their questions, but if you don't know what their question is then how can you answer it.

SHAWN: I think that's a huge thing because I'm playing around that as well because I do a lot of automation and marketing. I think, wow, there's a lot of dentists who could benefit from this information. You said, "Great, put it together." And then that's the hard part...[crosstalk]

T-BONE: But what do you want to know?

SHAWN: There's so much to know.

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T-BONE: Right, so ultimately when you understand like yourself, where you really understand something, you forget about getting started, you forget about the easy stuff. You forget about all the yeah-buts and then you forget about all those things that people have questions about and what really somebody needs to do is they just need to ask. You just need to sit down and have somebody ask you the questions. And that's what great about interviews is when somebody can ask you the questions, especially if a novice, you have somebody that that's against it. I would love for somebody to sit me down and say, to walk me to why they can't - why they can't do sleep medicine. Why they can't implement sleep apnea in the practice and give me all the yeah-buts so I can answer them because to me there's no reason not to do that.

Then with implant dentistry, as a general dentist, I wish somebody would say, these are the reasons I can't do it. I'm like, "Well, sure you can. Let's walk through them, step by step. What's holding you back? What are your questions? Like today, during our workshop some of the questions I got were, like, oh that was a good question. And then I got it two or three times. I'm like, I didn't realize people have that question. So as an educator, you get convinced that you forget what people are asking and I really need people to ask me those questions

SHAWN: Oh yeah, when you're first starting out, you don't know what you don't know. You don't know what to ask and then when you've gone through it, you forget what you don't know. So it's very difficult on both end of the spectrum. Whether you're in the middle of it, whether you're in the mock and figuring it out and learning it, and doing it, so all this isn't so bad if you've only written that down.

T-BONE: And then in content marketing...

SHAWN: It's huge.

T-BONE: It's huge, but all content marketing really is you just answering questions.

SHAWN: Exactly.

T-BONE: Like, what are the most - like let's get into the automation stuff.

SHAWN: Or repackaging something that's already been answered but ask it in a slightly different way but the answer is totally different. The huge - the big thing I think - the huge thing - the Secret, did you see that movie?

T-BONE: Yes. Right.

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SHAWN: That information has been around for so long, the strangest secret, Earl Nightingale.

T-BONE: But there's nothing new under the sun, right?

SHAWN: Nothing new. It's nothing new. It's just wrapped - it's got a different colored bow on it

T-BONE: The example I use is, like you heard me over the workshop saying, "Oh, I wrote a blog post on that. I wrote a blog post on that, right?" But they're just, I randomly write them and they might be two years old, it might be one-year-old and they're just hard to find, right? So content marketing oftentimes is just taking the question somebody has and just putting the resources together. Like, let's say somebody has a question about infants and sleep apnea. I'm not an infants and sleep apnea expert but I can capitalize on marketing that by just going through and taking the question and putting the resources on a single page. It may be your resource. It may be a YouTube video. It may be something. It may be things that none of it I did but the only thing I did was I took all that content and brought into one single place and then, if we go into automation, this automation stuff is - not that I'm doing great at it but I understand it.

This automation stuff is such a huge part of our practice. So the example I always use is we try to mark everybody who's a candidate for something in our practice. So let's say, if we have anybody that has crooked teeth in our practice, I want us to mark it in our practice management with a code. So in other words we post a code to the chart that this patient has crooked teeth. Not that they're interested in ortho, they're not interested in ortho, just that they have crooked teeth. Then we can take our patient base of 2000-3000 whatever the number is and I could literally one day print out a sheet of everybody who has this code to them and then I find out who has crooked teeth and then we can send them a sequence of emails, videos, whatever may be automated talking to them about all - what is crooked teeth, why you need to fix crooked teeth, and you can subliminally sell them on coming back to get crooked teeth fixed.

SHAWN: That's huge. I didn't even think about that as a possibility of doing that.

T-BONE: That's a trigger.

SHAWN: Yeah, that's a trigger but just using your practice management and just creating a fake, oh a dummy code... [crosstalk]

T-BONE: Code. Let's not [6:23 inaudible] talking about Infusionsoft today, right? So what you can do with the way you're doing it is you can - every time you see a patient, okay, your hygienist sees a patient, if that patient has crooked teeth, they click 9999, some dummy code and now that patient is posted as having an orthodontic candidate. Now, what you

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would do with that, I know you well enough now, after two days what you would do is you would - that would trigger an email sequence.

That email sequence would start is - what is crooked teeth? Why does it matter? Hey, let's watch a video on this and then you could just slowly, week by week or every other week or maybe a little bit harder in the beginning, a little slower in the end and pick back up, maybe two or three months now you'll send them an offer for an Invisiline, maybe you'll send them an offer for a virtual consult, maybe you'll send them an offer for coming in for a no charge consultation. And it's your ability to just put all that together.

SHAWN: That's a great idea.

T-BONE: And say, with missing teeth.

SHAWN: Oh, sure.

T-BONE: You said to me anything that's a candidate, say you find anybody that comes to your office with crooked teeth, you mark them. You find anybody that has a shade A3 and darker, you mark them. You find any that has a missing tooth, you mark them. You find anybody that has, you open their mouth, you open, you have them stick their tongue out and you can't see their throat, you mark them as a sleep apnea candidate and then you subliminally sell them. Maybe you didn't get around to talking to them about that at this visit, but now you can use automation as a way to push information to them.

SHAWN: Yeah, and like we brought up earlier, the way that I use my automation is - patient comes in, they get a treatment done, that's a trigger for following up with them and also following up with our office. So, they get an implant done and then six months later or four months later, I get the email or front office gets the email or the notification, "Hey, follow up with this patient because they're ready for the implant." Do they have the appointment scheduled? So, task management for the office. You can do that as well. Task management for following up with patients who are candidates for treatment who haven't gone through with it.

T-BONE: Yeah.

SHAWN: That's something that I haven't thought of.

T-BONE: So ultimately, in dentistry we're good about - to a certain degree we are good about following up with people that have completed treatment. We're good we have system and the practice management software's have systems in place to follow up with people

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that we've proposed treatment for but now, I want to subliminally go after the people who could be candidates for something.

SHAWN: And if you're not into marketing and you haven't done marketing education, you're not going to know where is most of the money in your practice. It's in the maybe's. It's not in the nos, and it's not in the yeses, it's in those people who are on the fence and the more that you can prove to them that you're the guy to do that treatment, and that's the treatment that they should get, the more likely they are to choose you when they're ready. And that pool of patients is far greater than what you're doing

T-BONE: Like honestly, like until the last two months we didn't do any external marketing in our practice. And now we're doing some external marketing and I think about it, I think 90% of the people are - this is going to come across the wrong way but I think 90% of the people are wasting money in external marketing. And I'm not saying that they shouldn't spend money on marketing, but I think you're wasting your money by externally going out after people. I think you should be going internally after people. And that's not just about referrals. That's not just about reviews. That's about the patients who have undiagnosed, unknown, unaware treatment options in them. In dentistry, our practices as business owners, we've done an unbelievably poor job of just simply educating. And the problem I see is when you talk to a dentist about educating, they think all technical, like we're going to prep your tooth 1.2 millimeters and create a feather edge margin and to me that's not it.

This is about letting the consumer, our patient, know what is possible in dentistry and too few of our patients know what's possible.

SHAWN: Yeah, that's huge. I think you want to say like mining your own patients.

T-BONE: That's what it is.

SHAWN: It's a bad... [crosstalk]

T-BONE: But you're mining your patients.

SHAWN: You're mining your patients but it's got a bad connotation to it. But you are...

T-BONE: Maybe that's our problem?

SHAWN: It's our own limited thinking. And I mentioned this on another podcast that I think we handicap ourselves in thinking that, "Oh, Mrs. Jones got that cleaning from me last week and she got a cleaning - she's going to get another cleaning from me in six months and she already got these two fillings. Mrs. Jones doesn't want to spend any more money

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with me. She already feels bad about spending this amount of money. So I'm not going to ask her to spend any more money.

T-BONE: Mrs. Jones doesn't want to spend any money on fillings. I can promise you that.

SHAWN: She doesn't want to but then it makes you feel bad. I don't... [crosstalk]

T-BONE: Yeah, but Mrs. Jones

SHAWN: I don't want to ask her for more money to treat her sleep apnea.

T-BONE: But Mrs. Jones wants to spend money on whitening her teeth. Mrs. Jones wants to spend money making herself feel better. Mrs. Jones want to spend money so her husband stops snoring. Mrs. Jones is ready to spend money on things and nobody wants fillings and crowns. Nobody - very few people come to your practice excited about getting a filling or a crown, okay? Minus cosmetic cases, and things like that, but your patients are absolutely excited about getting the teeth straightened, about getting the teeth whitened, about stopping the snore, about getting teeth to chew with. Those are the things people are excited about and I think that's how dentistry has to change and that market, that segment of the population. Those procedures require a much savvier approach to getting those patients to say yes.

SHAWN: And I think in the future, before it used to be - we just put the marketing out there. I'm going to buy some keywords on Google and get some Google traffics so those patients who are looking for those procedures click on this ad and goes to my website and going to come in. Sending out a postcard, a blanket postcard mailing or a newspaper ad mailing, newspaper ad direct mail or things like that, those are generalized marketing efforts.

T-BONE: They're just taking something and hope this does something... [crosstalk]

SHAWN: It's a shotgun. It's a shotgun approach. And I think we're to the point with technology and our ability to segment the market with new patients or potential new patients that we are able to direct those - when we're putting out marketing it's a communication. At first it's just one-way communication but the more specific we can make that communication to the consumer who wants that treatment or is looking for that communication, they're going to respond far greater to those businesses who are employing those technologies, having those specific conversations, having those specific follow ups.

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T-BONE: Yeah, and just about being more savvy, so, I remember when I first read about content marketing, I was listening to a content marketer expert, His name was Marcus Sheridan and I think he goes by the sales line and I was reading his book and listening to him. And he said something that made sense. You know a lot of times if I said hey - like Shawn if you go to the average person, average dentist, I should say, and say, "You should start a blog." The first thing is what are they going to say? I don't have time. I don't even know what to blog about. And that's total BS. If you went to each one of your team members in your practice, okay, you have what, nine or ten team members?

SHAWN: We've got five.

T-BONE: Five. Okay so you have five team members, okay? It feels like nine or ten sometimes, doesn't it?

SHAWN: It does.

T-BONE: So you have five team members. If you went to your five team members and asked each one of them, write down for me the five most common questions that you get, okay? And let's say, of those, that's 25, correct? Of those, let's say seven or eight are the same question so ultimately you have 15 or 16 questions. That's 15-16 blog post, 15-16 videos.

SHAWN: And even if you're doing just one post a month, that's a whole year. I've written content and I need one video... [crosstalk]

T-BONE: But here's the beauty of that. But here's what I believe. That's another two years of repurposing the content because - the question, like what are the most common questions we get in the office? Do you take my insurance? That's an entire blog post. [crosstalk]

SHAWN: That's a layup. That's a soft ball.

T-BONE: Right. But, how many offices have a website that has that question answered, like literally, the title of the post is, "Do you take my insurance?"

SHAWN: Right.

T-BONE: Right? And then when would you - like you could repurpose that for years and years and years [crosstalk]

SHAWN: And that can go in your newsletter. It can go on your emails. It can go everywhere.

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T-BONE: What are the other questions, the common questions you can think we get? Do you take my insurance?

SHAWN: I didn't know you did that. So even just a blog post of the menu of services and just describe the services.

T-BONE: I will write; do I have to go see an endodontist for my root canal?

SHAWN: Do I have to see X for my Y?

T-BONE: Yes. If you can just take that and make your blog post call that and literally the answer could be, well, the great news in our office is that 80% of the time, 90% of the time, and to me I would look at it and I would put X-Rays there that say these are kind of root canals we do. Here's an example. Here's an example of root canal that we don't do. Maybe it's a root canal with 2-3 curves that goes sideways and bends upwards. Like, this is an example of one we don't want to do. And then I would go as far as linking on my blog post those endodontists website that I would refer to. So when you have a case like this, these are the people you refer to because that's back linking, right? That's giving somebody else authority and that's leveraging their authority to become your authority

SHAWN: And I - more personal way, if you're doing implants, you're doing root canals, you're doing extractions, you're proving to your specialists and your referrals, "hey, I'm not trying to take all these stuff and I'm actively pushing patients to you."

T-BONE: The next time - for example my endodontist coming to me and say, why you're taking all the business. I can say, do you read my blog posts? I tell people to go see you.

SHAWN: I'm praising you to do these things, absolutely.

T-BONE: And so to me, those are things. How easy is that? And just imagine shooting a two-minute video or three-minute video that you could put on YouTube, Facebook, and I believe Facebook Live might be the newest, might surpass YouTube in terms of video views in the next few years.

SHAWN: So, we've already given your listeners a ton of information to add content to their website and promote their marketing. This is another huge thing, if you have an iPhone, Facebook just did Facebook Live, so with your office Facebook, just hit Facebook Live, just talk to your phone and for five minutes you got your blog post right there and it's on your page and people love it. We did that in your course and in the span of two minutes, it had 20 shares, 10 likes and it's far more effective than a post or a picture of someone smiling.

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T-BONE: Yes.

SHAWN: And it's forever but people react to T-Bone the dentist, T-Bone the person, not T-Bone some guy that they don't have access to

T-BONE: And so to me, we get stuck like I think, I'll admit myself, this whole Facebook Live thing, I've read about it. I guess I understand it. Maybe I don't understand it. Is it only good for those that are watching right then? But I'm not realizing it's off the cup, it's spontaneous. It's instant content creation. Those who are live, who watch it live, but then they're forever and you can then create a Facebook ad. You can sponsor it, you can do whatever. You can put it on YouTube, for god's sake. Create a blog post.

SHAWN: I think the big thing is it doesn't have to be produced and it shouldn't be produced because that's... [crosstalk]

T-BONE: It's better if it doesn't.

SHAWN: It looks better. And that's what your patient's respond to. That's what they like, so give them what they like.

T-BONE: And it's what they see when they come to your office.

SHAWN: Yeah

T-BONE: They don't see you with lights on and makeup on, and all that stuff.

SHAWN: No. Yeah, everything photoshopped, professional photos, everyone wearing the same thing. No, we got something spilled [crosstalk]

T-BONE: You got your belly hanging out. God knows what's going on.

SHAWN: [Laughs] That's why I wear the oversized clinic jacket. Just in case.

T-BONE: So Shawn, let me ask you this, how did you get into this Infusionsoft stuff, this automation, this whole - how did you get into this marketing thing?

SHAWN: Well, before we get into that, your listeners might think, Infusionsoft, what the heck is that? We're talking about just automation in general.

T-BONE: Yeah, how to automate - automation marketing.

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SHAWN: This will work with your practice management software. You use a different software than I do but you could do the same thing. You can use Revenue Well, there's Demand Force, there's Solution Reach, I happen to use Infusionsoft which has nothing to do with dental. A little bit more complicated but - what was your question? I want to throw it out there. It's not just that [crosstalk]

T-BONE: I want to clarify what you just said.

SHAWN: How did I get into it?

T-BONE: I want to clarify what you just said is that, every software has some level of automation built into it. Now, Infusionsoft is the Mac Daddy of automation. I mean, it is in the business marketing world, it is the Mac Daddy of automation. It allows you to customize automation to the nth degree and what I tell everybody is like, I listen to Shawn and I understand what he's saying but part of it is like, that sounds - most of the people listen to him - that sounds crazy, that sounds confusing. And what I tell everybody is, you know what, you got to learn to crawl before you can walk and before you can run. Shawn is running. Okay? So let's get everybody crawling. So understand the concept of automation marketing, okay? And then implement it at a very low level and when you see the result that you get at low level just imagine what would happen if you implement it at a high level.

SHAWN: This is the part that's hard to wrap your mind around if you've never done it, is that, the patient communication aspect of this automation, some people think, well, I'm sending out something automatically and it's not personalize, is exactly...[crosstalk]

T-BONE: It's absolutely personalize.

SHAWN: It's exactly the opposite. And so my stance on it is this way of doing things allows you to be more personal with your patients. [crosstalk] And they appreciate that.

T-BONE: It's unbelievable, like, I'll give you an example. We set up those birthday emails to our patients through Revenue Well or whatever you may be using. I literally will have friends say, "Oh, thanks for sending me the email wishing me on my birthday." I'm like, ahh, I didn't know it was your birthday, right? They thought it was personal because it said, "Hey! Damon or hey John, or hey Frank." Because when I send them emails regularly it says Damon or it says John or it says Frank, right? And that's all just pulled database information, pulled out of your practice software so it can be as personal as you want it to be.

SHAWN: So hopefully your patients aren't listening to this. My patients are listening.

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T-BONE: I hope my patients listen to it. [laughs] I get funny story on patients listening to this. So I have a patient who do works in the dental industry and he says, "Hey, I've listened to your podcast". And he came in and he got diagnosed needing a filling and you know, he's been my patient for a long time. He's in the dental industry so we know he's always wanted to see me to get his dental work done and so Megan was talking to him, he's like, "You know, I'll just schedule with Dr Kay, my associate partner in the practice and Megan goes, "Why is that?" and he goes, "Well I was listening to Dr Ace's podcast and I know that he's trying to get away from doing fillings so I'll go ahead and help him out and have Dr Kay do it."

So now I'm just going to make more podcast telling patients what I want to do and don't want to do and mailing it or sending it to them saying, "Please listen to this."

SHAWN: This is good. So yeah, then you [20:58 inaudible] Man, I hate doing fillings. I'm just going to screw up all the fillings that come into my office this week. And all of the sudden, you walk in on Monday and for some reason T-Bone's schedule is empty, like it's all gone.

T-BONE: Maybe what we do is if you come to T-Bone you get blue fillings with the blue buildup material. If you go Dr Kay you get a tooth colored fillings.

SHAWN: Nice. That's a good idea.

T-BONE: I mean that's one way to get rid of fillings in our practice, right?

SHAWN: Yeah

T-BONE: Maybe I have to go back to amalgam. [laughter]

SHAWN: Give them what they want, right?

And you brought up another thing too about working with an associate. How are you going to do that transition your patients so I love the aspect of you're not going to be participating in those insurance plans, he might be participating. [crosstalk]

T-BONE: Probably like a podcast, we just get [21:38 inaudible]

SHAWN: Yeah, stratifying your providers because like you said, you've been at it for, I don't know, you look like you've been at it for 30 years. [crosstalk]

T-BONE: No, I know I look horrible.

SHAWN: You've been at it for 20, 15 years.

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T-BONE: 15 years, yeah.

SHAWN: And at that point, you should be getting paid more for your fillings because - no offense to dentists coming out, you're better than someone coming off the first year.

T-BONE: No question. I'm better than...

SHAWN: But not to be in offensive.

T-BONE: I'll be offensive.

SHAWN: You're better.

T-BONE: I should be paid more, even if I'm not better. My time and I can do it faster, more efficient, so I should. You know, instead of being paid less to be fast, I should - if you ask your patient it's unbelievable how many roadblocks as dentists we have. If we ask our patients, "Mrs. Jones, I can take one hour to do this and charge you \$100 or I can take 30 minutes to do this and charge you \$150, what do you think your patients would say?"

SHAWN: It's funny because, I don't ask them the question phrased like that because they usually say, "Well, that didn't take that long, why are you going to charge me so much?" [crosstalk] that's why I say, you pay more for the Ferrari than for the Buick. It goes faster.

T-BONE: Well, I just tell my patients, if you don't mind, if you don't like how much you just paid, let me just go backwards, I'll slow it down and make you excruciating painful and you can pay me nothing.

SHAWN: That's perfect.

T-BONE: And the patient's like, 'no I don't want that. I'm like, well, you pay for excellence.

SHAWN: There you go.

T-BONE: But unfortunately I'm on PPO plan so I get paid the same.

SHAWN: I'm right there with you.

T-BONE: So I asked you how you got into Infusionsoft and this whole automation gig. Talk to me about that.

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SHAWN: Well, I - in the back of my mind, I'm always answering those questions and thinking, man, there are got to be some dentists out there who need this information. I'll package it together. I'll put together some information marketing product. What do I got to get? And Infusionsoft was - I got Infusionsoft on the internet marketing side of it.

T-BONE: Right.

SHAWN: Okay, this is what I want to do.

T-BONE: A side business...

SHAWN: For a side business that I would eventually want to start. So I learned that trying to put stuff together and that never really came to fruition but I still have the Infusionsoft. Then I looked around and said, can I integrate? I looked around and lo and behold, there was a dental program that integrated with Infusionsoft and at that point I realized, holy geez...[crosstalk]

T-BONE: And when you say integrate, it would take your practice data and stick it into Infusionsoft?

SHAWN: That's what I mean, yeah. It would sync up so all of my patients' next appointment data [crosstalk]

T-BONE: Their email, their recalls, their name, all that stuff would be in there.

SHAWN: Yes. So, I don't have to go into Infusionsoft to do it. I do it in our practice management and every night, it changes. It syncs it up so everything is current.

T-BONE: Yeah.

SHAWN: And there's only one practice management that could do it with Infusionsoft, so, I ended up switching my entire practice management software simply because it integrated with Infusionsoft.

T-BONE: Gotcha.

SHAWN: But I would like the idea of automating my continuing care. I like the idea of automating my recall, my appointments, my appointment reminders. All that stuff. [crosstalk]

T-BONE: Self reminders How about self-reminders.

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SHAWN: Well that and the - so when you get signed up with it, it's kind of funny because when you sign up with the Revenue Well or Solution Reach or Demand Force, how did they market that to you? When they sign you up for it they say, we're going to automate your appointments.

T-BONE: Right

SHAWN: We're going to automate this. We're going to take that off the table for you and free up some time. When I signed up with Infusionsoft, their attitude there really isn't about internet marketing. Their attitude there is we're going to automate - it's business automation.

T-BONE: Right.

SHAWN: And so, they come from a little bit different aspect. I can use Infusionsoft so wanting you had mentioned was tagging patients with dummy codes for follow up. Have you thought about tagging employees with dummy codes and then run them through training, simulations, and modules?

T-BONE: For example, like, I would look at - right now I'm into these sleep things. Let me look at it sleep way. So right now if I bring a patient in that sleep, in my perfect world they get tagged as a sleep candidate. Now, what would happen is, let's say, why they didn't go through a treatment. Let's assume our patient doesn't go through a treatment. And ultimately, there's time for your money, correct?

So if it's money, I will tag them as money. Okay, so now they're tag as sleep apnea candidate, the tag is money. If they go through a treatment, they're no longer a candidate, correct? Now they're sleep apnea patient. Okay now, the way I would love it is, I would love in October to be able to run a report that showed me all the patients who said no to sleep apnea because of money, because then the medical insurance is going to kick in to make it. Now the person that said no to sleep apnea because they just don't believe it, there's no reason to after them, there's no logical reason to go after them because of money.

SHAWN: Right, because then you're talking to them about here's how sleep appliance, here's how oral appliances can help with sleep apnea. [crosstalk]

T-BONE: So the person that said, "I don't believe". They need a whole different messaging goes to them, right?

SHAWN: You've corralled them down a different shoot.

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T-BONE: So, ultimately in the marketing world, that's all about tagging your customers or patients so that patient gets tagged as a candidate, then the patient gets tagged as no because of money or that patient gets tagged as NO because of fear or that patient - because if somebody gets tagged as why don't you do your crowns and fillings or if they have unscheduled treatment and they get tagged as a fear patient, what marketing are you sending them? You send them a marketing about sedation. You're not telling about how beautiful you make your fillings. That patient don't give a darn how beautiful your fillings are. That patient only cares about the fear, right? So I call that hot buttons.

If I'm talking to you Shawn and I know you're thing is time, right? You want to make time and passive income, correct? So what I'm going to talk to you, what buzz words am I going to use? And we're talking about time and passive income. I'm not going to talk about how famous it's going to make you by doing these things, I'm just going to talk about time and passive income, right? So when somebody's trying to sell me something right now, they better talk about time. How does it make my life easier and how does it give me more time? If they're talking about hey, this will make you more money, great, good, who cares, right? if it's all about time right now for me, right?

Ultimately it's about hot buttons and then you can automate and customize and that goes back to the whole point of not being personalized, correct? So, now you're talking about being ultra personalized with somebody. It's actually unbelievably personalized.

SHAWN: And that brings us back to the podcast. Why are podcast so effective? I'm in your ears. It's personalized and it's like you're talking right to the person.

T-BONE: You hear my voice. You hear the inflection of my voice. You hear - what excited about, what I'm not excited about. You can see it, you being in front of me can see through my eyes, right?

SHAWN: He's staring me down the whole time.

T-BONE: So back to the - so how are you using automation in your practice on a basic level. Don't give me the - I'm passionate Level.

SHAWN: And I'm not even - it sounds like you're using it even more than I am, I'm just more vocal.

T-BONE: I'm a bit more thinking about it.

SHAWN: You're even beyond me. I use it for...

T-BONE: I'm just not implementing it.

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SHAWN: I'm using it for reminding patients automatically about their appointments.

T-BONE: Okay

SHAWN: Send them an email a week before. Send them an email three days before. Send them an email two days before if they still haven't clicked the, "I'm still coming to my appointment" link. Then, they get a text message a day before and they get a text message the morning - we have reserved this time. So it's automatically reminding them 10 times before their appointment and then we're calling them. [crosstalk] But we've already done that. We've already sent all those emails for Sarah at the front, even picks up the phone. She knows that half the schedules confirmed already.

T-BONE: I look at it even easier. I look at one more sign easier. I look at one more step to that and that would be, hey, so, if we sent three emails and Mrs. Jones didn't click I'm still coming, now Sarah at the front is going to get an email auto reminding her that hey, you need to call Mrs. Jones because she didn't click on any of those emails that she's coming

SHAWN: Absolutely.

T-BONE: Because otherwise, oftentimes our team members forget who's coming and not coming. What do these patient get? Do they respond to email or text, you know. And then, so those are the things that boy they're smart, the internet of things. The smart part of it comes in. So keep going on the way you have with automation.

SHAWN: So automation, and here's one thing with that, every Sunday, I send myself a text message and it says put ice cubes on the orchid.

T-BONE: Okay.

SHAWN: I kill plants all the time. I always forget to put ice cubes on the orchid. So now, this program automatically Sunday rolls around I get a text message. Oh yeah, go get some ice. Put three cubes of ice in the orchid so it doesn't die.

T-BONE: I need a text message reminding me to get up and go exercise.

SHAWN: Yeah. Okay, so watch out tomorrow morning you're going to be getting three emails and text message if you don't respond. So you can automate personal stuff, send you an email or in depth I'm sure there's a dashboard portal that shows up on your - when you log in to your specific site. Here's your tasks for the day and that just shows up. Water the orchid. Call Mrs. Jones. [crosstalk] all those things.

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T-BONE: So I'm just thinking about using it as my personal reminder. So like, if I put an implant in on somebody today, I'd love to get a reminder at the three-month mark. Hey call Mrs. Jones and see how her implants - like a phone call

SHAWN: Yup

T-BONE: To be honest with you, I can't remember who I placed an implant three months ago. But if I got that email today reminding me to do that or let's say for example, every patient you give or do a root canal on that day then you get an automatic text reminder at 5 o'clock in the afternoon that has the patient's name and phone number so that way you can click that phone number because ...[crosstalk]

SHAWN: You can do all that. Yup

T-BONE: Part of my problem with calling patients back which is an unbelievable practice builder to see how they're doing is I can't remember their name and I can't type their phone number while I'm driving, right? So imagine if it showed up on my phone as a text with a name and number and what I did, that's the other problem, I can't remember half the time what I did. I click the button and it automatically calls them and now I know who it is I'm calling and what I did on them and have three quarters of time to leave a message anyway.

SHAWN: And this goes back to, you don't know the questions to ask her. You forget the questions you asked. You could totally do all that and how it's personalized to how you like to take care of business.

T-BONE: Let's say one patient got up and started crying because I hurt them. So I want my automation to email me, don't forget to call Mrs. Jones, you made her cry today.

SHAWN: Yeah

T-BONE: Right. Instead of reminding my assistant, Liz to do that for me, I'd love for a computer to do that for me.

SHAWN: And we all have Liza's, we all have Sarah's, how many times do you ask Liz, "Go ahead and do this for me and then she forgets." You know what [crosstalk] I asked you to remind me and what does she say? I didn't write it down and yeah, you asked me, and then what do you say, "I tell you to write stuff down. You got sticky notes everywhere." [crosstalk]

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T-BONE: But we spend - I can't complain by toilet paper. We can't wait to get into the post it notes. How many post it notes we buy in our practice every month.

SHAWN: So yeah, what's your unit cost on two squares?

T-BONE: Listen, we buy 90 rolls of toilet paper per month in our office. It drives me bonkers.

SHAWN: And you saw like automation, automatically does it. You know those things on Amazon? Have you seen those Amazon buttons? That's ridiculous.

T-BONE: Yeah. That's awesome.

SHAWN: I think - I mean, for some people it was awesome but I can't believe we've gotten to that point because I can't even login to my - I can't even - let me paint this picture for you. I can't even go on to my phone, login to Amazon automatically, check the thing that I've already ordered twenty times and click order again. Now I need to have a button, a physical button in my house with the picture of Tide with the Tide logo and just hit that. That's how [crosstalk] lazy I am.

T-BONE: How about this? For our workshop, this is how amazing Amazon is. For our workshop, first day I forgot to get the USB thumbdrives that everybody needed, right? So I was like, okay we'll getting ready to start the class. I don't have time to go get it, blah, blah, blah. I hop on my phone. Do Amazon now and at 10am, I have 10 thumbdrives delivered to our office.

SHAWN: It's crazy.

T-BONE: It's not what we can do right now. And getting those 10 thumbdrives delivered to me by Amazon Now at 10am an hour and half later was cheaper than going across the street to Office Depot and buying them. And the guy walks upstairs and brings them to me.

SHAWN: How is that possible? And I think - I don't know for a Joy Als book...

T-BONE: Everything is Marketing?

SHAWN: No, the new one.

T-BONE: The Remarkable Practice

SHAWN: Being Remarkable. My team's going through it reading it together as a team and one of the other classmates I saw, he had the book in his bag too.

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T-BONE: I hope he wasn't reading it during the class.

SHAWN: Oh, no He was sleeping, don't worry [Laughs]

T-BONE: Maybe he needs to come to my sleep apnea program [Laughs]

SHAWN: Good. In that book, he was saying, it used to be faster, better, cheaper. Pick two. You can have it cheap. You can have it [crosstalk]

T-BONE: Fast.

SHAWN: Service, quality and price, pick two. And Fred's saying, no, it's not like that anymore. Just look at Uber, they do it faster, they do it better, they do it cheaper, they do it on demand. Amazon, they do it faster, better, cheaper.

T-BONE: Right.

SHAWN: You can do that and you can do that with [crosstalk]

T-BONE: [34:06 inaudible]

SHAWN: Yeah. So you can do all those things.

T-BONE: You have to. Not you can You have to.

SHAWN: To be competitive and hopefully the people listening to your podcast, they want to get some information, they want to be more competitive, they want to do more, they want to treat more, they want to have a bigger, better, dental practice. They want to practice dentistry kind of in their terms, not...[crosstalk]

T-BONE: That's funny you say that.

SHAWN: I don't think people listening are the ones that are like, "Oh, I don't care, or I don't really want to do anything. [crosstalk] I just want to listen to Tarun's lovely voice and Shawn's lovely voice because it's clearly not ...

T-BONE: I disagree with that Shawn, to certain degree. I would say, the people listening are the people we need to touch the most because, a) they're clearly interested and b) they're clearly looking for something. Because if you're honestly happy in your life and you're living your life to the fullest, you're not listening to podcasts, you're enjoying time with your family and doing something, right?

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So, we're all looking for something. We all need some motivation like listening to you today, like I had you get up in front of the group today and just talk about your automation, right? And listening to you today sparked me because you know what, that's always been on my mind. I've always wanted to do it. Was it going to take to do it? Is it a matter of hiring somebody and doing it and spending a few hundred bucks a month to do it? Is it a matter of me sitting down and just taking a day off for work? And I think this is the other problem we have, too often, we never think about the cost of working in our practice, [35:35 inaudible] allow us to work on our practice. So oftentimes when I talk to dentists, "Hey, have you taken training?" What's holding you back from taking training? What's holding you back from spending a day doing this? Well, I can't afford to lose the production. We're at a point now where I want - I'm like, okay, do I need to take a half day off of work, cancel all my patients and just lock myself in a room and sit down and draw this out and then make it happen. What would be the value? So let's say in a day I do eight grand a day, so if I cut off half a day, it costs me "\$4000" right? But what would the value of it be for me to sit down in a room for half a day and knock something out, not mundane tasks but something that's going to grow my practice. It will be worth, way more \$4000.

SHAWN: Streamline your practice a little bit. Whatever it is, it doesn't need to be - your actions don't need to be monumental. They need to be incremental.

T-BONE: Well, incremental leads to monumental.

SHAWN: Right. And I think just getting that stuff done a little bit at a time, kind of motivates you to do a little bit more, a little bit more, a little bit more. So...

T-BONE: And once you get a taste of "the good life" and it's not about the good life, to me it's the taste of what's possible. It's infectious. Once I realize, once I got pass this thing of I can take 10 days off in a row, because in the beginning I used to only take - like I take a week and I have two weeks off a year but it will be like three or four day increments. I would never take a whole week off. God forbid, what would happen to my practice if I take a week off. And then once you taste that one whole week off, you're like, wait a minute, what if I [crosstalk] took nine days off. And then you're like, what if I took two weeks off? What happens if I just took two and a half weeks off?

So once you get a taste of that possibility, it becomes infectious and if I can take two weeks off, why can't I take three weeks off? Why can't I take four weeks off? Why can't I take eight weeks off from my practice? Why can't you create, Shawn, why can't you create a practice where you take a week off every month and produce the same and collect the same and profit the same? What's holding you back from doing it? And too often, we're so busy being practice operators, we don't take the time to practice

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owners. And it's so important for us to put that time in to be practice owners. I meet too many dentists who work four days a week and I say what do you do on your day off? "Oh, I just hang out at home". I'm like, why don't get in and work on your practice? Why don't you be a practice owner and not just the operator, like the person working in the chair and goes by the day owning your practice. And imagine then you get to work three days a week.

To me, that's what I love about dentistry is that, dentistry can be what you want it to be but you got to go take it. Nobody gives it to you.

SHAWN: Nobody's just going to give it to you, absolutely.

T-BONE: You got to go out there and take it. You got to define what you want and just take it.

SHAWN: Absolutely. Let's shift gears a little bit, away from the automation and I'm just getting a taste of this but I can see the tremendous potential, at least in my practice and I haven't even started it and you're telling me how your practice - this is going to be even bigger than what implants are in your practice. Which is huge.

T-BONE: I totally believe that.

SHAWN: Which is huge and it's not something you're trying to sell a course on, this is what you...

T-BONE: I didn't even mention coming to my course today, did I?

SHAWN: No, no. But you can tell that when you talk about it you do actually believe that this is going to be bigger and when you say bigger, you mean bigger revenue-wise, bigger in how you're affecting your patient's lives, bigger in how you're treating your patients, bigger in how you're going to be practicing in your office.

T-BONE: Look, this to me ultimately I base the new procedures we add to our practice in three ways. 1) Is it going to be beneficial to the patient, first and foremost? Does it help the patient? Number 2) at this point in my life, my number 2) would be, does it make me professionally satisfied? Number 3) does it make financial sense? And then number 4) does it help me achieve the number one goal of reducing time? Okay? So ultimately, time to me is a matter - I got to produce X, okay, because X production allows me to take home Y, let's call it. How little procedures can I do to get to X which leads to Y?

T-BONE: Yeah, at the core of it all, you're a laziest will be.

SHAWN: Yes you can what [crosstalk]

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T-BONE: Yes, and I make no goals about it. you've seen me physically, you've seen how I interact for three days, to me it's all about, it is not the same laziness, but it's all about maximizing, I call it being smarter. Why in the world would I go cut the grass, when I can pay somebody else to do it? and I at the same that for that one or two hours I can go do something else that makes more money, it just doesn't make any sense to me.

So, though, so, let's talk about sleep. Squirrel, squirrel.

SHAWN: Yeah, that was a big thing - cross talk –

T-BONE: You put two ADD guys together and good God what's going to happen.

SHAWN: Ok, so what we we're talking about was sleep apnea, oral appliance therapy, [crosstalk]

T-BONE: So, again, so implants were huge for our practice. Huge

SHAWN: Well the reason why I got into it was I was doing more implants, more implants, grafting and I thought you know what, I need to bring in, i need to incorporate some medical billing because you do form of grafting, [crosstalk]

T-BONE: Yeah

SHAWN: You need to submit that to medical

T-BONE: You better believe we can have a conversation about that.

SHAWN: Yeah, that's why these things are so tightly knit so I took these medical billing, and I thought holy geez! I'm going to be submitting regular exams, level, level three medical exams,

T-BONE: Yeah.

SHAWN: I'm going to be submitting exams, I'm going to be submitting grafts, I'm going to be submitting cyst inoculation, whatever, infection resolution outside of extracting a tooth, you don't list anything else that you do, home stay wise, whatever reason you want to call it [crosstalk]

T-BONE: Yeah, [inaudible] remove

SHAWN: Right, right. So, that's how I got started into that and then the sleep appliance therapy is not dental therapy. [crosstalk]

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T-BONE: No

SHAWN: "It's medicine" [crosstalk]

T-BONE: No dental appliance that's medical in nature

SHAWN: Right, it's not dentally related other than, other than; [crosstalk]

T-BONE: It has significant medical benefits for providing sleep apnea therapy, so look - [crosstalk]

SHAWN: So that's how I got into it. I was like, man, I need to dive, jump head first into this.

T-BONE: So I look at sleep apnea and I tried, look what I tell, I tell everybody, listen, I'm not really an expert on anything what my great gift is, is the ability to take something, simplify it and make it for like a better terms easier, make it so people to understand as everyone do.

Okay, so I look at sleep apnea as four steps:

Step #1 - You got to create awareness. Ok You got to let your patients look. In looking, first you got to let your team know what it is that sleep apnea is? Why it's so important? You need to test everybody in your team. You need to get them to understand the benefits of it, because I promise you if you go to your team of five people I bet you two out of those five has a husband or spouse that snores like a free train, I promise you, ok, And I bet you one of those two has sleep apnea.

In fact, the statistics will tell you that's probably true. ok.

Number 2) You got to get as part of number one is you got to get your patients aware of the condition. To me there's two relatively three easy ways to get people aware of it

One - you can just simply ask them personally, like mouth or you can ask them with the form. Now, look at your health history, does your health history have a place on there where it says have you had a sleep study? Have you been diagnosed with CPAP? Are you wearing a CPAP? Simple questions that you can put on your health history that will give you great information, and here's what I can tell you, I save these from pure experience. Most dentists do not actually look at the health history.

SHAWN: I don't.

T-BONE: I'll be honest, I, I hardly ever do. I do more now than I've ever done but most dentist don't look at the health history. So you got to create awareness.

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Another way to create awareness is, is a very high tech way as we were showing you guys today is using your combi machine to segment the airway and show your patient what their airway looks like and any areas that there may be obstructions in the airway and talk to your patients how that maybe by diagnosing but how that maybe a sign of obstructive sleep apnea.

SHAWN: How much harder is it to explain or show an obstructive airway or a tight airway versus Mrs. Jones you need the crown because this amalgam has two fracture lines on it or it's cracked? It's night and day. [crosstalk]

T-BONE: Yeah it's easy.

SHAWN: They can't see why they can't breathe they can't see why their tooth is going to break.

T-BONE: Honestly, they care about why they can't breathe they don't give a crap about the tooth that doesn't hurt because an amalgam with two fracture lines and they could care less right?

SHAWN: Right!

T-BONE: But they care absolutely about, how they feel and how the snoring and how their bed partner doesn't sleep on the same room with them.

SHAWN: And if you look at it like from those perspective and not just say, well, I'm going to be doing sleep appliance therapy, get that off the table, don't even think about that look at it as you're providing a huge service to your patients a huge percentage of the population will benefit from your services.

T-BONE: Yes.

SHAWN: Where is that services that you are saying? That sixty percent of population don't go and see their MD but sixty percent of the patients do see the dentist. So you... [crosstalk]

T-BONE: We'll just ask our listeners. [crosstalk]

SHAWN: No, but you are...

T-BONE: What percentage of our listeners have gone to see their physicians in the last year?

SHAWN: Right, but I think what dentist don't realize is that we are in the unique position, the optimal position to treat those patients and we're not doing it.

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T-BONE: Right!

SHAWN: So it's a huge opportunity from the provider stand point and it's a huge opportunity from the business owner standpoint, I mean from provider standpoint as saying this is therapy that you can provide that patients want, and need and can benefit from and you, and we are the type of providers to provide it.

T-BONE: Yes

SHAWN: Not anyone else. It is not anything that I learned.

T-BONE: It starts with creating awareness. Number one 1) you can ask them personally ask them or the easier way is a, is a I call it passive- aggressive asking them and putting them on a sheet of paper and let them check the boxes

Number two 2) you can use cone beam to 3D imaging to show them what their airway looks like to segmentation. Number three 3) another way to do it is just simply have the patients open their mouth, stick their tongue out and snap a picture even if you do with the iPhone ok even if you do it with a fancy camera and then basically, if you have a patient open their mouth, (like Shawn open your mouth) Ahh, ahh and stick their tongue out, stick your tongue out on me so i can see you have mount harries class one maybe class two ok so I can see what's going on there. I take that picture most of my patient, you can't see down their throat, ok. so to me i take that picture, my hygienist takes that picture, I might hire somebody else take that picture, my hygienist takes that picture, I put up on the screen and say Mrs. jones I'm concern about this, ok, what this tells me is there's a likelihood that you're not sleeping well at night, you're not breathing well that you may be snoring, that you may have obstructive sleep apnea, I'm very concerned about these; one of the thing that you should consider is, is having a test done.

So to me the first step is creating awareness. One, by asking a patient through questionnaires; two by using technology or 3D imaging to show them the airway and step three is; simply looking down their throat and better upon that is taking a photograph of their throat.

Now, once you create awareness the next step has to be a diagnosis. Ok so once you get your patient interested you got to get a diagnosis and ultimately in my mind there's **two ways to get diagnosis**, one is thru a PSG, a polysomnogram where you send your patient to a sleep lab. They sleep overnight they have a series of wires and everything hooked up to them and they have a very, very comprehensive and complete sleep study done on them.

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Option Number Two: is do a home sleep test and that's an unattended sleep study that can be done wearing a essentially a thing on your chest, on your arm, on your head depending on the machine that you use and that will do a baseline sleep study test. Ok and that can be dispense through the sleep lab's office because more and more sleep labs are sending patients home with home sleep test that can be dispensed through third parties, in other words you can hire a company that when your patient pays them a fee they directly send them to it and you, the dentists are out of the picture or Step Number Three: My preferential way is that you yourself can have a home sleep test in your office that you can dispense to your patients and then you can have a physician MD read and interpret the data.

So you have awareness, you have diagnosis and now I look at **step three and that is getting paid**. and that's not me getting paid. I don't want to say me getting paid or as in me getting paid, but that's where I utilize medical billing to make it easy for the patients to say yes. Okay, and that's understanding how to do a benefit check to determine what benefit the patient has, how to do a pre-authorization so you can get authorization before you do the procedure and these will get paid and then how to do the claim and the follow up on the claim to actually get paid on these.

To give our listeners an example, in our office we're averaging somewhere in the \$22,000-\$24,000 per appliance through medical billing. On average our patients are paying anywhere from zero to five hundred dollars out of their pocket for these lifesaving appliance. Okay?

SHAWN: So how many patients do you have that would get two crowns done and pay you five hundred dollars out of pocket?

T-BONE: Zero

SHAWN: Yeah.

T-BONE: It's essentially zero.

SHAWN: It's not just the money thing but its'

T-BONE: But all these things, number one- crown, crown as much as dentists will hate to see it [crosstalk]

SHAWN: That's the baseline.

T-BONE: But crown doesn't help a patient's life.

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SHAWN: No

T-BONE: A patient can live without teeth, a patient cannot live without breathing so you know I heard that somebody, I was in a seminar a couple of weeks ago and I heard this, listen we spend so much money on food and bottled water, we can live days without food and water, correct? But we can only live minutes without air. Okay.

So step one- we create awareness.

Step two - we get a diagnosis.

Step Three: We handle the finances for the office and for the patients and

Step Four: We do treatment. Okay, so once we do all those first three steps, now you have pool of patients that needs treatments and treatment can be as simple as complex as you may. You may get a TMD involved. You can be very baseline involved and ultimately, treatment is a matter of taking an impression and in my world hopefully, digital upper and lower and a proper bite.

SHAWN: This is where I was going to get in that – again this is our own dentists limited thinking or limiting our thoughts or limiting our beliefs. The treatment, the treatment procedure is, take an upper and lower impression and a bite registration and send it to the lab.

T-BONE: Yes.

SHAWN: I mean, that's the treatment when you're treating the patient, it's much more education, follow- up, diagnosis, Titration, all of that but at the end of the day what are you doing? You're taking you're last impressions. Who's going to do that? The dentist is by far the best physician to do that.

T-BONE: Of course! And then you know and then how, how do we handle sick follow- up? tooth moving, TMJ issues, TMD issues, now only the dentist can treat that so with treatment, I look at treatment as one does the appliance, everybody says well it's just the impression on the bite, that's a part of it. Then there's a follow-up for the patient's physician. Then there's the follow-up titration. Then there's the post-op sleep study to evaluate the effectiveness of your appliance. Then there's the main instant follow-up treatment that you see with your patient. And here's the beauty of these, every three years

SHAWN: Right.

T-BONE: You make a new appliance for your patient.

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SHAWN: I was just going to say " The Annuity in Dentistry"

T-BONE: Of course! Right, just like we have recalls, right! So now we've been doing sleep appliance therapy there for three, four, five years. Now we have, a good, let's go back to automation

SHAWN: Right so let's go back to the squirrel, you know if you ask me what else do we use automation for? You can use it to remind you, hey! Three years from now

T-BONE: Or remind your patient

SHAWN: Hey three years from now don't forget your appliance is getting old. Time to go see T-Bone for another one.

T-BONE: Exactly, so you can automate it. So today, let's say April 30 for example, I don't know the exact date anymore. Okay, let's call it April 30th okay and I deliver a sleep appliance for you. I know that depending on your plan I can set a trigger that three years from now you get an e-mail saying hey Shawn you know that old plans we made you. Now you can get another one and the great news is your medical insurance will cover it. So Shawn there is no reason for you not to come in and get a new appliance made and, and it's amazing.

SHAWN: They are not like; they are not like bite guards [crosstalk]

T-BONE: No.

SHAWN: But they are the same material.

T-BONE: Yeah.

SHAWN: Essentially.

T-BONE: So in the treatment, there's different types of appliances There's different – who's a good [crosstalk]

SHAWN: Right. And that's where you need to go to your education and training but at the end of the day the procedure itself is not technically difficult. It is intellectually, you need to understand what's going on. It's different. It's different than practicing dentistry with your hands.

T-BONE: It's not mechanics. Dentistry is a – you're a molar mechanic. Hey, I see, see a hole fill a hole, right? See infection root canal and infection, you know.

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And just as a small plug for me, to certain degree is listen, I tell people, if you're interested in the scientific approach to everything, I am not the right educational solution for you.

SHAWN: And that's one thing I came to your course and that was the first thing when I went to talk about this, the first thing you said was, I'm not the "sleep guy". I don't know the science, in depth about it, but I know, hey, you need to breathe down this tube and when this tube closes up, you can't breathe, you're going to die, you need to open it up.

That's the nuts and bolts [crosstalk]

T-BONE: And that's all your patient wants to know.

SHAWN: That's all they want to know and that's all you need to know at the baseline level but in order to even provide successful treatment and help your patients, you need to know much more beyond that in the beginning. Would you say that that's a fair statement?

T-BONE: Not much more. You need to understand some basics of it, but you know, ultimately, too many people – and this is, this is not a knock on my colleagues that are educators, not a knock on anybody else, okay? But too many of us we go to educational programs and all we do is learn the science and the whys.

SHAWN: We had a 20-minute discussion today about the difference between a 22 millimeter drill and a 20 millimeter drill.

T-BONE: And it drove me crazy.

SHAWN: Yeah.

T-BONE: It just totally drove me crazy. I'm like, why are we talking about this. Ultimately, you can go to educational programs and they'll teach you all the science in the world. But what we're great at and generally speaking in all our programs is we're great at – listen, this is how you make it work in your practice. This is how you get started. I'm not trying to make anybody an expert, okay? That's not my goal. My goal is to get you started down that road to get you to see what's possible. To get you to taste the fruit, okay? And then we will help you get that road and then we'll get you the people that are unbelievably scientific, they're unbelievably in depth, and let them handle that, okay?

But that is not where people need to go to get started. To me, you get started on someone or somewhere who's all about the nuts and bolts implementation, no nonsense, down to the point and I take pride in being that.

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SHAWN: Well, that's what you said, you got to crawl before you can walk, before you can run. [crosstalk] You got to crawl but you got to start somewhere and you have to make your patients aware of that, you have to [inaudible] offer that.

T-BONE: You know, listen, today we had a class of 10 dentists who all have Cone Beam and Cad Cam. We've all spent a quarter million dollars on this technology and 8 out of 10 people in the room don't tell their patients they have it. It was mind boggling to me how we success despite ourselves. But look at us, these dentists are successful enough to spend quarter a million dollars on technology and do unbelievable procedures in their practice and they're successful. Just imagine if they spent a little bit of energy marketing, a little bit of energy just letting people know what you have and saying it in a way that makes people say, "God, that's awesome. Thank God, I'm here."

SHAWN: That's kind of sad because then, well, you don't really have to be a good businessman to be successful dentist. You really don't. [crosstalk]

T-BONE: No, you don't. That's the beauty of our profession.

SHAWN: That's the beauty of it is that you don't have to be some superstar. You just have to be one notch better than the guy up the road It's just one little thing and the eyes of your patients and the eyes of the public, you're a rockstar. And this automation stuff, you guys are talking to me all the time about all those stuff. I really don't do that much but I do [crosstalk]

T-BONE: But you do more than anybody else.

SHAWN: I do two steps more than everyone else. I'm like, I'm one step removed beyond like, I'm not your boss and I'm not the boss's boss, I'm the boss's, boss's, boss. That's it. It's one more step removed so people think I'm a superstar.

T-BONE: You know I tell people all the time, "Look how bad you are." And I'm not coming at you and saying I'm better than you. I'm just saying I'm less worse than you. [laughs]

SHAWN: Exactly. You don't have to... Look, the line is running at us. You don't need to be the fastest guy, you just have to not be the slowest. That's it.

T-BONE: It's unbelievable. Listen, I don't know where we're at in time. [crosstalk]

SHAWN: Yeah, we got to wrap it up but I did want you to – it's your podcast, a plug for how you can get dentist started and then my thing is that, I don't have a side business yet, but

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I'm going to. The more I talk about it, I'm going to put something together. I just got to find the time.

T-BONE: You got to make the time.

SHAWN: I got to make the time.

T-BONE: Yeah.

SHAWN: I will offer some automation stuff. The big thing is with Facebook reviews and Google reviews. You have to be doing that in your practice, day in, day out, everyone to boost...[crosstalk]

T-BONE: It's easy.

SHAWN: It's super easy.

T-BONE: You just got to make it natural.

SHAWN: You don't need to have this huge complicated thing. I have a letter that I just print out. I put it in their free bag and it just says, "We love having you as a patient, go to our Facebook page and give us a five star review. Go to our Google page and get in front of their face. So if you want to download the letter, I made it available to everyone. Just go to my website, gldentistry.com/3d-dentists after your course.

Sorry, I made it for your course. So gldentistry.com/3d-dentists and you just put in your name and you can get that letter that I use. I literally – I use that email. I use that letter. I have an email that goes out with the same – literally the same copy and then I shrunk the letter down into a post card and included a thank you card. That's the letter that I use for everything.

Patients respond to it. If you do a good a job, they like it, they like you and they want to tell everyone [crosstalk]

T-BONE: Along those same lines and thank you for doing that, by the way. Along those same lines is people ask me how did you go from having four reviews to 48 reviews on Google in a matter of six months? I said, I gave everybody a business card that said please review me on Google, here's how you do it.

It's so passive aggressive.

SHAWN: It's so like dating – like you said, it's like dating. You're not going to go for the homerun. [crosstalk]

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T-BONE: But you probably shouldn't.

SHAWN: You do that enough times, you might hit it. You might hit the homerun the first time, but you might go to third base. I'm married. I've been married for [crosstalk]

T-BONE: I've been married 15 years.

SHAWN: So I don't know [crosstalk]

T-BONE: And my wife is upstairs.

SHAWN: I don't know what base you're supposed to go to now.

T-BONE: I'd be [inaudible] you get to zero base.

SHAWN: If I go to first base, that's a good weekend. That's a good month. [crosstalk]

T-BONE: That's a good day, yeah.

SHAWN: It's like dating. You don't start off with that, it's baby steps along the way and it's just the numbers game. You ask a hundred patients, you're not going to get a hundred reviews.

T-BONE: You might get one

SHAWN: But you might get one. And that's all you want. That's not all you want. [crosstalk]

T-BONE: That's the first step.

SHAWN: You got to start somewhere. You got to start with one. So let's do that. I do all the time, every day, all day every day and you don't quit. And that's what the automation part does for me is that it never quits.

T-BONE: So that's what all these are for. Infusionsoft, Revenue Well, whatever you're using, they're all very good programs, and there are right, some are better than others and other some ways. Some are less better than others in other ways.

SHAWN: Yeah, and so if people want to reach out to me, my email's – you'll get those emails. Shoot me an email, shoot T-Bone an email. I'm sure you're – you seem very available. So plug your course [crosstalk]

T-BONE: It's my podcast and you tell me to plug my course. [crosstalk] because I don't like to.

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SHAWN: I told you at the start, your listeners need to know. Look, you got to start somewhere, had I known about your course or had the timing been better, I would have much rather gone to your course.

T-BONE: And you have implemented much more by now.

SHAWN: I would have implemented more. Dude, it's been a week and I already got 15 cases on the books. Come on.

T-BONE: That's awesome, your automation, by the way.

SHAWN: Yeah, that's from automation, but what's your course about?

T-BONE: Let's talk about that real quick if you don't mind.

SHAWN: Sure.

T-BONE: So tell me, how did you go from zero patients of sleep apnea to 15 potential patients of sleep apnea in a week?

SHAWN: Overnight.

T-BONE: Overnight, sorry. Overnight.

SHAWN: I asked them.

T-BONE: Oh my god! You made them – that's step one, awareness.

SHAWN: A lot of these stuff is like you need to be freakin Shakespeare to do this. No, not at all. You just need to write down, heck, if we could transcribe this podcast, that would be an expensive transcription. We're talking fast, fast and furious. Talk from the heart.

I crafted an email, as soon as I was at the course, I thought, you know what, my patients can really benefit from this. I'm going to ask my current patients if they are interested in sleep apnea, dental treatment, dental appliance or if they've had a CPAP that they don't wear, if they're interested in an educational discount from me learning on them, I might fumble along the way, but they're going to get an appliance that works or we're going to find out if it works.

If you'd be interested in the discount, let me know, [click here](#). If you're not interested at all in sleep dentistry [click here](#) so I don't talk to you anymore about this because I want to be respectful of you and I don't want – and that's just being honest. So I sent out that

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email. It took me 10 minutes to make and I think I sent it out on like a Friday night at 7:30, but I set it up to go – I think I made the email on a Wednesday.

I said, I wanted to hit it Friday night so that after work, when they're at home after work. And so I'm sitting in bed. I was in bed at 7:30 [crosstalk]

T-BONE: I know. I feel your pain.

SHAWN: And then my phone goes off and I look at the email, I go, oh yeah, I told my wife. Oh yea, I sent out this email and then within an hour, I'm still sitting in bed at 8:30.

T-BONE: And you're just getting click, click, click.

SHAWN: I looked, I said, holy geez, hon, look at this, there's 17 responses already of people who are interested in sleep dentistry. They know...

T-BONE: That's step one, awareness.

SHAWN: That's all it is.

T-BONE: That's all you do. You sent out an email, let people know. More than just letting people know that you do it, you asked them to do an action. And that's the thing, click here so you know who's interested.

SHAWN: And you're not selling them, you're asking them. Are you interested in this? Or, if you're not interested let me know that too so I can back off. And again, I'm not Shakespeare, literally it was two paragraphs, 10 minutes, and I potentially have \$40,000 on the books.

First patient that comes in says, "I got the email and it was in your newsletter, but the email reminded me to call you so I clicked it and I had a CPAP 10 years ago. I hated it and I know my apnea is coming back because I'm feeling the symptoms again and I saw your email and I've heard about this. My buddy has it, loves it, actually referred me to the other dentist down the street but you sent me the email so I wanted to come talk to you first because you're my dentist.

T-BONE: Yeah, because you obviously know what you're doing when you sent me an email. And you're honest with me.

SHAWN: I was honest with them and I told them I don't know what I'm doing, but I'd love to help.

T-BONE: It's amazing how many people that you do things and then when you tell them you don't know what you're doing...

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SHAWN: It's like you get more treatment when you tell... How many times do I push away and they say you're better served going to the [crosstalk]

T-BONE: NO, I want you to ruin me.

SHAWN: I'm going to screw up and then what's their response? I have faith in you. You can do it.

T-BONE: I know, I'm not going to be a guinea pig.

SHAWN: Yeah, exactly.

T-BONE: Well we've been on a long time, Shawn.

SHAWN: Yeah, sorry, I keep talking.

T-BONE: No, I love it. Listen, you're talking to ADD men right here.

SHAWN: But what is your course about? Please talk about your course because it is something that medical billing goes well with. It's sleep apnea can be easily implemented in your practice and you can help a tremendous number of patients in a tremendous way.

T-BONE: So here's what I tell you, we have two courses that I think every listener. We do more than two course. We have about five courses. Three of which are very specific to those who have 3D technology, but I would tell you that every person can benefit from two of our courses and what I love about these two courses is that it's all about maximizing patients within your practice and maximizing procedures that you're already doing and maximizing things that you've honestly, most of us are doing for free.

One is our Medical Billing Program. I do that with Mr. Hootan Shahidi who is an expert dental medical biller and we basically teach you how to – on your own, bill for exams, X-Rays, appliances, bone grafting, minor surgical procedures so that you can get paid better and help your patients afford more advance treatments that you want to do for them. And then we do a wonderful sleep apnea implementation program with Dr Erin Elliott who is from Idaho. And she provides the expertise in the sleep apnea. She provides the general practice who has taken sleep apnea implemented at a higher level. I obviously bring my know-how and my logics to it and I also talk about the 3D end of it, digital impression, and digital awareness to the patient.

Listen, at the end of the day, what I tell everybody, our programs are focused on the general dentists, busy practice, PPO based practice who needs to make this stuff easy, implementable, logical, non complicated. If you want a boutique practice that you want to implement this at the absolute highest level off the bat, I'm not for you. If you're

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looking, say, listen I got a busy practice, I want to get out of the fillings and crowns game. I want to add some revenue to my practice. I want to add 3 or 4 or 5 sleep appliances a month. I want to bill medical insurance for exams and X-Rays. I don't do a lot of fancy surgery, maybe some appliances, night guards, occlusal guards, I pay medical insurance with the right seminar solution for you.

So I want to be clear with people, that's who I want coming. I want people who are everyday practitioners who are looking for a solution, who want to come, who want to have a good time. They want to have a very laid back atmosphere. They want to come to my home and have dinner and have a drink. If they want to go swimming, go swimming. That's what I'm about. It's not stuffy. It's not any of those things. So if you want to get more information, simply pick up your cellphone. If you're driving, wait till you stop yourself. Stop your driving and pull over to the side of the road.

SHAWN: We practice safe podcast listening habits here.

T-BONE: Safe podcast listening.

Pick up the phone and text the work: TBONESPEAKS that's T-B-O-N-E-S-P-E-A-K-S to the telephone number 44-222. Again, that's TBONESPEAKS to the telephone number 44-222 and you will get an automation sequence from me that as a special gift to listening you will get a copy of one of my lecture handouts that walks through implant sleep apnea medical insurance and how that can change your practice. And then you'll get some sequence of emails from me that give you reminder and obviously that's a great way to also learn more about our course offerings.

Again, I want to thank everybody listening to another episode of T-Bone speaks. We're here with Dr Shawn. It's very nice of you to come from Michigan. Hopefully, this wasn't too weird doing a face to face podcast.

SHAWN: No, you weren't too intimidating. [laughs]

T-BONE: You got more hair than me so you're better than me.

SHAWN: Like three, three more hairs

T-BONE: You just a little less worse than me. So it's wonderful hearing, having a buddy and again, if you have questions, don't forget to email us at info@3d-dentists.com

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Thank you everybody and I appreciate your time.

Thanks so much for listening to *T-Bone Speaks* with Dr. Tarun Agarwal. Remember to keep striving for excellence and we'll catch you on the next episode.