

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger



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.

T-BONE: Hello and welcome back to another episode of T-Bone speaks. Today, I'm still Chuckless. I don't know where Chuck is to be quite honest with you. I think he's avoiding me so I've decided to take medicine to my own hand and I had an opportunity to get a great interview today. I'd like to do this live because I like to look into some people's eyes and get the real questions the real answers and you know, my goal with the interviews' is to be a little bit different.

I tried to bring interviews on, you know sometimes they're going to have what I call political agendas or sales-agendas but really my main goal is to bring the typical dentist on, the everyday dentist; what I consider the everyday dentist and ask them about the practice and the struggles and go to those things because too often we listen to "**Gurus**" and I guess sometimes I'm that too.

But it's easy for us to have the Yes-buts with them where we could say well he can do that because he's a speaker. He can do that because he's this or that. I mean, if he can get up in front of thousands of people and speak that's why he can take case acceptance.

So, my goal is really to bring in the in the trenches guys and just talk about what's going on there and get to know them and really a lot of it is about people that you should know and people that are accessible and people that are willing to help and people that are, well, the general speaks of friends of mine so that's also helpful too.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

So, today, we have Dr. Ross Enfinger- E-n-f-i-n-g-e-r for the editor spelling and Ross is out of Orlando Florida, Orlando area and there's' so many cities down there. He was formerly a Disney cast member, apparently. He worked in the tunnels in Disney that's how he ended up in Orlando, I think he escaped one day and I'm just kidding about that.

So Ross, how are you doing today?

ROSS: I'm doing great, Tarun. Thanks for having me on.

T-BONE: Thank you and Ross is here in Raleigh doing a CEREC training for us with some local docs who are new to CEREC and I want to take the opportunity while he is here to get together.

So Ross, in a brief introduction tell us who is Ross Enfinger, why should we know you?

ROSS: Well you should probably know me primarily for my interest in the CEREC Community, but beyond that I'm a Florida boy. I grew up in a small town in Florida called Okeechobee and ever since I was young my main goal was to get out of that small town and that's what drove me to Orlando.

T-BONE: When you say small town, how small is that?

ROSS: In the city, about five thousand people.

T-BONE: That's about the size where I grew up. Are there swamp lizards in Okeechobee because that's what it sounds like?

ROSS: There's no swamp, there's a buggy lake you know that people airboat on.

T-BONE: Did you ever kill somebody and put them in the lake?

ROSS: I can't speak about that the records is sealed, it's all expunged, though.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

- T-BONE:** Ok, it's just with these beard that your growing I know our listeners can't see it, but it's with these beard that you're growing you look like a swamp person.
- ROSS:** Ahh, A little what's the duck guy? [crosstalk] The duck dynasty. There you go, there you go [crosstalk]
- T-BONE:** Yes, you look a little bit duck. I'm sorry, you're from Florida, you grew up and you want to get the hell out of town.
- ROSS:** Yes, that's basically it but I love where I'm from. I'm really grounded. My parents still live there and it's a wonderful place to go back and visit family. [crosstalk]
- T-BONE:** How far is that from we're you're at?
- ROSS:** It's a couple hours, it's a couple hours south of Orlando.
- T-BONE:** Ok, so that's literally a swamp?
- ROSS:** It's on top of the lake, Lake Okeechobee, which is a fun place to grow up though but not somewhere where I felt could grow up professionally.
- T-BONE:** Ok and then so, so once you got done with high school and everything where did you go to Dental School and all that?
- ROSS:** So, I went to UCF in Orlando and then to Dental School at University of Florida in Gainesville. So when I say I'm a Florida boy, I really mean, I've lived there my entire life.
- T-BONE:** Did you ever get - how did you ever get out of Florida?
- ROSS:** I'm here in Raleigh?
- T-BONE:** Well these is not really good [Laughs] Ok, alright so, when did you graduate?
- ROSS:** 2004
- T-BONE:** Ok so that's twelve years ago?

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

ROSS: It's gone by.

T-BONE: Alright, so talk to me about your practice, talk to us about your practice.

ROSS: Yes, sure, you know I got really fortunate right after Dental School. You know, when I was a senior in dental school I met a mentor and it's so happened he was looking for an associate and you know not really knowing as much as I probably should have about employment and looking for the right opportunity I just have to say I got very fortunate to get in with a great practice make you trained Dentist, excellent reputation in the community.

The things that I was aware of when I was interviewing with him but I really did appreciate how good he was at that time.

T-BONE: And really what that meant and it doesn't mean that much today as it did back then, certainly.

ROSS: Yes, which say something about the quality I think of the individual at least, so I got very fortunate and got taught of one of the pinky [unclear] right out of school.

T-BONE: And you were an associate there?

ROSS: And I was an associate and he treated me like you know like a son and as a partner from day one so I stayed in the practice built the sweat equity and then bought the practice.

T-BONE: How long did it take you to do that?

ROSS: I bought it in 2008 so three-four years as an Associate and he just actually just retired so he stayed on with me for a day or two in a week for a few years after.

T-BONE: Ok, so tell me about the practice itself, the fundamental of the working, how many team member, insurance, no insurance.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

ROSS: Yes, we have seventeen members. We do accept insurance on two PPO Plans

T-BONE: Which one's?

ROSS: So it's a Delta Dental Premiere Plus and Cigna

T-BONE: They confused that?

ROSS: They, they confused that, Yes

T-BONE: Yes and Cigna ok.

ROSS: So, I tried to take a couple of the height.

T-BONE: Why those two?

ROSS: Well, because I'm located as you mentioned right by Disney and Disney carries Delta [crosstalk] And I'm by Universal which is Cigna and then Lockheed Martin is large defense contractor. They're right there [crosstalk]

T-BONE: Was he taking those insurances?

ROSS: He was not.

T-BONE: Ok so, how did you got into that decision that you bought a practice that was people service and didn't take insurance and what made you decide to take insurance?

ROSS: Well, if you follow the timeline, I've graduated in 2004 [crosstalk]

T-BONE: You bought in 2008

ROSS: in 2008, so now you starting to get a sense of time frame but really beyond that I didn't have a way to differentiate myself within a practice especially with a mature senior dentist and..

T-BONE: And he was still there a day or two a week?

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

- ROSS:** He was, he was, so it became a little bit of an incentive if you will for patients to move their care from him to me.
- T-BONE:** Ok
- ROSS:** So it was partially you know feel solvable within the practice and the other part was practically it was a business decision because it was right at the [crosstalk] crash.
- T-BONE:** Ok, now so you did it right away? Did you go into it expecting to start taking insurance?
- ROSS:** No, I it's been twelve years but I can't remember exactly but I think it was a couple of years in the practice before I decided to do that. [crosstalk]
- T-BONE:** That sounds like a political Hillary Clinton answer to me. Did you lose those e-mails too?
- ROSS:** [Laughs] It depends on what your definition of is is.
- T-BONE:** Yes, exactly. But it doesn't matter anyway right so?
- ROSS:** Well and you know, unfortunately or for better or worse I guess, I'm still on these plans but...
- T-BONE:** Do you think it's a bad thing to be on this plans?
- ROSS:** No, I mean not necessarily, I think it does require you to be more creative and your approach to Dentistry has to be more efficient to be profitable because clearly you're not getting a gigantic charge from insurance companies.
- T-BONE:** And do you know what insurances your patients have when you treatment plan?
- ROSS:** I don't, and I have to say it's going to be really impartial in that regard. I don't want you consider finances for better or worse in my treatment plan to be quite frank with you.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

T-BONE: Yes, that's why I asked because I think too often what happens is that we sometimes treatment plan based on the insurance. I think the easiest way to not do that is simply not know. Human beings, is human being. They're in your practice whether they are free patient, whether they're a full paying patient. I think the easiest way to do it is just to not know what they have in the sense and to plan what you would want if that were your mouth and then - does it affect the type of dentistry you're doing, by that I mean - what I say when people say the word quality you know, people say, how do you define quality? I define quality today as - is it a functioning restoration, is it well sealed, is it close and does it look pretty nice? Ok, so that's how I define quality but does it affect your aesthetics of a restoration? So If I'm coming in and I'm paying you full fee let's say eleven twelve hundred bucks per crown do I get something different than if I'm Delta and I'm giving you eight fifty nine hundred dollars for that crown?

ROSS: In short, no.

T-BONE: No, ok, ok does that bother you?

ROSS: No, it's a – it's averages it out. You know what I mean? You have to have - you know there are cases that take you longer for a reasons other than aesthetics so you know you've set your fee and your workflow should be profitable in that middle range, you know, case that takes you longer and there are other cases that takes a little bit shorter it's that middle ground that you're searching for, does it make sense?

T-BONE: Yea absolutely so just to give our readers, listeners an idea, there are readers too which we transcribe these.

ROSS: Your fans can't read, Tarun.

T-BONE: I said I can't read. My fans are much better than me are you kidding me? And listen that really makes me feel good by the

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

way that I have fans. [Laughs] The simple fact that I have fans is pretty good, ok.

ROSS: I got here there was a line of people waiting outside though.

T-BONE: that was free dental day probably. [Laughs] No you think you're be leaving today, at five o'clock? Well, you're going to be downstairs checking teeth before you know it ok.

ROSS: Perfect!

T-BONE: So, ok, so, you said something to me that I want to touch on a little bit. 1) You used the word mentor. So talk to me about how important that was and be a little bit more specific with me and I want to look at these in two ways, ok?

1) I want to know, did you wait for him to mentor you or did you bother him to mentor you?

ROSS: Yes, I bet he can probably tell you for sure but I would think I probably bothered him.

T-BONE: And by that what do you mean? [crosstalk] I want people to - go ahead

ROSS: Yes, I mean, I'm so I mean the same thing that I do to you. I text you cases, right I mean, I e-mail you, I bugged you right?

T-BONE: Yes, but I don't look at it as bugging at all by the way. You know in fact selfishly, here's how I look at it because I love doing that and this is you know - I bring these up because these is one of the struggles I have with my associate partner.

I want to be a mentor to him, ok. I want to be a mentor to anybody in my office, I want to be a mentor to anybody that comes to my class, I want to be a mentor to everybody because I really love sharing and I really love helping people but the yeah-but is - I need it selfishly I made it easy for me because we have struggles and challenges in life at time right so when

[T-Bone Speaks](#) with Dr. Tarun Agarwal

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

you say you text these things to me, you emailed these things to me that works right? That's easy I can respond to you at two, three, four in the morning right?

ROSS: Sure.

T-BONE: Yesterday I had a conversation with you via text while I was driving in the car because today we can literally dictate into our phone and it sends things, right? So, some people ring them back so what did that mean to you in your career and how did you get, what would you recommend to somebody to find the mentor and what would you recommend to get the most out of that relationship?

ROSS: Oh man, great questions. So my experience was these – I mean I would say I'm in a practice with someone so the proximity is great to ask all the questions.

T-BONE: Did you guys share an office?

ROSS: We shared, we work inside the same office personal office no, but we have a conference room. [crosstalk]

T-BONE: Would you like to have shared your personal office?

ROSS: It's a tough question. Yes, probably not.

T-BONE: I'd like to ask you tough questions.

ROSS: Yes, I mean I think you need your distance and you got to be able to go somewhere to get away especially after now being a practice owner. My private office, if I close that door I need that space so.

T-BONE: I think that's because you look like a serial killer. [Laughs] people just scared of you quite honestly. [Laughs] So anyway back to my real question here, ok. How do you find the mentor, how do you get the most out of mentor? What should you look for in a mentor?

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

ROSS: Well, how do you find one? I mean get involved you know, whether be community dentistry get involved in dental politics, get involved in study clubs, find some kind of avenue where you can link up with likeminded practitioners. So, if you're not so lucky to walk into practice like I did, which most people aren't you have to go out and seek somebody like you were talking about [crosstalk]

T-BONE: By the way, I disagree with you. I don't, I don't always mean to interrupt, but I do, ok? I don't think you're lucky ok. I think everybody has opportunity and they simply don't make the most of it. Or some people don't listen to those and say this is a bad opportunity these is stupid for you to do and they make those decisions anyways. I don't want to interrupt your attention ...[crosstalk] but what bothers me about what you just said Ross, is that you said you got lucky and most people don't and I think that's a cap-out for those people listening ok? It's easy for them to say "oh, Ross got lucky he got into a great practice" and that's total BS by the way ok? Because that practice is greater today than it was when you bought it correct?

ROSS: Yes,

T-BONE: Ok so, would that lucky or is that you?

ROSS: No, that's, that's us as a team but it's fate. [crosstalk]

T-BONE: Of course! So, so...

ROSS: Fair enough, and point well taken, you know? When I got out of school certainly and it's just applicable today, if not more so, most of the employment opportunities over corporate dentistry.

T-BONE: Well, you know I don't like the word corporate dentistry but they're large group practices.

ROSS: Large group practices and that was definitely I'd say a financial pull for me at that time.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

- T-BONE:** Did you come on school with debt?
- ROSS:** Six figures.
- T-BONE:** Ok.
- ROSS:** Sure.
- T-BONE:** So just like everybody else.
- ROSS:** Just like everybody else. I had the pressure but I guess it's fair to say I wasn't lucky I made a conscious decision not to go that way and I took certainly of lower salary first job but I was able to be with somebody who's willing to teach me and take the time and not get burnt out by a large group practice.
- T-BONE:** Ok, so talk to us back to the mentorship. Ok so how did someone young out of school find a mentor?
- ROSS:** Well I think you go to the dental meetings, and you have to get your name out there, otherwise nobody knows who you are. I think study clubs are a great way to go you know? I'm a spear guy I lead a spear study club. I invite guest [] [crosstalk]
- T-BONE:** But you didn't do that in 2004, 2005, 2006. You weren't a spear leader?
- ROSS:** I weren't a spear leader. I got invited to Seattle Study Club and I was able to get in and network with a lot of really fantastic dentists.
- T-BONE:** So that's out of being lucky because you were outgoing you made yourself known. See these are the things that drive me nuts as a maybe these is just the immigrant in me right? it's, it's you went there and you "**bothered people**" and you let it be known that you were a person looking for a mentor and that you had a vision of what you wanted to do. That's not luck to me.
- ROSS:** Fair enough.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

T-BONE: Ok you made it right? So, so maybe that's the immigrant in me. Now let me get into the second side of Mentorship. How did you get the most out of your mentorship?

ROSS: By knowing the right question to asked. By learning the right questions to ask. Having a real talk about what are challenges with patients, case acceptance, treatment planning, you know when you get out of school when you're trained in Dental School you basically trained you trimmed your plan phase one care. [crosstalk] It's a plan for small.

T-BONE: What is phase one care?

ROSS: Cares control

T-BONE: Oh base, basic dentistry.

ROSS: Basic Dentistry, Tooth Dentistry.

T-BONE: Basically, things that people need not what things want. In other word I came with a crack tooth or you need a crown. How hard is it to get case accepted for that?

ROSS: Right

T-BONE: Ok, and that's fair. So now these is the area that I think- ok so that's you know a mentor is, let's say the word mentorship and telling somebody they need to mentor when they're young is easy, ok. but let's say now at your age, let's say you're still -I see a lot of dentist ok, who are in the mid 30's, 40s' ok early late, mid 30s' late 30s', 40s' who are still stuck in what I call 1980s' mentality ok which I call Dental school the scariest control mentality. And what if they're tired and they want to do something?

How does that person come to the mental realization that they also need a mentor and how did they get a mentor?

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

ROSS: Yes that's probably even tougher than to get out of Dental school because when you get out of Dental school you know you need it.

T-BONE: I mean that's just given. They tell you in school you need a mentor because now hey, I'm egotistically but I'm forty years old and I need a mentor right, because I need a mentor to take me to another level right because I don't want to be stuck with this lab.

Just like you know people don't want to be stuck at what I called Dental School level and they need to find somebody to help them take them to step two, right? You don't want to be stuck at step two, how you going to go step three? And just like you, I know last two years of knowing you that your practice and your clinical skills have transformed. Ok so, how do you find mentors at that age?

ROSS: You have to realize if your stuck at that level, and I think the challenge is a lot of people don't feel they're stuck at that level because they don't get out. They don't see what other people were doing you know that higher phase of dentistry. [crosstalk] awareness is just half of it I believe I think.

T-BONE: Knowing is half about the battle, I think that's GI Joe, correct?

ROSS: You know, yes!

T-BONE: So ok, so you know and ok- So now this is a pet peeve of mine and I don't want to get a lot of soap boxes but I do it's my show I'll do what I want.

ROSS: Where's Chuck by the way?

T-BONE: [Laughs] exactly, oh Ross, by the way just for Chuck are you on Facebook?

ROSS: I'm on Facebook

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

T-BONE: Ok, maybe you should be my new co-host [Laughs] because Chuck is not on Facebook. Now but in all seriousness my pet peeve is somehow too many dentists never leave that dental school mentality not even clinically let's say that mentally, they keep going to these aim society meeting with the same people there, doing the same like literally if you look at - I don't know exactly what's going on [inaudible] society ok. but if I look at, I look, I get these things in the mail from Dental School their CE Department and it's like Ocean blood borne pathogen, I'm like come' on men there's got to be more out there, or it's chromo polishing for the assistant. My assistants shouldn't chromo – they should be beyond that. So to me is if you're in that I call the Middle phase of your career, okay, where you're finally stopped worrying about hey how am I going to pay the bills, how am I going to pay my debt off and all that stuff certainly, I want more and all of that but how am I going to the next step?

I think the first step you going to do on that personally is you got to get reinvigorated and I think the easiest best way to get reinvigorated is to go to a real meeting. Ok when I say a real meeting that's about likeminded people, that might be the Florida Academy of Cosmic Dentistry. You guys got a great state constituent of that down there. You know the Florida Dental Association may be a good meeting. I don't know much about it you know, or maybe it's like a CEREC World or maybe it's the town meeting that we started back in 2002. You know something that's -- I think most state meetings and this is stereotypical are old. I just think they're run by too many old people with too much of an old mentality and they don't have any young and dynamic activities going on there. So would you agree?

ROSS: Well, I'm in a bit of a [unclear] there because I love running my State Dental Meeting in two weeks. No kidding I can't write it better than that.

[T-Bone Speaks](#) with Dr. Tarun Agarwal

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

T-BONE: So the Florida Dental Association Meeting?

ROSS: Correct.

T-BONE: Ok

ROSS: So, I mean, I would agree with you in a lot of what you said, it's a challenge on to bring cutting edge Speakers to those types of meeting.[crosstalk]

T-BONE: What's the challenge of it? Finding them paying them what is it?

ROSS: it's both. Yes, sure, well, as you said you know in the middle world we have to find the speakers who appeal to the broad base and bring the corona polishing because that's - those are courses that people feel comfortable with but yet then bring cutting edge things that push people out of their comfort zone.

T-BONE: It's fair enough. Listen I started a meeting, I've been in the meeting Yes you know so, I get it but you know, I would say to you that I would assume under your leadership that the meeting has educationally changed.

ROSS: I think that's fair to say. I think we've evolved certainly over the last few years to bring in more exciting programs.

T-BONE: You see this is what I think more State Associations need- is they need - it's not about younger ok, they don't need younger necessarily.

ROSS: It is though. Tarun, it is about younger if you look at the demographics of membership and organized Dentistry it's not the young dentists that are coming in.

T-BONE: I know what I say I know what's younger generally speaking, but it's more about the mindset. And here's what I think ok [crosstalk]

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

ROSS: Contemporary

T-BONE: Yes or progressive [crosstalk] You know I think maybe when I'm sixty I'll be different in in a bad way but if you, if you have, if you're led by people who are unhappy in dentistry, unhappy in their careers they're going to do stupid, what I consider stupid things and if you're led by people who are hungry ok, who are wanting to move forward you'll going to do great things ultimately, and I think you, knowing you is you're hungry and you wanted to be great you want to give back you want to be a mentor you want to be a mentor to people, are you a mentor to people?

ROSS: Yes I, I enjoyed that you know as I mentioned to you I've lead a Spear Study Club in Orlando and this are you know that group's comprise of my friends so I am not sure I would say I'm their mentor but ...

T-BONE: But you are coz you make it happened. [crosstalk]

ROSS: Facilitator, facilitator.

T-BONE: But you may, somebody's got to make it happen.

ROSS: Hey, am you know I'm really excited I've got my spear group and one of my best friends in my spirit group just move forward with CEREC and I'm excited for him. He text me every day CEREC Cases. I'd like to say hey Joey; I'm your mentor buddy.

T-BONE: Yes, That's good.

ROSS: Yes it's exciting and, and you know just watching the enthusiasm which he's taken it on you know makes it all the needling and bugging him that I've done thru the years to get him to take the big leap pays me off. It's pretty fun.

T-BONE: It's awesome and I think you're involved with Scottsdale and the mentor group there and sorry, with spear and the mentor at the

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

faculty club, a mentored group there and see, I think to me ultimately what happened is people would like you said, they're in the bubble. They get stuck and they have these ego idea that hey I don't need to be a mentor and really those selfishly if you are to be honest with yourself you would say selfishly those things give you more than you give out you get more out of that than you give out. And you give out tremendous amount which will keep you invigorated. When you're around people like me, people like Samir you can't help but to be like ok there's more out there for me and it's other people not just people like me and Samir, it's other people, it's like ok it's like people like Ross. Like when I see you and I say ok Ross if Ross is upping his game and I want to be the best then I got to up my game, right? And so to me when I see you catching up to me on this stuff I'm like ok what am I going to do next coz I'm going to be that much better. That's just my mindset I think more of us need that mindset, because ultimately I think what happened is we all have that mindset we've been beat down or become too complacent and content to let that mindset come back out.

ROSS: Yes, totally. I think dentist in general are people who look for comfort and routine. So challenging dentists just up their game like you said it's difficult at times but it's really rewarding when it does happen.

T-BONE: Yes. It's, it's a great feeling you know and when I talk, I always talk about nobody needs change, ok and very few people needs change like Ross you don't need change right now. We had a nice conversation the last time you were off. and you know you don't need change because you're doing well, you're doing very well clinically, you're doing very well professionally, you're doing very well in your outside dental, dental career and you don't need change you need disruption, right?

ROSS: Yes absolutely.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

T-BONE: And, and it's really too many get the buzz word is change I think that's a total nonsense buzzword. We need disruption. We need something that dramatically disrupts our thinking because disruption creates action. Change only creates a mental change right? And you need execution who'll always beat out knowledge right? So I don't care how smart you are like my struggle in life is I have unbelievable ideas of what I want to do I simply cannot execute them. And I execute a lot but I don't - no, but yet no absolutely to the outside it looks great right because I'm just am less worse than everybody else ok. So I don't say I'm better than everybody am just less worse than them but I've got so many great things I want to do so many great ideas, I just struggle with execution and execution is a matter of time right now right?

So I want to move out of mentorship that was a good conversation we didn't expect to go there. So talk to me about so when you took over your practice your guys stayed around so, talk to me about being an associate what it was like to struggle to find the cases like one of the things, I'm selfishly asking questions, ok. So one of the things we struggle with in our practice is - I've been here twelve, thirteen whatever fifteen years now ok as a practice owner ok, and I have an associate who I really want to do well and I really want them to do - I tell them all the time you do all the dentistry I don't have to do it ok, but the struggle we're finding is patients are still choosing me when given a choice. Team members are defaulting to me when given a choice. So how- talk to me about that. How did you get from that point to where you were able to get the cases the patient were comfortable with you and how did you get passed that the senior Doc whether you own the practice or not he's still the senior doc he was the face of the practice and he's still there one or two days a week? Talk to me about that dynamic.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

ROSS: Well, you have to change the face of the practice, right? If your patients only know what you put out to them and since we don't have opportunities to constantly remind them who we are. We have to make the most of it every chance we have to impress upon them what our philosophy is. So as an associate coming into the practice my goal was to talk to every patient I possibly could let them know who I was and what I was about and then I wanted to continue the same level of care that they've gotten before. So I really viewed at that time every hygiene exam or every emergency that I had that I needed to see the patient I saw that as an opportunity to let them know what I cared about.

T-BONE: Ok. And then at what point did you become – I don't believe that when you bought the practice you became face of the practice. I think that evolved over some period of time. And when did you become I'm the man in the practice?

ROSS: I still haven't.

T-BONE: Come on.

ROSS: Yes, Yes I mean I'd say probably it took a couple of years. We had a slow transition anyway as I mentioned to you but I'd say after a couple of years after I bought it 2010 or so. We brought along a very intentional changes to the practice in the financial workings of the practice mainly -

T-BONE: Talk to me about that. What do you mean by that?

ROSS: Well, previously in the practice I wouldn't say it had transparent financial policy or arrangements [crosstalk] with the patients Yes that was the biggest thing. I want the patients to understand care. I want them to understand not only technically what we're doing but maybe even more so financially what the implications were, how many visits, the things that patients want to know. So, I changed those, we started doing... [crosstalk].

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

T-BONE: What made you want to change those? You used the word that's really important to me there. You used the word on your own intentional changes. [crosstalk] To me the word intentional mean that you actually sat down and thought about it and you work on your practice not just in your practice to come up with your vision of what it should be.

ROSS: I'm crazy right?

T-BONE: Oh God, imagine that. So, what made you want to change that? What were you unhappy with about that?

ROSS: Well, am big believer patients need to be prepared and it's uncomfortable on both ends when you know financial arrangements don't work out and it's a way patients get upset and we get upset and so that's no fun either way.

T-BONE: So, really ultimate of what you're talking about to me it's very simple, right? You're talking about having a written financial menus for patients to choose their care and let them know in advance because they're going to phase out their care and that you going to know that these is how many visits it's going to be, these is how long it going to take, this is how long it's going to be between visits so that there's no - in other word transparency.

ROSS: Total transparency and absolutely everything you said and the one thing that I add was I wanted the patients to start to value my time. And the way they do that is by being financially ready when they make, when they schedule the appointment.

T-BONE: When they schedule.

ROSS: When they schedule the appointment.

T-BONE: Not when they get the service done?

ROSS: Correct.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

T-BONE: When they schedule and see this is, and this is why I love in our practice were using a financial menu that we talked about and using our in office payment plans that we talked about and the reason and my team members still to a certain degree look at me like I'm crazy and I'm like I don't want anybody pay me at the time of service in full. I want everybody to be on a payment plan because what happens with the way we work the payment plan the way we advocate work for the payment plan is your patient give you the down payment to pay the schedule to visit so that means when they're scheduled they should have no, no shows outside of real reasons, correct? And then and the clinical team and the front office team at that point it's a positive interaction for the patient because never that you're numb we just beat you up we just work you to death and now we're asking you for money. And I hate that, I hate that when I'm a patient I hate getting worked, you know I hate it when you go to the GI balcony and sticks a tube up you know where and then at the end of the day when you walk out of the office after you've been violated you're like your [inaudible] is fifty dollars. I'm like how can you ask me for money after that?

ROSS: And patients will say things at your front desk like, "Oh now comes the painful part." [crosstalk]

T-BONE: Right, exactly.

ROSS: You know so I just think the conventions of what we all see happen in Dentistry we can change that into be a better way.

T-BONE: Ross, and I have this new catch phrase and I hope people steal it from me but I hope they give me credit for this. My new catch phrase is - we're practicing in 2016 with 1980's business principles and philosophies.

ROSS: Ok.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

- T-BONE:** You know and what you just said ok the way you were doing it came from the 1980s'.
- ROSS:** Absolutely.
- T-BONE:** Ok when dentistry was simpler, ok. There wasn't as much complex care. There wasn't as much phase care. There wasn't as much into disciplinary care, damn sure simple. Control your phase one dentistry that you mentioned earlier then was dentistry for the longest time. So you can have pay at the time of service when you could write things on an index card or you had an abacus you know at the front desk to do you're counting.
- ROSS:** Absolutely. And beyond that you don't have patient's Googling procedures.
- T-BONE:** Right.
- ROSS:** You didn't have the level of awareness out there that patients have today. You have to be more sophisticated than 1980s' [crosstalk] financial policies.
- T-BONE:** Like listen, if I can just get people move from 1980s' to 1990s' that would be better because the list 90s' involved computers and the internet, right?
- ROSS:** Yes, and some aesthetic dentistry
- T-BONE:** Yes, exactly right and then if I can get people though from 1990s' to 2000 am like wow now we can actually get patients payments choices with third party financing. We can maybe get into that tablet and smart phone era and then if I can get people from the 2000s' to 2010 now we're going to get into firm financial arrangement. We're going to get into complex inter disciplinary care even in the insurance environment and we're going to get into going beyond fillings and crowns because my big thing, my passion and my drive right now and I talked to you

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

about this is you need an associate partner in your practice so that you can stop doing fillings and single unit crowns so that you can do the stuff that you love doing.

ROSS: Absolutely! I love it.

T-BONE: Ok because the stuff that you love doing, those patients exists but they don't, most of the time, they don't walk in. Those relationships are cultivated and created ok and when you're too busy doing MOD's and single unit crowns you cannot cultivate those relationships bottom-line.

ROSS: I love it.

T-BONE: So we talked about this and I want to start getting on you but I don't want to go there. Ok?

ROSS: Yes, well, you're a man with some dangerous ideas, Tarun, for sure but they're exciting things so you know, you do some incredibly complex things within your practice so maybe I'll put you on a hot seat.

T-BONE: I wanted to.

ROSS: You know how about give, give those of us who want to do more but safe fix hybrid cases, large implant cases, give us some three or four tips on things that we need to work on inside our practice, work on our practice so that we can facilitate an environment where that kind of treatment can occur.

T-BONE: Ok so that's, to me the first step is easy, ok. The first step is you got to create awareness that you'll even do those things, ok? So the first thing is, and I've learned this the unbelievably hard way. Here I am lecturing on aesthetics doing aesthetics classes and I had a patient of mine come back with a set of a veneers that they had done somewhere else and that patient – I mean I'm lecturing on these stuff right and the patient say I didn't know you did that? Ok I didn't even know that was

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

possible in your practice and Joe, I wanted, I was just hoping that patient left because every time I saw them it just drove me crazy right. So to me the first step is you have to create awareness.

Now awareness is a multifactorial area ok. 1) You yourself have to be aware. Like in other word you have to get to a meeting other than the old people meeting ok where everybody got grey hair and that all this ribbons going down their jacket ok, coz I love laughing at those people. And then, so you have to be aware of what's possible yourself in dentistry.

2) You have to make your team members aware of what's going on because too often we don't - our team members don't even know what were - like we had a patient this has been about a decade, ok? I just want to give example. We had a patient that came to our office who wanted an all ceramic crown ok, and she called our office and her question is do you do all ceramic crown, right? And my team member was like - of course that's all we do. She's like good God, I called ten offices and the person at the front didn't know they did all ceramic crowns so I keep calling until I found an office that did all ceramic crowns, right.

So your team members, so to me it's important when I say create awareness with your team members to me - when is the last time you made your front office person watch you in the back? You know, so that they know what you do, how meticulous you are, where you work, why you use the rubber dam, why you use an Isolite? The benefit of those things.

Why you use topical gel to make people feel comfortable? Why you have conversation with them because that's the value and the sizzle that they can create on the phone because at the end of the day they're the taxi dispatcher. Your first experience with the taxi is - how good is the taxi dispatcher, ok? And if the taxi

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

dispatcher is bored and you know doing the nails and doing these on the desk it's no good right if they don't know what in the world you offer then it's no good.

And then the most important part of awareness is making your patients aware. So, regardless of whether you're good at it or not ok, I've learned very early in my life - my first lecture I ever went to was some from Larry Rosenthal and he said **fake it till you make it** ok and he says I worry if I get the patient to say yes and then I'll figure it out how to do it. Ok, so I kind of have that philosophy like so I don't even know what I'm doing sometimes, right? and I'll just get the patient to say yes and then I'm like, Oh God, I got to figure it out, right?

ROSS: [Laughs] now I got to do it.

T-BONE: Well the pressure's on them right, because if you never have that pressure you never want to do it. So, like my first hybrid case. I've never done one before right? That's a friend dental procedure for God's sake right?

ROSS: Not easy.

T-BONE: So my - here I am I promised my patient the result - oh God, I got to go learn and so to me, selfishly what it does is it funds my CE. ok I've got a case acceptance I got a patient pay me ten, fifteen, twenty, thirty thousand dollars whatever it is so I've got, I've got that pressure off of me like ok, great. Even if I don't make any money on this case I'm going to learn so much and that's why I'm going to go to my mentor and to me my mentors are my specialist ok, or to my super gen dentist ok? So you have to create awareness.

2) I believe there's a cost of opportunity ok, and so I believe when you say yes to something you say no to something else. So when you say yes to doing that that MOD filling. And this is

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

not about you should be doing a crown on that tooth, that's not what I'm about.

ROSS: Yes, I understand.

T-BONE: Ok I'm about if that's leads to MOD it needs MOD but why do you, Ross, twelve years out of school ok, why do you get paid the same as my associate partner one year out of school and why are you doing that ok. It's like good lawyer, it's like my own brother is an attorney in San Francisco he is not doing first year level associate lawyer work anymore, correct? He is doing fifteenth year level lawyer work. He's doing litigation in courts and stuff. He's no longer doing what I call like traffic cop ok, he is not a traffic lawyer anymore not that there's anything wrong with that but he is he is progressively gone beyond that right? And too much in dentistry our colleague, you included, me included ok we're not getting out of that business enough and what happened is when I say yes to that MOD filling, I'm saying no to that potential hygiene patient who wants my time to establish relationship to do the types of cases I want to do ok, because very few of those patients come in to the office looking for that type of treatment. They don't - patients are in a way dumb, they don't know what's possible, they don't even know what a hybrid is for God's sake.

ROSS: They don't know what we can provide and they don't even more important they don't know the questions to ask to trigger the conversation which is why your team and my team has to be ready to hold those what's out of patients [crosstalk] You have to drag it out.

T-BONE: You have to ask tough questions like - tell more about that? [Laughs] or you have to ask question like what would it look like for you to get that done? What's holding you back from getting that done?

ROSS: Yes, imagine that.

[T-Bone Speaks](#) with Dr. Tarun Agarwal

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

T-BONE: Imagine asking them [crosstalk]

ROSS: Asking for an objection, Tarun.

T-BONE: Yes, imagine asking so imagine asking for the sale, like I just, when we just went and bought a nice car for my wife and I don't want come across that as a husband who buys a car for my wife. Let me be honest, my wife makes her own money, she has her own job, she has her own practice ok? So she wanted a car and I'm a control freak about owning the car buying process in our family so the guy says ok, now that you like the car would you like to buy this one? And in two – then [crosstalk] that just his last question.

ROSS: Just like that?

T-BONE: Just like - he doesn't even think twice about it, right?
[crosstalk]

ROSS: And who asked it to you till five times? Sure.

T-BONE: And he'll call me a week later and say hey you came and love this car you didn't say yes to me then are you ready to say yes now? I'm like please, for the love of God, leave me alone yes, I want this car right. And so we never ask the closing question which is - tell me what we can do to help you make this happen ok. Tell me where we can help you in the decision process when you're ready and tell me if you're ready to move, if you- would you like to get started today? Ok and to me that's the easy way to ask - would you like to get started today, and if I said that to most dentist they'll like - my schedule is full. I'm like getting started today is not your schedule is full, getting started today is pictures, it's impressions it's a financial arrangement. It's something that makes the patient mentally think that they can get started today.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

ROSS: Yes, absolutely in and with the well trained team you can do those things because these large cases as you said do take preparations.

T-BONE: Oh, they take time they're mentally hard. Yes, they're mentally hard. Listen then the financially and profitability wise, I'd rather do four root canals and crowns on four different people than do a complex case because it's easier and simpler.

Men root canal crown to me is like mundane work now at these point it's "General Dentistry" in my three phases of Dentistry. Ok, so we talked about that. Talk to me about - so let's talk to me about struggles. So what, where do you want to be and **what are your struggles in your practice right now?**

ROSS: Oh you know we touch on letting patients know and messaging, signaling to the patient what you can accomplish for them, I wouldn't say that's a struggle I think we laid the ground work for that in the practice but when I say struggle I mean I tried to search every day for clearer way to communicate that to patients and that means in becoming more sophisticated or being able to break that down in a more understandable way. So I'd say that's one struggle that I actually I hope I always have so that way I can continue to improve.

Beyond that though I think team and staff is always a challenge. Most dentists will probably answer that. [crosstalk]

T-BONE: You know I'm going to email this to all your team members and make them listen to it.

ROSS: Nothing I say would shock them.

T-BONE: Ok that's good.

ROSS: Yes, they, they know and I have a fantastic team but it does take constant effort to keep people on point because just like us dentists, we get trapped in that MOD world so do team

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

members. You know your hygienist; you know default wants to just clean teeth and so keeping him or her on track and constantly motivated and excited about dentistry so that here she can talk to patient about it. It's constant work to do that just like its constant work to motivate ourselves for higher level dentistry. So team staff is challenging for sure.

T-BONE: Anything else? What's the real struggle, Ross? Come on.

ROSS: So beyond that from a business perspective attracting new patients and attracting patients I'm going to lean away from using the word quality patients because all patients can be quality patients but I'm searching for patients that have a similar philosophy or that are looking for different type of dentistry.

T-BONE: So now, you going to get me on a soap box ok.

ROSS: Yes, that's, that's a set-up for you.

T-BONE: Ok so ultimately I think I boil struggles down to three categories ok? We struggle for **more time**, we struggle for **more money**, we struggle for **more professional satisfaction** ok, so ultimately, whatever your struggle is? [crosstalk] it's, it's driven by one of those things right? Ok, so you're not married you don't have kids that I know of at least ok. So you may have a second family in New Jersey that no one knows about ok. But you look like a serial killer, I'm worried about that. Like right now for me it's time, look I want more money, I don't need more money right now ok, but I need more time ok and I struggle for professional satisfaction ok and I would guess playing Psychiatrist here which my wife gave me medication this morning ok. I would guess that you want new patients for more professional satisfaction because you feel that you need more. You need different new patients to do the type of dentistry you want to do to want them.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

- ROSS:** Yes, I think that's a fair statement. You need that come in to the practice but I'm not, I'm not one of this guys that needs to have a gigantic practice, I mean, I may be have a thousand patients
- T-BONE:** You can't have a gigantic practice by the way.
- ROSS:** Right, and, so I do firmly believe and I coach the team and say you know, we have everything we need within the practice to facilitate these cases because there's a plenty of need in the group we already have.
- T-BONE:** All right! I'm going to challenge you now ok, because you know, you've learned, you've seen me enough to know that I don't believe that we need new patients necessarily, ok?
- ROSS:** Right.
- T-BONE:** So ultimately what you're looking for is more time and more money and more professional satisfaction because you're tired of doing fillings and single crowns because they don't, they don't drive you, they don't give you that, that tingling feeling. [crosstalk]
- ROSS:** Yes and get to your skirt.
- T-BONE:** They don't give you that tingling feeling so, so I'm going to ask you, within your practice there's the opportunity to do medical billing to increase revenue and increase time, where are you at with that?
- ROSS:** Yes.
- T-BONE:** I went there, didn't I? [Laughs]
- ROSS:** Yes, you know where I am? I'm standing on the end of the diving board, [crosstalk] I keep looking down at the pool going - that's too far, I don't want to jump, I don't want to jump.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

- T-BONE:** Yes what's holding you back from that? Silence.
- ROSS:** Yes, Yes, fear, I mean it's like anything. I'm afraid like any dentist to implement something and it not be - not work. [crosstalk] not be perceived well.
- T-BONE:** Oh my God, you might have failure Ross? [crosstalk]
- ROSS:** Yes, I know.
- T-BONE:** Oh G, you never ask a woman out had them say no? [Laughs]
- ROSS:** Well, I mean, I do look like a serial killer like you said all the time.
- T-BONE:** And what is what is? And I don't want to give you a Psychiatrist. [crosstalk]
- ROSS:** I should stop asking hitch hikers.
- T-BONE:** That's Tiger Woods did well with that. [Laughs] But, you know, I think I'm going to push you on that, ok.
- ROSS:** And you have and you can push harder.
- T-BONE:** But I haven't pushed hard enough because I haven't won that battle and I can tell you from my own practice we collect these \$17,000 dollars last month in medical billing and these are things that we've done anyway and these are the things that help our practice and help our patients because that allows our patients to afford dentistry and more importantly patients want to spend money they only have certain amount of money that they could spend so if you can get them \$17,000 on medical insurance then they'll still spend \$17,000 on other stuff that you have to offer. Ok, so the next thing is where we have to sleep?
- ROSS:** Same place.
- T-BONE:** So these things. So ultimately I know what people looking for is more time, more money, more professional satisfaction and see

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

within your practice right now, if you have a thousand patients in your practice that means you have almost eighty patients in your practice that have sleep apnea, today.

Today, in your practice today you have eighty people that have sleep apnea and you've done nothing on it?

ROSS: Yes, sure wouldn't I, I haven't done. I haven't done medical coding on them. [crosstalk]

T-BONE: But you haven't done sleep apnea?

ROSS: I've done appliances but not on a regular basis. I should be doing more I can be doing more.

T-BONE: Yes, so we have to create awareness remember? So the first step is creating awareness - so, so listen and then but allow, allow us to have a good positive thing, so where you at with implants?

ROSS: You know, so part of the challenge is as you said time, personal time within the practice, where do you put your energy? So for the last three years I've really been putting energy towards, towards implants.

T-BONE: So three years ago you' weren't doing implants?

ROSS: So three years ago I was restoring implants but not placing implants and you know just like you're trying to create disturbance in me now for medical billing you know I had you know disturbance created you know to push me to [crosstalk] have more about implants

T-BONE: What was the disturbance? [crosstalk]

ROSS: Getting results that from my specialist that were less than ideal that didn't have my end goals in mind or the patients end goals and mind.

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

T-BONE: So if somebody else is with ROSS: three years ago listening to this podcast, what's the first thing that they need to do to get - they're, they're getting results they don't love, they want to invigorate their practice, they want to create disruptions, and they think implants is the right for them. What's the first thing you suggest to them?

ROSS: Well, I'm going to suggest three and I'm going to piggy back sort of what you already said. **Find a mentor who's doing the things that you want to do whether be a specialist or hyper GP.** Find Tarun, find Ross, find any of the mentors out there that can help you develop the vision where you should go. That's the first thing. The second things **you got to find continuing education that is geared toward what you want accomplish.** [crosstalk]

You probably not going to find that most except for FTC 2016. [Laughs] We do, we have code name classes, we do, we have [crosstalk]

T-BONE: But you brought those in by the way

ROSS: But we brought those in. Sure, sure

T-BONE: Not we, you, you brought those in

ROSS: I have a team there that does that but it's on my program [crosstalk]

T-BONE: And what else? How does technology play a role on that?

ROSS: It's hugely important. Cone beam and CAD/Cam, Integrated Planning and guided implant surgery it was the tipping point for me. Once I was out there unaware of that technology and once I saw people who were using it to the highest level I couldn't unsee that I know that's the direction I have to go.

T-BONE: Has it changed your practice?

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

- ROSS:** It's absolutely been transformative for the practice.
- T-BONE:** Has it changed you professionally?
- ROSS:** I love the professional satisfaction that comes from being able to do those cases and give those results to patients its exactly paramount.
- T-BONE:** Your patients didn't get up out of the chair after MOD them and said thank you?
- ROSS:** Yes.
- T-BONE:** But when you give them new tooth on the front they do get up and say thank you?
- ROSS:** Yes, Yes, once in a while you know you get a patient get excited about something small but they get excited about the things that change their life and impact their life and like you said an MOD composite is probably not going to do that from those folks.
- T-BONE:** Well Ross, we're out of time. I got to tell you I really enjoyed this interview.
- ROSS:** I appreciate it my friend.
- T-BONE:** I enjoyed our conversation I'm going to leave our listeners with a few words here ok and these also boxes for me. So I would say to you listening ok, no matter where you are at in your career you got to where you're at today from where you were five years ago, ten years ago wherever it was by taking that four letter word and that four letter word was risk. R-I-S-K and my question to you listening is when is the last time you took a risk? Ok, because without risk you cannot create forward movement because in my opinion risk creates force. You have to move forward because when you put it on the line ok, it's so easy not to put on the line so if you're looking - hey If you say,

Ep #13: Struggles in Practice and How to Overcome them - Conversation with Dr Ross Enfinger

hey I want to do implant, take that risk and by technology it will change the way you do things ok.

If you say hey I need to do something different, take that risk and go to an expensive CE because they're expensive for a reason ok because they're great, ok. If you say hey I need, I need, I just need something take a rest and take time off and get away and get re-energized. Whatever it is just take a risk to get where you want to go so to me, my message today- if you need to do something different take a risk because there's a big world out there and we want you to be a part of it and if there's anything we can do to be a part of it please Ross, how do people get in touch with you?

ROSS: You can e-mail me at **ROSS@msn.com** or you can...[crosstalk]

T-BONE: How much I hate that MSN e-mail address.

ROSS: Or you can message me on the boards for CEREC Doctors or Facebook.

T-BONE: Ok and again my only ask that each of you is - we're trying to improve our listenership. We have a good listenership now but if you can share this podcast with your colleagues and your friends that would be great and if you could leave us a review on iTunes, we would love that as well. So thank you very much, until next 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.