

**Ep #11: Understanding DSO and How Preparation
Sets You Apart as a Dentist**



Full Episode Transcript

With Your Host

Dr. Tarun Agarwal

[T-Bone Speaks](http://www.TBoneSpeaks.com) with Dr. Tarun Agarwal

Ep #11: Understanding DSO and How Preparation Sets You Apart as a Dentist

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.

T-BONE: Hello and welcome to another episode of T-Bone Speaks. I'm Dr. Tarun Agarwal and today I'm going to have a guest conversation with Dr. Dhaval Patel. Dhaval is a general dentist in Sacramento, CA and a wonderful clinician.

Today we just want to have a conversation to get to know Dhaval and talk to him about – quite honestly I have no idea what we're going to talk about. So, we'll see and what I'm hoping is that we have a two way conversation where I can ask Dhaval some questions and Dhaval can ask us some questions.

So Dhaval, welcome to the show.

DHAVAL: First of all Tarun, thank you for inviting me on this show. I don't know what I did to deserve to this, but thank you. I appreciate that.

Anyways, my name is Dr. Dhaval Patel. I am a general dentist. I own a primarily GP practice in Roswell, California which is a suburb of Sacramento. We do have in-house specialties including ortho, endo, vario, OS, it's basically a one-stop shop. So that's [inaudible] in my practice, Tarun.

T-BONE: Alright. Well, you said something important. You said, "primarily a general practice", but you bring in specialists. So a couple of questions here, how often do you bring these specialists in and what have you seen as the positives and negatives of having this type of collaborative care relationship within one office?

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DHAVAL: So as far as bringing the specialties concerned, we have two days that the periodontist comes in. We have a day of oral surgery. We have a couple of days of endo and about eight days of ortho. I haven't found any negatives of such a collaboration. [crosstalk]

T-BONE: Per month?

DHAVAL: That's correct. That's per month. I don't see any negative aspects of this collaboration. The biggest thing I find is, everything is pretty positive and the biggest benefit that I find is people love that, patients love that when they go and Google our office or when they go to our website and they see that we have several specialists within one office. They want to be associated with an office where everything can be done within an office and I don't have to refer to another specialists outside the office.

They just **love everything about their oral health being taken care of in one office.**

T-BONE: Yeah, that's awesome. What we found in our own office also is that by being able to do more care within the practice that allows us to grow better and service our patients a little bit better.

I think in our situation, in my personal situation, we don't have specialists coming in but we've learned over time to add some of those services within our practice.

Do you find that having specialists sometimes makes it easier for you to provide more advanced care, restoratively than you would have been able to do in say, working with an outside specialists?

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DHAVAL: Absolutely. I think, again, **having the collaboration within the practice is great.** The fact that I can talk to these specialists on a daily basis when they come in, I can have a word of conversation with them versus having to pick up the phone and call them and not get them on the phone.

I think it's a major advantage. All these specialists, again, are – they work for the practice. They work in different practices as well, but it's very beneficial that there's a name to the face and people can see them and when I refer these patients to these specialists, I can be with the patient and the specialists in one room discussing our care about what the plan is. Again, patients love that that I'm not referring them to an outside practice. They see that I'm collaborating with those specialists in the office right there.

T-BONE: The other advantage I see that we don't get to think about sometimes is that **it gives you more flexibility.** So when you're looking at a case where we have to collaborate together with a specialist, we can often come up with case fees instead of an individual fee where, "Hey, my part is this. Your part – the specialist part is this." Instead, we can collaborate together and come up with a case fee that allows us to get more cases done and allows us to make it a little easier for the patient.

Have you seen that to be true?

DHAVAL: I agree. With ortho, that is not a huge thing to have their own setup, but when I'm doing surgical cases and restorative cases in combination with a specialist, like for example, we were – I saw this patient last week and she came in as a referral from another dentist friend of mine who doesn't live in the area and she felt that I should see this patient. She had gone to a prosthodontist and an oral surgeon and got a case fee. It was an advance case but pretty doable by a GP as well. So we sat

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down. We planned the case. I talked to my specialist. I talked to my periodontist and I said, "Hey, here's the thing, this is the case, this is what we're looking at. She came in as a referral so obviously, she is price shopping, but we want to provide great care. How do you think we can do this case?"

So we went over the surgical aspects of the case first and depending on that we sat down and set a fee that was pretty reasonable for him and me to go ahead and complete the case and provide the patient great clinical care.

T-BONE: So it's a win-win-win where you [crosstalk]

DHAVAL: Absolutely.

T-BONE: ...as the practice owner, general dentist win, the specialist, periodontist in this particular case wins and most importantly, the patient wins.

DHAVAL: I agree. And the patient's resistance on her first appointment with the periodontist was again, the stuff that she was being asked to go from office to office. The oral surgeon was in another office, her general dentist was in another office and the periodontist was in another office. So she saw a general dentist refer her to periodontist, periodontist made a treatment plan and asked an oral surgeon to be involved and she was basically going from two different offices to figure how she's going to get her [crosstalk]

T-BONE: Patient's hate that.

DHAVAL: They absolutely hate that.

T-BONE: We don't realize how much they hate it, but they hate it.

DHAVAL: Absolutely.

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T-BONE: And there's so much loss in translation there. It's bad enough that we're both Indian and we have our own accents, so there's loss in translation there.

So you know, before I jump right into the clinical stuff and I want to come back to that a little bit, but let's talk about Dhaval the person. Dhaval, I mean, I know you're Indian. Your brown because I can see you and we've talked before.

DHAVAL: I'm as brown as brown can get.

T-BONE: No you're much less brown than me, by the way.

DHAVAL: Or you're black. [laughs]

T-BONE: I'm [inaudible] of you in the Indian language, so, yes. So, talk to me about your dental story. Tell me how you became a dentist. Tell me how you ended up in Sacramento, how you ended up in your position in life.

DHAVAL: I was born and raised in India. I went to [Down?] School in India and my final year of graduation, my parents have immigrated to the United States. During my dental school I used to come here [crosstalk]

T-BONE: They left you there?

DHAVAL: They left me there, yeah. Technically, exactly that's what they did.

T-BONE: In this country that's called child abandonment. In India, that's normal.

DHAVAL: Well, I had all the freedom there. So I was happy about that. But, anyways, so my parents immigrated to the United States. I was in my second year of dentistry. I used to come in every six months to take the test, the NBDE test, the National Boards because I knew, eventually [crosstalk]

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T-BONE: Here in the U.S.?

DHAVAL: Here in the U.S. After my second year I took my part 1. After my fourth year, I took my part two, and then we had one year of internship in India so you get to do the rotations and things like that.

When I finished my internship, I came back to the United States and now I wanted to practice my dentistry. I was looking at my options about how do I get my license to practice dentistry and there were only two routes. One was to take a test in California. My whole family is based in California so that is where I wanted to live. I also took a test which is called the **bench test**. It was available at that time in California and it was extremely difficult, for one and it was very hard to get a place in the test and the second part was obviously to go back to school. Take your board – [crosstalk]

T-BONE: For four years.

DHAVAL: Depending on the school. You can either do two or three years, depending on the school.

T-BONE: How old are you at this time and what year was this?

DHAVAL: This was 2004. I take it back. This is 2003, is when I came in from India.

T-BONE: And you have already passed dental school in India.

DHAVAL: I finished my dental school in India. I came here all excited wanting to practice dentistry here and here I have to go back to three years of school and there's no way I wanted to do that. I just finished school.

T-BONE: How old were you at that time?

DHAVAL: I was 23.

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T-BONE: You're 23.

DHAVAL: Yeah. In India we get it done early. [Laughs] Please pardon me. So, kidding aside, I come here and I figure this stuff out that this is how have to go about it. My first thought was I'm going to take this test. I want the easy way out, right? I don't want to go back to school again. But then I find out that they're no longer taking this test. They stopped taking the test because there are too many foreign dentist in California. That's at least what I heard, but there was a small... [crosstalk]

T-BONE: I think they all came over the wall that Donald Trump is building.

DHAVAL: That's exactly...[laughs] They probably did. They probably dug a hole there. But there was a small hole that this test might be retaken so people were protesting against it. All the dentists who applied for the test but didn't get a chance to take the test were protesting against it. Finally, I believe this – year was 2004 and about November, they sent out a resolution that they will take this test for a few more years and they will give all the people who already applied for this test a fair chance to pass this test.

So they said, "We'll give you all a couple of tries. If you pass this test in a couple of tries, great. You can take the CAL Board and practice dentistry in California. If you don't pass, then you go back to dental school.

T-BONE: No other choice?

DHAVAL: That is how it sounded at that time. I was excited. I'm like, that's great. At least I get a try, right? So I got a letter from the Dental Board of California saying, you are eligible to take this test. There are 3500 people, there are 3500 applications taking this test and you are applicant number 3489.

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I remember that number so vividly and your estimated time to take this test is November 2009.

T-BONE: So like, six years, four years, five years.

DHAVAL: Five years and remember this is November 2004, right? I'm like, I don't think this is working. But what I had done, Tarun by the time I came back, I came from India to the United States in 2003 til 2004, about a year is I started preparing for this test because there was hope that this test could be retaken, right?

T-BONE: You're such an Indian. You're such a preparer.

DHAVAL: I'm a preparer and I've learned that always helps. So, I was working with this dentist whose name is Dr Michael Duggan. He trained foreign graduates to take this test in California.

T-BONE: That was his business?

DHAVAL: That was his business, yes. He was a dentist as well but his full time job was to help dentists take this test. An amazing clinician. I've never seen preps as nice as his, ever.

T-BONE: You've haven't seen mine.

DHAVAL: Oh, no. **They look like sh** [laughs]**

So I took the test I was preparing with him, but at the same time I was working in his center as well. He had a cleaning center in Coulton, California within San Bernardino.

T-BONE: So when you say you're working in the center, what do you mean by working in it?

DHAVAL: I was doing everything that he wanted me to do. I was [crosstalk]

T-BONE: Seeing patients?

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DHAVAL: No. It was a center. It was just a training center so basically what we had is we had students coming there and he would teach. He was a training...[crosstalk]

T-BONE: Students like yourself?

DHAVAL: Like myself. I was a student there as well but I... [crosstalk]

T-BONE: But when you say students, these are all dentists from another country, essentially?

DHAVAL: Correct. So these are basically dentists. They've graduated from dental school in other countries. They have a dental license to practice dentistry in their respective countries but now they're here in the United States and they have to prove themselves again, right?

T-BONE: Right.

DHAVAL: So, the bench test is all about working on a type of [inaudible]. There are certain things you've got to do. There's a class to amalgam prep. There's a class to recomposite prep and there was at that time, wax patterns which I don't know why they did that but you had to make a wax pattern and they would grade you on that.

T-BONE: The wax pattern of what?

DHAVAL: Of a crown.

T-BONE: Oh, you've got to wax up a crown?

DHAVAL: Wax up a crown.

T-BONE: Oh, God help us.

DHAVAL: Exactly. And we are [inaudible] dentists now, so, you see how we've evolved, right? So basically the story goes that I was working with Dr Duggan and I should take care of his center. I

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would make invoices for him. The students would come and buy stuff so I would give them materials.

T-BONE: I think he put you in the role because you're Indian, you probably did good math.

DHAVAL: Probably, because the guy before me, all the stuff was missing from the institute and all his invoices were a mess.

T-BONE: All that stuff was on eBay. [laughs]

DHAVAL: Probably he was selling it on eBay. I don't know. Anyways, I also used to take care of everything in the center. I clean up the center when the students left. Setup those tables and when people came in...

T-BONE: I have a job just like that for you right now.

DHAVAL: What do you want me to do now?

T-BONE: Same thing. [laughs]

DHAVAL: In your center? I'll do it.

T-BONE: The pay is horrible.

DHAVAL: You pay me like minimum wage, at least?

T-BONE: I'll pay you in Rupees.

DHAVAL: I'll take that, anyways, so. My other job also involved – people would come and get their work critique. They would do their preps, they would give it to Dr. Duggan, Dr Duggan would take a look at their prep who would critic it and would put in on a small video cassette and I have to go ahead and transfer them to a larger VHS and send it back to the students.

T-BONE: Oh my God.

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DHAVAL: He also to charge them for that service. I used to help him calibrate, equilibrate typodonts. A lot of stuff that – anything and everything that happened in the center, I did.

I used to order stuff, ship stuff.

T-BONE: So you did everything.

DHAVAL: I did everything. And I had a couple of people helping me as well. But I was also preparing for the test. I also took his classes at that time and every single class, he literally had a class 24/7. I don't know when that guy slept. He used to have classes in the morning. He used to have a class in the evening. We had classes as late as 4am, sometimes. That's because there was so much demand for this test and people just wanted to make sure that they pass.

I used to listen to him, every single time.

T-BONE: Three times a day.

DHAVAL: Probably more than that because I remember every single word of his now. But I listen to him so many times that everything just settled in, right? And I'd already taken his class. I used to take mock board exams and I took those mock boards. I passed those tests as I was basically ready for my test. But [crosstalk]

T-BONE: You got five years.

DHAVAL: Right. Something very interesting happened two days before the first test was supposed to be taken. Again, the year was 2004 and the month was November. One of my friends who was supposed to take the test in two days, he came to the center to buy some materials. I was like, "Hey, congrats man. You're taking the test, good luck." And he goes, "No, I'm not taking the test." I'm like, why? And he goes, I have withdrawn my application. Are you crazy? Do you know how hard is it to

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get into this test? And he goes, “Well, I talked to the Dental Board of California and they said, if I withdraw my application I will get a chance in February. In three months. But if I fail, I would go back to November 2009. I said, yeah, welcome to my world. Right?

T-BONE: Was he brown?

DHAVAL: I’m not going to say that. Yes, he was from a different country as well. He was not from India. I’m like, okay. Why are you withdrawing your application? He goes, I’m not prepared for this test. I’m scared, because the test was very hard. Two hundred fifty people took the test at one time, about 25 people made it, 10%. That was what the number. So he withdrew. I said, ok, well, great.

I called up the Dental Board of California. I said, “Hey, listen, I just found out that there’s an open spot and I would want to take the spot. And they’re like, first of all, how did you find out? And second of all, there’s no open spot.” So I said, okay, are you sure? They finally admitted that they had an open spot but they couldn’t give it to me because they had a protocol to follow.

T-BONE: Yeah, they always had to go to the next person.

DHAVAL: Yeah, they had to go to the person in the waiting line/waiting list, something like that. So this was Thursday, the test was supposed to be taken at the USC on Saturday. The time that I called it was about 3o’clock in the evening. So I called them, I said, “Hey, listen. I’m going to reach out to you again at four. I know you guys close at five. I reached out to them again at four o’clock and I said, so, did you find someone? And they’re like, no, we called everyone on the waiting list, there’s no way we – we’re not getting hold of anyone. I said, I know there’s a lot of

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pressure on you guys to finish all these applications within a stipulated amount of time. So, can I take this spot, please?

And they go, “Okay, we have three open spots. I can give you the spot and if you have two more friends who want to take these spots we can give you these spots.”

T-BONE: You can sell those spots.

DHAVAL: I could, yes, but. Anyways, I reached out to my friends but none of them wanted to take the spot because it was too early. It was too soon.

T-BONE: They weren’t prepared.

DHAVAL: They weren’t prepared to take the test. So finally I found one friend who was willing to do that and I gave her the information and she handled her stuff. But this was – it was 4’o’clock. I was in southern California and their thing was, you have to be here in Sacramento by five o’clock and pay your fees if you want to take this test.

I believe they were closed on Friday for some strange reason on that week, so I said, I can’t be there. Can somebody else come on my behalf? They’re like, that’s fine. So my uncle lives in Sacramento. I called him and said, “Hey, dude.” I think he was on his way to the airport.

T-BONE: Drop whatever you’re doing...

DHAVAL: Drop whatever you’re doing, go back to the Dental Board of California and pay my fees. I don’t even remember now how I sent my application. I probably faxed it or emailed it.

T-BONE: Faxed? One of those papers that rolls?

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DHAVAL: Yeah, something like that. There was no online stuff back then, right? So, I sent him my application. My uncle went and paid my fees. I took the test on Saturday at USC and I passed the test.

T-BONE: So now, November 2004, you're able to sit for the California Dental Board to take your exam, correct?

DHAVAL: In a couple of months. So I finished by bench test which is in November 2004. I was so relieved because obviously, I saved five years of my life having to wait to go [crosstalk]

T-BONE: Or having to go back to school.

DHAVAL: ...Or going back to dental school which is, I don't want to pay this student debt anymore, because I didn't have the money then. I still don't have the money. What do they have? What are student loans these days?

T-BONE: Quarter million, \$300,000-\$400,000.

DHAVAL: Anyways, so I was so relieved I wanted to go and thank Dr. Duggan. So I went to Dr. Duggan and said, "Dr. Duggan, thank you for all your training and thank you for the job you hired me." He was kind of pissed because he's losing an employee but...

T-BONE: Yeah, probably a low labor employee. [laughs]

DHAVAL: He was very happy for me and he said, "Hey, Dhaval, come on in." So he took me to his office and he sat me down. And I knew something very important was coming then. And he said, "I want you to remember, the reason why you passed this test is not because you're a great clinician or something like that. Neither do you have a great clinical skill. I mean, you have great clinical skills, but the reason why you passed this test is because you prepared for this particular test. You are well prepared for this particular test." And the lesson I learned that

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day is, preparation is so important. In whatever I do in life and from that day on, whatever I do, I always prepare myself.

Probably everybody has heard the phrase, it goes something like, failing to prepare is preparing to fail.

T-BONE: Right.

DHAVAL: And I believe in that. Anything that I do in life, I make sure I prepare myself well that gives me the best possible chance of succeeding at that thing.

T-BONE: But it's more than you just prepared. You prepared in advance.

DHAVAL: That's true.

T-BONE: You were prepared for the moment, whenever that moment came even though you knew your exam was five years from now, you are already prepared for that opportunity that came, that unique opportunity.

DHAVAL: That's true. People tell me I got so lucky and I probably did get lucky...[crosstalk]

T-BONE: I don't believe in luck. I don't believe in luck.

DHAVAL: I think what I've heard is, luck is when hard work meets opportunity. I think my hard work, my preparation, I got the opportunity, I took it. Maybe I was lucky. Whatever it is but I'm happy to be in the situation right now. I was happy to not go back to dental school.

And the other thing I learned in life is to be persistent about something. You know, when you want something in life, be persistent. You may not knock it off the first time but if you keep at it, if you keep working at it, someday you will succeed.

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T-BONE: Yeah, that's awesome. I would tell you the take away message from that is number one 1) chase your dreams. Your dream was to be come to America, become a dentist. You're never taking no for the answer. Being prepared even though you knew your exam was going to be five years from now. You went ahead and started preparing four or five years or in case something came up and then you were persistent. When you got a no the first time, you didn't just take no as the answer. You said, "Hey, this is what I'm going to do." And then when they gave you another deadline, they said you need to pay you fees, you reached out to people to get help, right?

DHAVAL: If they told me the second time as well, I probably would have driven to Sacramento and knocked on the door and say, "Hey, ...[crosstalk]"

T-BONE: Show up at the exams, just waiting at the door. [laughs]

DHAVAL: Just in case, if you guys have an open spot, I'm willing to take it. I'm in.

T-BONE: With cash money for a bribe.

DHAVAL: That's how you do it in India, right?

T-BONE: So now you became licensed, let's call it 2005. What were you doing right after 2005?

DHAVAL: So right after 2005 I started working with a friend in a private practice setting in Newport Beach.

T-BONE: In southern California.

DHAVAL: In Southern California. I worked there for a few months. It was a great opportunity. It was a nice office.

T-BONE: It's Newport Beach, it has to be nice.

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DHAVAL: It was very nice. I could through the beach on my lunch time and just sit on the beach and listen to the waves and things like that.

T-BONE: Sing [bajans?] [laughs]

DHAVAL: But then, finally, I wanted to get married and I wanted to buy a house and kind of move ahead in life. And at that time, I felt that Southern California, Orange County wasn't the right place for me. Everything is so expensive there and I wanted to move back to Sacramento because I had my family, most of my family in Sacramento. So I came to Sacramento. I interviewed for different jobs and I started working into practice there.

T-BONE: Okay, is that where you're working now, still?

DHAVAL: Absolutely. [crosstalk]

T-BONE: So talk to us about – so for those that are listening and that don't know, Dhaval is a part of a PDS (Pacific Dental Services). He's a practice owner within PDS. Talk to me about that situation, that setup, how that's working for you because as soon as we say DSO's we can just see people get angry and people say all negatives, some saying positive, but you know, as a person working in that environment, tell me, how did you get there, what was it like and was it like today?

DHAVAL: Well, everybody has their own experiences and people kind of relate to what they experienced, right? My experience has always been very positive with Pacific Dental Services. So going back in 2005, I came to Sacramento and I interviewed for four different positions or four different jobs. I interviewed at three DSO's one was Pacific Dental Services and one private practice. I got accepted from everywhere except one DSO, but then...[crosstalk]

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T-BONE: You're probably too good for that DSO, quite honestly.

DHAVAL: Possibly, maybe, I don't know and I'm not going to take names of that DSO.

T-BONE: No, I don't want names.

DHAVAL: Anyways, so I started working for Pacific Dental Services for a couple of reasons. I just love all the people there. That was my first impression. Everybody was very helpful. What do I know at that time? I'm just a new dentist, right? I look at support. I'm like, do I have support there? Do I have other doctors in the office whom I can reach out to help and what kind of business support do I have?

So that's how I started working for Pacific Dental Services. This was back in 2005. It took me about a year to start feeling comfortable with my clinical skills and I think about year one is when PDS offered me partnership. But I wasn't ready for the commitment because I didn't know what I wanted in life at that time. My goal was always to own a private practice so I declined the offer back then.

T-BONE: But you stayed on?

DHAVAL: I stayed on. I kept working as an associate. I wanted to build my clinical skills and that's what I focused on. But eventually, they kept asking me every other year and ...

T-BONE: They're persistent with you.

DHAVAL: They were persistent with me as well. That's correct. They didn't want to give up on me. And finally, about four years into being with Pacific Dental Services, I kind of saw the future with Pacific Dental Services. The company has evolved as well. I won't say things were not good back then, but as company see different trends, they evolve in their culture and I could see that

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the patient for life culture coming into PDS. I could see that how emphasis was being put on clinical care, **how emphasis was put on building relationship with patients for the long term.** And I thought this was the right to go ahead and partner with PDS. So I became an owner doctor back with PDS in 2010 and it's been five years. Since then I've been owning this practice in Roswell, California.

T-BONE: What was it like being an associate there? Were you limited with what you could do? What kind of procedures were you doing? What was the environment like for you as an associate?

DHAVAL: As an associate, I mean, the best thing about PDS compared to all the DSO's and this is basically what I hear from other dentists, I have no experience with other DSO's is the clinical autonomy. You decide what you want. Even right now, I have two associates in my practice and they do their own treatment plans. If they need help with any kind of collaborating, we'll all get together.

T-BONE: You choose your material?

DHAVAL: Yeah, absolutely. So you choose your material, you decide what you want to do with the case because you've been to dental school. You're a dentist as well so you decide what you want to do. From what I hear from other dentists coming and interviewing with us is, in other DSO's there is something that's called a managing dentist. He or she decides the treatment plan and then he kind of delegates. You do the fillings or you do the amalgams or you do the root canals, you do the crowns. And what people feel is that is not what they want as being a dentist. They want to make sure that the treatment plan the patient. They want to build relationship with the patient. They just don't want to go ahead and just do labor work or just do the dentistry. They want the human aspect of dentistry as well while

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getting to know their patients. So basically, PDS, I take care of all the clinical stuff, PDS takes care of all the business stuff. They don't come and tell me what I have to do clinically. I build the clinical culture in my practice, just like you Tarun, you have a private practice but you have associates under you. You trained them the way you want as long as your clinical philosophies match, I think it's a great marriage.

T-BONE: It's an unbelievable hard thing with associates.

DHAVAL: I agree.

T-BONE: There's positive and negatives.

DHAVAL: And negatives, correct.

T-BONE: But mainly positive, I would say. So you enjoyed your time there, obviously as an associate and now as a practice owner is it much different?

DHAVAL: It is. It's because, now I have a different set of challenges. Not only do I do my clinical dentistry, but at the same time, I want to make sure I develop my associates so that I can take some of the burden off me. I can step out of the practice and do other things that I enjoy like speaking and teaching CEREC and so that's the new challenge in my life right now is to make sure that I can replicate myself in my associates so my office does not suffer when I step out of the practice.

T-BONE: You know within my practice I call that replacing yourself and I think that... [crosstalk]

DHAVAL: And that's hard to do.

T-BONE: It is hard to do. It's hard to do mentally more than anything else. It's hard to mentally get to that point where you realize or accept that the practice can work without you. Egotistically,

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none of us want to believe that. We want to believe if you walk away that place would fall down and the truth is, that's not being a good leader. A good leader is saying, being able to walk away and have the practice do well and possibly even better.

DHAVAL: I agree.

T-BONE: So your goal, so we can segue way into this part of it, your goal is to spend – how much time are you in the clinical chair now?

DHAVAL: At this point I'm in 4-5 days a week.

T-BONE: Okay, so typical Indian, working five days a week.

DHAVAL: I'll work six if I had my way.

T-BONE: Okay, so your wife, I assume stops that. And what are your practice overall. To kind of give the picture of the practice – look, this is one of the things that I love about your guy's practice model or business model as I call it is that you want to provide your patients total care. Whether you want to bring your specialist in, you want to have collaborative care, there's a wonderful business benefit of that. But also, what do you guys' practice hours? Are you guys only open three days, four days a week?

DHAVAL: No. We are open six days a week.

T-BONE: So you open Saturdays as well.

DHAVAL: Absolutely. In fact, there are several practices, there are several markets where they are open Sundays as well. People want to come in on days when they're not working and Saturdays and Sundays just are right there in the slot. We have evening hours as well. Me, I have two associates besides me in the practice so we have 3GP's [crosstalk

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T-BONE: Are they full time?

DHAVAL: All of them are full time, correct. And we try to study our hours. So if somebody's working from 7-4, then I want the other guy working from 8-5. I want somebody working from 9-6 so that no point of time do I have an hour and a day where we can't see patients.

T-BONE: So ultimately, you don't want to say no to the patient.

DHAVAL: Absolutely.

T-BONE: Hey, do you have evening hours? Yes, we do. Do you work Fridays? Yes, we do. Do you work Saturdays? Yes, we do. And I think we're seeing this as a greater trend within dentistry but I would say that one of the things that I'm seeing as we're talking to other dentists around the country is, they're seeing a slow erosion of their practice and they're losing and I tell them that the reason they're losing is that they're not being, what I call, patient centric. And by being patient centric, that means, you're not investing in your practice. You're not investing in the technology. You're not investing in the customer service aspects and you're not investing in answering your patient with the yeses.

At the end of the day, you need to know what your patient's are asking. Are they asking what your fees are? Are they asking for payment options? Are they asking for extended hours? Are they asking for weekend hours?

If your patients are asking, do you work at midnight? And if you got people asking if you work at midnight that tells you there's an opportunity there. Now most dentist they say, well I don't want to work midnight. I'm like, sure, I don't want to work midnight, either. But that is what it takes to continue to grow from my practice and to allow...[crosstalk]

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DHAVAL: You can hire an associate who can work midnight.

T-BONE: Or you work one midnight and you say, I'm going to take two hours off for that midnight I worked. So those are the positive things there. So tell me about the technology in your practice. I mean, working in a DSO, do you have – you know one of the things I often hear on non DSO person is, the working environment is not so nice. Their offices are ugly, they're outdated. Is that true in your particular situation?

DHAVAL: Absolutely not. I mean, if you visit any Pacific Health Services office you would see that it would probably be one of the cleanest office that you've ever been to. It's modern. We have all the technology in the offices.

T-BONE: When you say all the technologies, talk to me about that.

DHAVAL: Digital X-rays, Cone Beam, CEREC, lasers, that's pretty much what you want to begin with so most of our patients are extremely thrilled when they come to our practices because they have been to practices which were built back in the sixties and... [crosstalk]

T-BONE: And they've never changed.

DHAVAL: They've never changed. They're still doing the old X-rays and we have digital X-rays. That is the first thing that people get to [inaudible] are looking at their X-rays and [inaudible] pictures on a big screen. I would just think that's common practice but when I hear from patients that is not so much. There are still dentists who's practicing that don't have digital X-rays. That's one of the things.

T-BONE: So I call that being part of co diagnosis. It's not enough to simply – it's not about the digital X-ray or the digital photograph. It's about sharing it with your patient and [crosstalk]

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DHAVAL: It's about connecting with them.

T-BONE: Yes, absolutely. We had a consult in on their office yesterday before I flew here to Vegas that I saw in the morning. He said, "those are my teeth. I've never seen my teeth. I can't believe it looked so bad."

DHAVAL: That is what we hear all the time.

T-BONE: And he's like, "Oh my god, I really got to get this done. Financially, I can't afford to get it all done, but in the first place, then there's the next question is, "How can we segment this out? How can we make this work? How can we make it affordable?" And to me that's the beauty of digital photography.

So tell me about CEREC in your practice. Have you always worked with CEREC from day one?

DHAVAL: Well, so when I came into this practice, we did have a CEREC machine back then. My manager at that time – I was brand new dentist. I didn't even know what CEREC was. I'll be very honest. [crosstalk] As an associate.

I'm very embarrassed to say this right now but the milling machine at that time sat in a corner where it was collecting dust. I thought it was some kind of a sterilization unit. So that's how ignorant I was about it because I just come from India.

T-BONE: It was a reverse ATM at that point. It just took money in.

DHAVAL: It just took money in. It was sitting there, just collecting dust, right? So my manager came up to me and says, "Hey, Dr. Patel, are you going to be using this machine?" And I said, "What are you talking about?" And he goes, "This machine that makes same day crowns. And I said, "Okay." So I called up a few of my friends and I said, "Hey, what do you know about this CEREC stuff?" And they're like, don't worry about it, it makes

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shitty crowns, you know. I don't think you should be using it. So that's exactly what I told the manager. I've heard that it makes bad crowns and I don't think I want to use it.

T-BONE: This is like 2005-2006?

DHAVAL: Correct. 2006.

T-BONE: Okay.

DHAVAL: So, although that was a big mistake. I was basing my assumption on somebody's knowledge who didn't have firsthand knowledge. They themselves have not used CEREC.

T-BONE: Well, they use their 1986.

DHAVAL: Or, I don't know. Maybe they heard it from somebody else. But then, at Pacific Dental Services, they made a decision in 2008 to incorporate CEREC company wide. At that time, for some reason my office and there was one other office in the whole company that had a CEREC machine. So, had I got involved with CEREC back in 2006, my growth would have been faster with CEREC but I didn't use it so they took it away. And like I said, I was basing my assumption on somebody else's knowledge. I didn't try it for myself, but I didn't have the training either. So when we decided to incorporate CEREC in all our offices in 2008, we got trained with CEREC. We had – you probably might know him, Dr. Bob Conrad.

T-BONE: Yeah, I know Bob.

DHAVAL: He passed away a few years ago. A great guy from Houston, Texas.

T-BONE: I never heard anything negative about him. Unbelievably giving person.

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DHAVAL: Absolutely. I still remember all the techniques and tricks he taught me.

T-BONE: And all his DVD's and all that stuff.

DHAVAL: Exactly. He keeps saying "y'all".

T-BONE: Yeah.

DHAVAL: The Texan thing, right? So he trained us for half a day and one thing that I took from that is you have to have great preps. Again, go back to preparation, right? Just like what I've learned from Dr. Duggan. If you want to do something in life, you have to make sure you prepare well. Same thing goes with CEREC. [crosstalk]

T-BONE: You have to understand the machine.

DHAVAL: Absolutely. So what I started doing is, from day one, I started doing all my cases by myself. I used to design my cases. I used to scan them myself and eventually, I got so efficient at it that I did not want to give that control away. I wanted to do everything by myself. And I still do. I have delegated a few things now. The [Omnicam?] came in and so...

T-BONE: You have to delegate. As you get busier.

DHAVAL: I understand that, correct. But the cool thing about CEREC is it gives you so much control. I call it the five C's. The five benefits of CEREC. 1) The control – you have a complete control of your design. You have so many design options to make sure you design the best restoration for your patient. The second thing is 2) Customization – you can customize your restoration. You can stain and glaze them and make them look just like the dude next door. **Conservative dentistry.** Before I got involved with CEREC, everything was either filling out a crown for me. Now, I can do inlace, I can do on lace. I can do crown lace,

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which are pretty much flat preps before I can jump to a crown, right?

T-BONE: Right.

DHAVAL: And cost effective. At the end of the day, if you can provide great service to our patients and save money for office, we all want that.

T-BONE: Yeah, we all win.

DHAVAL: It's a win-win for everyone. So, did I miss out one C?

T-BONE: Yes, you did.

DHAVAL: Convenience. Convenience is – people love the convenience of seeing their dentistry [crosstalk]

T-BONE: Patient centered.

DHAVAL: Patient centered. Being patient centered. Most of my patients will refer new patients to me are people who've received the CEREC crown because they came in here. They say the technology.

T-BONE: They don't want the goof.

DHAVAL: They don't want the goof. They didn't want to come back a second time. Life's hard, anyways. Why come to the dentist a second time? I call it the five C's and I've consistently worked on those five C's and that has helped me build a good practice.

T-BONE: Tell us to review those five C's again. So just give them to me in order, by list. So the five C's are...

DHAVAL: I'll start with convenience first.

T-BONE: Convenience.

DHAVAL: Control

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T-BONE: Control

DHAVAL: Customization

T-BONE: Customization

DHAVAL: Conservative dentistry.

T-BONE: Conservatism

DHAVAL: And last but not the least, cost effective.

T-BONE: Cost effective. I like how you put that last, because at the end of the day [crosstalk].

DHAVAL: It's not about the money.

T-BONE: It's patient experience, clinical outcomes and then the money will follow.

DHAVAL: Yeah, the money will follow. And if you do good clinical work, the money will follow. That's a given.

T-BONE: So Dhaval, I first met you by seeing your work and your CEREC work. You've become known as an anterior expert. So talk to me about what you're doing with CEREC, how you got to the point where you're honestly – you inspire me to do better anterior work. Tell me how you got in here.

DHAVAL: Can I talk something about... [crosstalk]

T-BONE: You can talk about what you want.

DHAVAL: ...something else before that? Let me tell you how I met you first. You probably don't remember this, but this was at CEREC 27.5. You were lecturing there and I was just about finding my way into [crosstalk]

T-BONE: That would have been in 2009, I think.

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DHAVAL: No, 2012.

T-BONE: Yeah. It doesn't matter. But yeah...

DHAVAL: Something around that time, 2012. I was at CEREC 27.5 and I was just excited about CEREC and you know, the Omnicam was being released there and I heard you speak about Screw Retained Crown and [inaudible] made well on Glidewell type back then.

T-BONE: Because we didn't have our own tie based, so we didn't have the digital workflow yet.

DHAVAL: But you, along with the bunch of other people, obviously, Sam Puri, Mike Skramstad, James Klim, I mean, the names could go on. All you guys inspired me to become a better clinician and I always had this urge to go ahead and teach what I've learned. I wanted – my passion is to help people decrease the learning curve in CEREC. I want to make sure that they don't struggle so much. I'm always about, "Hey, how can I help you become a better CEREC dentist." I'm not saying I'm the expert at CEREC but...

T-BONE: But you're pretty damn good.

DHAVAL: Over the years I have learned some tips and tricks that I want to pass it on to other people, so, that's how I got inspired for a start. And then – I'm sorry I lost your question. What was your question?

T-BONE: You're just like me, squirrel. [laughs] How did you get to – I mean, you're doing such beautiful anterior work, how did you get there and how does this make sense? Because your business model and your practice is, you guys work with insurance.

DHAVAL: Correct.

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T-BONE: Okay, so, how do you get efficient and how do you get so good at this? What did you do?

DHAVAL: Well, Tarun, let me tell you this. I've heard some of your podcasts and I hear you other people complaining about PPO.

T-BONE: Yeah, I don't complain necessarily, but...

DHAVAL: We deal with the HMO. We take insurances from all the spectrums. We have HMO's, we have PPO's, we take cash patients. Whoever comes into our door, we accept them. It's all about patient care. The goal is to build relationship with patients and give them what they want and what they need and become efficient in the process. You create a process that you're so efficient at it that the financial part shouldn't come into the picture. So that's basically how I like to practice. I'm not going to speak for you or for anybody else, even within PDS. I'm talking to myself, for myself. So that's how I do my work. Talking about CEREC and anterior CEREC's I'll kind of tell you what I did earlier. I basically did something that's a recipe for disaster. I would go ahead and cut the tooth and then decide what I want to do. I had thought....[crosstalk]

T-BONE: I call that the prep and pray philosophy.

DHAVAL: Exactly and that's what most dentists do. They cut the tooth and they leave it up to the assistant so you figure out how you want to do this. Well, that's not how you do CEREC. Not, especially anterior CEREC's. So I started looking at other people how they do their work. I started following people on CERECdoctors.com and I started talking to people like Mike Skramstad and I got inspired by those guys and the first thing that I saw is **digital photography is a must.**

T-BONE: Yes, of course.

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DHAVAL: So I should take pictures. Internal cameras and that doesn't show you anything.

T-BONE: They suck.

DHAVAL: They suck, you know. I still get a lot of cases from people say, "Hey, can you evaluate this case for me?"

T-BONE: It's a [pic from a] [inaudible] and it sucks.

DHAVAL: And honestly, I said, "I'm probably doing you a disservice if I was to give you a comment right now, because I can't see anything. There's no way I can see the line angles. There's no way I can see the texturing". So I got involved – I had taken a course at the Spears Centre and there was a small segment of photography and I invested in a good camera setup. I had a SLR for my home purposes. So I brought that SLR into the practice.

T-BONE: Such an Indian. Double use.

DHAVAL: Yeah, double use. No, I bought another one for home. I don't want to take this back. And then I got a macro lens and I got a ring flash. So I got a setup. It's simple. Once you know the settings, you never change them, right?

T-BONE: You never change them.

DHAVAL: You got a couple retractors, a couple of mirrors and you start taking pictures. But then I started looking at my cases in a whole different level. I realized and if I kind of go back in my journey with anterior CEREC's is, my case is improved after I bought the camera because now I could see things. I could see the mistakes I was making and I could plan better.

The other thing that I started doing is planning. Now that planning could be a planning for a few minutes or a planning for

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a few days. By that what I mean is, if a patient showed up where they needed one crown or a veneer in the front, the first thing I would do is at least take a picture and look at the case. I would look at the [inaudible]. I would like look at the bite. I would look at what material might be required, what the stamp shade is going to be like, and things like that. And that could be just planning for a few minutes and could be simple case and I could go ahead and do the case.

T-BONE: Now when you say stamp shade, you're talking about the prep shades? After you've shaped the tooth there's a coloration and with today's all ceramic materials the substrate color, the darker, the lighter it is will affect the outcome.

DHAVAL: Correct.

T-BONE: So if you're doing B1 but your tooth is [inaudible] and it's dark, you simple can't put a B1 tooth on top of it.

DHAVAL: Correct. You have to figure out how you're going to neutralize that stamp shade and those are all tips and tricks that you will learn along the way. But basically, what I'm talking about is having the end in mind before you start. Now, anytime I do a case that can be an anterior CEREC or posterior CEREC, I make sure I'm going to have the end in mind and that could be just taking a picture or maybe sometimes taking a picture and planning that well. Maybe incorporating the facially generative treatment planning that I learned with Dr. Spears.

You could see the whole white spectrum of things that you could do, but you have to plan before you start. So that's one thing I've learned with anterior CEREC's. I always plan.

T-BONE: Okay. And so, tell me, how did you get so good at staining and glazing and characterization?

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DHAVAL: Practice. I started doing my posterior cases first. I would stain and glaze my posterior cases. I was not wanting to start anterior's before I – I did anteriors but I wasn't the greatest at it. So for people who wants to start doing anterior cases, I would recommend for them is start practicing on your posterior crowns first. Do a little bit of staining and glazing.

T-BONE: So basic stuff. Maybe a little bit of yellow, maybe a little bit of white.

DHAVAL: Put a little stain in there. That's for starters.

T-BONE: And that's a great way to train your assistants, by the way, too.

DHAVAL: Absolutely.

T-BONE: Because those are the things that certainly you can let go to your assistant. One other things, this is a pet peeve of mine. One of the things in our classes that we train and rally is – is people say, "Can I send my assistant?" The answer is no. You can come with your assistant. In other words, your assistant can come with you and by that I mean is, too many people just wanted to say, "I want my assistant to learn this." And there's nothing wrong with that but that's not leadership.

DHAVAL: You have to be the gate keeper.

T-BONE: Yeah, and you got to be able – how do you evaluate what they're doing if you yourself don't know.

DHAVAL: Exactly.

T-BONE: So, to me, the key is, you got to learn and you got to master it yourself and then you can bring other people up along with you. So you started on posteriors.

DHAVAL: I started on posteriors and going back to your comment about mastering yourself first, I completely agree with that. I'm the

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Catcam faculty member for PDS and when I developed training protocols within PDS, my directive was pretty simple, I said, “Hey, you can go ahead and delegate it to your assistant if you want, but you have to be the expert first. You have to be the guy who...[crosstalk]”

T-BONE: Because you’re always going to be there, no matter what. The team members, they come and go, they may stay for a while, they’ll have ups and downs in their lives. They’ll have emotional issues.

DHAVAL: They might be sick.

T-BONE: They may have family issues. There always have things going on, but when you as the leader, when you are the expert, when you are the standard bearer, you can hold everybody accountable. I simply don’t understand how dentists literally – like we had a dentist at our training course a couple of weeks ago, he didn’t know how to put a block in his machine.

DHAVAL: That’s sad.

T-BONE: I mean, it’s in a way I’m like, “wow, you’ve got your team members so good that you don’t have to do it. But part of me is like, what would you do if that person left you.” What would you do if you were – if I were his patient and he didn’t know how to do that, I’m like, wow.

DHAVAL: I think – to your comment, I think that dentist got involved with CEREC dentistry for the wrong reason. You got to involve probably for the list, for the thing that I listed the very last – the cost effectiveness or just saving money. He didn’t care about the control. He didn’t control about the fact that he could give customized restoration to his patients. He didn’t probably care about anything else because he didn’t take the time to train himself. That’s the feeling that I get. And I always direct dentists

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who come to me for training is, “Listen, you guys need to be the experts first. You guys need to be the people who know about CEREC or about staining, glazing, more than your assistant. And then train them and delegate them whatever you want to do.

T-BONE: And then you continue to learn so that you can bring them up even more.

DHAVAL: Even better.

T-BONE: Too many people – if I ask you, and I know the answer to this, Dhaval. If I ask you what do you do with your CEREC, you would literally list off almost all the capabilities of the machine.

DHAVAL: Of course.

T-BONE: Because you continue to learn. But too many of our owners, too many dentists don't continually learn.

DHAVAL: Well I need to learn a lot more. I need to come to your one of your courses and start learning how to glaze implants with Cone Beam and things like that. I've dabbled into implants but I haven't taken my learning experience to a whole new level yet. Sleep apnea, I know you talked about sleep a lot, but that's the next thing in my learning. [crosstalk]

T-BONE: But what questions can I answer for you on some of that stuff? What do I have to do? Shake your head to make you come in and do that?

DHAVAL: Well, like I said, it's a learning curve, right? So once I get to a point, I mean, you know me. I will continue to learn and once I get over a barrier of certain things, that's the next step I'm going to take is hey, I'm ready and you will know when I'm ready.

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T-BONE: Well, Dhaval, came prepared for our interview and unlike most Indians, he came a little bit early, which is fantastic. I was still shaving when he showed up. So, is there anything that we're missing on your sheet? You know, I think, one of the things that I'd like to say is, is the passion. Dhaval loves what he does. I surround myself with people that love what they do. And the saying is, you're the average of the five people that you hang out with the most. And what ...

DHAVAL: I've never heard that before.

T-BONE: You never heard that before? But you're the average of the five people you hang out with. And what I always like to do is, and I say this and some people take it the wrong way. I choose to hang out with winners. I don't like to hang out with losers. And winners are not people that make the most money, winners are people who love what they do.

I try to have – I try to be surrounded by people that love their profession. They may be teachers, they're underpaid, but they love what they do and they have passion for what they do. I love to hang out with people that have balance in their life. They may not make the most. They may not live in the biggest house but they have great balance and they have good family time, because when I see them, part of me wants to say, I want more of that. When I see someone that has passion, I want to see more that. I want to hang out with people have more than me because I want to be able to succeed in life and I want a goal to strive towards. And it's not because I want more, part of me wants more, but because I want to constantly grow and I want to hang out with people who are fitter than me, which is not very hard to find, okay?

So basically, I can walk down the street and find anybody fitter than me because when you hang out with people who are more

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fit than you, they hold you accountable. And to me, good friends are people that tell you the things you don't want to hear, because every time I sit down with you, I give you the typical Indian brother thing, right? Like, what's going on? Why are you doing this? Why not that? And you probably don't like some of the things I say, but ... [crosstalk]

DHAVAL: I love every bit and like I said, this is the reason why I was inspired by you in the first place. I mean, Tarun, let me tell you this, again, we get inspired by different people but just listening to you speak back in – CEREC 27.5 was like, wow. Here's this guy and he's [crosstalk]

T-BONE: And if this guy can do it, anybody can do it. [laughs] [crosstalk]

DHAVAL: I mean, it was just amazing how you get inspired and you just want – you start believing in yourself. It's like, "hey, if this guy has passion for something and if he's doing it, then so can you."

You talk about passion; it could be a passion about learning. It could be a passion about sharing as well. I tell a lot of people who come to me for advice is like, "hey, start investing in a good camera setup. Start taking pictures."

T-BONE: It's the number one thing we've invested in our practice. It's the first thing I tell anybody when they say, what is the most important technology you have in your practice. I don't say CEREC, I don't say Cone Beam, those are unbelievably important in my practice, but my digital camera is by far the absolute, most important thing we have. In fact, it is so important, we have one in every operatory of our practice.

DHAVAL: But the important you missed out Tarun is – that's great for patient communication and all of that stuff, but when you talk about learning more and kind of expanding your skills, if you just keep that to yourself, you'll never going to grow. What I

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started doing is, when I started taking pictures, I started sharing them with friends, with dental friends or dentists. I started asking for feedback and when you do that, you put yourself up for critic. People would judge you and I don't care if people judge me, but I wanted my case to be critiqued.

T-BONE: It makes you better.

DHAVAL: It makes me better, absolutely and it's so nice that this certain community that we have, it's not a very big community, obviously there's a ton of users out there, but the most of the people in this community are very, very helpful. I have reached out to the stalwarts of CEREC including you and Samir Puri, and Mike Skramstad and James Klim, and Darren O'Brien, and Daniel [?], Gregory Mark. There's so many people out there. The list is endless. [crosstalk]

T-BONE: And we're all sharing. We all share.

DHAVAL: Yes, and all these guys had no business looking at my cases or supporting me but they have been so helpful and so supportive and I mean – Mike Skramstad is my hero. I would just take a picture of my case and “Hey, Mike, what do you think?” I will just send him a message on Facebook and instantly, he would give me his reply on, “Hey, you could do this better. This is how you do it.” And it's just so inspiring because there's so many people wanting to help you get better. And that's what my advice would be is, if you want to get better at anything within dentistry, start sharing your cases. Start taking pictures and putting yourself up for critique.

T-BONE: You got to have thick skin.

DHAVAL: You got to have thick skin, yes, absolutely. [crosstalk]

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T-BONE: But it's going to make you better. You know, that's how I got started. My whole speaking career started through sharing cases on dental town. I took photography just as a way to show my patients as a 23 year old kid that what I'm saying actually works and that I wanted to have proof of the kind of cases that we could do so I could show with my next patient. "Hey, here's the last patient we did and this is the result we got." And I'll get as good and honestly, since you're the second one, you'll be better than the first one. And you're the tenth one, you'll be better than the first nine ones.

DHAVAL: You'll always keep learning. I mean, the cases that I did yesterday, I'm going to do it better today, right?

T-BONE: Yes, of course. As long as you have that desire to do it better.

DHAVAL: And you got to have the desire to grow. You got to have the desire to learn. You got to have the desire to get better. I believe in the saying, "Either you are green and growing or you're brown and dying."

T-BONE: So as a brown person I'm dying?

DHAVAL: Yes, we could be dying anyways, but, that's why we got to be green and growing, right? So you got to constantly keep learning. They say that the more you live, the more you learn, the more you learn, the more you realize that the less you know.

T-BONE: Yes.

DHAVAL: There's so much to learn. There's so much to grow. There's so many other people that you can learn from so I want to be a student of life. I want to be a student of dentistry. I want to be a lifelong learning. And that's my passion. That could be CEREC.

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Tomorrow it could be implants; it could be sleep dentistry or whatever it is. I just want to keep growing. I don't want to stop.

T-BONE: And that's great. So have we missed anything that you want to talk about today, Dhaval?

DHAVAL: No. I could go on, and on. There's so many things we could talk about, but it was good.

T-BONE: Yes. No, it was great. It was great seeing the passion. I love being face to face with people and spending time together. I hope people got a good insight into the Pacific DSO model, because not all DSO's are created equal. I believe that there are several good DSO's out there and there are several not so good DSO's out there. I hope people took out the passion from our conversation. I hope people took out our desire to share and have lifelong learning. And speaking of sharing, what's the best way for someone to get in touch with you?

DHAVAL: My email address.

T-BONE: But you can do email, Facebook?

DHAVAL: Yes, you can do Facebook. I've created a group on Facebook which is called "Keep CERECing". There's several groups on Facebook where you can just become a member and just start sharing your cases, but if anybody wants to become a part of my group, I won't say my group, it's our group. All the members in there we've got around 500 members.

T-BONE: That's awesome. And they're all active and sharing? [crosstalk]

DHAVAL: They're all active and sharing and there's some people within PDS but there's a lot of people outside PDS as well. So it's not limited to Pacific Dental Services. Anybody could be a member and start sharing. The only requirement is you come in with

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passion and just share your work and critique other people's work and grow together.

T-BONE: Yes, that's great.

DHAVAL: It's called Keep CERECing.

T-BONE: Keep Cerecing on Facebook and Dhaval, thank you for coming on. It's wonderful. Hopefully, we'll get some more time. I'd like to start doing some more clinical segments where we have a little bit of opportunity to get and dive into very specific clinical techniques. I'll probably reach out to you as we get there on the anterior CEREC stuff. And I know that we're going to be doing some workshops together on Raleigh on anterior CEREC's on the one and two units CEREC cases.

DHAVAL: You've been telling me that for a couple of years now.

T-BONE: Yes, I finally keep following you. I'm persistent, right?

DHAVAL: You are. [laughs]

T-BONE: I'm unprepared but I'm persistent. So I found the way in my life that I'm the most unprepared person there is and the biggest procrastinator there is, but I've always found a way to surround myself with people who have qualities that I don't have. You are prepared and you're passionate and you have a love for what you do, all of those things which are important to me. You know what I love the most about our conversation, Dhaval? Not once we talked about money, that much. Not once we talked about what kind of houses or what kind of cars, it was just about our dentistry and you talked about your struggles with training associates and all of those things, so, it's great.

DHAVAL: I think, you know, money, I believe money is important but it's not the end all. I think as dentists, as any dentist in the United States, anybody's going to make a decent living. So there is no

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end to making money and there is no end to learning as well. It depends on why you are in it for what, right? And I'm not in it for the money. I want to grow and I want to be passionate about dentistry. The money will follow. I don't say money is not important, I want to have a good life. I want to provide good education for my kids. I want to have a decent living for my family and I think I can do that just doing great clinical work and keep growing, keep getting better at what I do. I have seen over the last 10 years; I've always made more money every other year. So, it only keeps growing. I don't have a number in mind how much I want to make but that's all I do. I do know that I just want to keep learning and keep getting better and that's all I focus on.

T-BONE: And if you focus on that, everything else follows.

DHAVAL: Everything else falls in place.

T-BONE: Well it's great having you guys listen. Hopefully you enjoyed the message and again, I only ask a couple of things of you for listening. Number one, is if you could go on iTunes and do a review for us for the podcast, good or bad, we want the reviews. We prefer the good ones. In that way we can improve our ranking. Just like your practices grow by referrals, our podcast grows by referral and our goal in the podcast is we're not selling anything. You'll notice we hardly ever mention our courses. Our goal is to really touch people and deliver our message. So if you can, anytime you get the opportunity if you see somebody with an iPhone, steal their iPhone from them and subscribe to our podcast so that way it automatically gets downloaded on to their phone and maybe they'll accidentally listen to it one day.

The other thing is if you can text the word, T-BoneSpeaks that's T-B-O-N-E speaks S-P-E-A-K-S to 44222, that will give you the

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opportunity to be on our mailing list and get more information about all the different things that we're doing in our practice and clinically and within our training center. We'd love to hear from you and again, the last thing is if you visit www.tbonespeaks.com we'd love for you to submit a question for our AskT-Bone speak and we look forward to speaking with you next week. Thank you and have a great day.

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.