



Full Episode Transcript

With Your Host

Dr. Tarun Agarwal

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

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 everyone how are we doing today hopefully you guys are ready and pumped for another episode of T-Bone Speaks. I have fabulous news today. Our missing in action co-host is still here, still ticking and the last I checked he still has my account.

Chuck how are we doing?

Chuck: I'm doing awesome today, how are you doing?

T-Bone: I'm pretty good, but before we keep going I need to put a plug in, I need to put a plug in for www.askchuckmckee.com

Chuck: What is that all about and why you're making fun of me right now?

T-Bone: Well, because, since you have no social media presence whatsoever on Facebook the only way somebody can find you is to go to your website www.askchuckmckee.com.

Chuck: Simplified.

T-Bone: But of or really what should be to be quite honest with you is it should be www.where-in-the-world-is-Chuck-Mckee-and-why-he-is-not-on-the-T-Bone-speaks-podcast.com?

Chuck: Let's talk about this real quick. Let's clarify that. Last week we did a podcast.

T-Bone: Yes, but ...

Chuck: The second three weeks for your virtual assistant.

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

Ep # 20: A Conversation on Five Things You Should Know **About Having An Associate**

T-Bone: No, no I'm ahead of schedule. So like this now I can't live my life the way we used to have it where I was doing a podcast the night before its due and then missing weeks.

Chuck: Let's ask your listeners what they will have?

T-Bone: We don't even have listeners.

Chuck: Let's as, them whether they have quantity or they have quality?

T-Bone: Oh, I can tell you this; the truth is this, my episodes alone without you the quality is much better.

Chuck: That's not true.

T-Bone: That is absolutely true.

Chuck: Says who?

T-Bone: Says me.

Chuck: Ok, so listen let's focus on this tonight we've got an awesome, awesome topic that I've never always talking about, but I'm excited about so what are going to talk about it tonight?

T-Bone: Your grey hair is pretty grey dude.

Chuck: It's because it's a little long right now.

T-Bone: I'm just saying that crap is grey.

Chuck: It's white. It was grey before

T-Bone: You're 40-year old man with like silver, silver, silver grey, grey, grey hair.

Chuck: Have you seen my wife?

T-Bone: I have not in a long time.

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: She love's this over fox.

T-Bone: [laughs] That sound like a strip club, dude. [Laughs] of all people

Chuck: I would go broke if I were working in a strip club let's be honest. Ok we've got to move on.

T-Bone: Ok so let me talk about it, alright. So today we have a great episode. Our episode is going to be **five things you should know about having an associate** and I think selfishly I want to do this episode so I can vent and we can have a therapy session for me and we can dissect. I really want you to ask questions because I'm going to be actually open. I'll try not to use names but I'm going to be absolutely open and let's have a good discussion on associates and as much as I bitch and moan excuse my language but I'm going to consider bitch a normal word these days, ok as much as I bitch and moan about our associates I'm of the firm believer that every practice should strive to have one.

Chuck: Absolutely, absolutely I agree.

T-Bone: So we have five things that we will talk about but before we get started Chuck is there anything you want to get off your chest today?

Chuck: You know I think...

T-Bone: You are given like a minute.

Chuck: No, everything has been great. I don't really have any complaints that aren't my fault how about that?

T-Bone: Well, I have something I need to get off my chest.

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: What's in your mind?

T-Bone: Today I was having a conversation with my practice manager Cynthia and she was talking to me about- I was looking at my day sheet and I'm like why did I have a negative production for yesterday, because I review my day sheet everyday with Cynthia and I say why did I have a negative production yesterday and she goes, "Let's look at that."

Number one, I'm like, "Why the hell do you not know?" But we looked at it and we had quite few adjustments and deletions on our books and I'm looking at it I'm like so why do we delete this and you know one thing you know hey we posted the wrong doctor and an Eaglesoft wants your run in the day or do whatever you want to do delete it versus changing the thing or whatever it maybe and then finally we talked about this one lady who started Invisalign treatment. We took impressions and records sent it in and then she called back like a two, three days later and says I changed my mind I don't want to do it so we gave her almost all her money back minus I think two, three hundred bucks for taking impressions and all that stuff and then I look up at her account and it was done incorrectly so I called the person who adjusted the account to my office to just explain to me what they were doing and as soon as I asked any kind of question it was defensive mode like, "I don't know I was busy things are going on" and as soon as I heard the word busy I just went crazy internally but here's the good news on this I didn't lose my crap this morning I just looked to both of them and I said I think it's time that you leave the room and leave me alone and they left.

Chuck: Sometimes it's what you don't say.

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: It was, it was an awesome feeling and then I got mad at myself I fixed the issue and then I was on an internal rampage the rest of the day. I got stuff done today man.

Chuck: I will tell you, you open that can of worms that was longer than one minute that was our deal.

T-Bone: But you're one I'm the main host here, I can – this is my home I'll talk as much as I want to talk.

Chuck: Listen I'm not Robin, I'm not your side kick or maybe I'm a little bit.

T-Bone: But you're not even on the show all the time because I can't get – I don't know where the hell you are.

Chuck: Listen, I will give you one episode a week now whether it takes you three weeks to give me an hour of your time now that's one thing.

T-Bone: I can't help you. I may be recording four or five episodes a week.

Chuck: The non-negotiable is I'm not going to rush and I'm not going to chase you, and we're not going to do it during the week when you're seeing patients and I'm seeing clients.

T-Bone: Ok I'm surprised you have clients left the way you talk to them.

Chuck: Is that fair? Alright, here's my quick rant we got to move on okay, because we're already cutting it. My quick rant is this I am mad at myself for not being firm enough with my clients when I sell them technology in selling our training. So basically we are scared to death to tell the doctors if you're going to buy a Cone

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Beam, or if you're going to buy CEREC this is our protocol and this is what you need to do to be successful.

Sometimes I feel like we bend the rules a little bit because we think some doctors will learn quicker than others. So I got chewed out this week from a doctor because they're having CEREC issues and when I dove into it, the CEREC issues were 95% the doctor and they have not been to advance training since they bought their CEREC a year ago and shame on me for not pushing that because they're very, very good client and I didn't push them hard enough.

T-Bone: Because you're afraid that they'll leave.

Chuck: That's exactly right, you know, we're in the yes business at Paterson. We say yes to everything and I love that I love having that type of autonomy with my clients, but at the same time it doesn't help our clients when we bend the system, so we need to stick to our goal so that's my rant and again I'm mad at myself for that one.

T-Bone: Well, it's rampant in our industry. We do that with team members by the way we're afraid they will leave blah, blah, blah. Alright, so on to the main topic thank you for sticking around to the listeners at least.

I'm in the funny mood today that's good. Alright so let's talk about five things that we need to know about associates and number 1) is **the mindset of the practice owner bringing in the associate**, why and when to evaluate are you the owner or you the senior doc ready for an associate and are you and your practice prepared to have the come and go associate?

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: That's a great, great point. I go to this daily. Not once a week, but daily with the when and why and also the control freak.

One of the toughest thing I'm seeing with the associates right now is the team buying in and whose going –is the new doctor going to be good enough in the team's eyes for the patients to see. For instance, I had an associate just leave an office that was awesome making a ton of money seeing just a handful of patients, but the doctor, the associate doctor told me Chuck look I'm giving you some advice he said, “you know I don't know any associates that can ever follow in that doctor's footsteps because he's a great doctor, great practice but there's no way anyone can compete with that guy.”

The other thing we talked about when and where do we jump straight in and hire somebody full time or do you like to take – just kind of stick your toe in and do maybe one or two days a week. What I typically tell the doctor is if you're booked out four to five weeks consistently on your schedule, consistently four to five weeks then it is time to start getting an associate at least a couple of days a week.

If your hygiene is booked out four to five months and in our state we can only have two hygienist as per doctor you can't get another new patient in because you're so booked out the patient will start looking elsewhere. It is time to go ahead and book another column of hygiene where we have to have an associate to support that.

T-Bone: Legally.

Chuck: Legally, right, so those are just some things. I mean we have practices that will you know rent-a-doc.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: Yes, I'm done rent-a-doc.

Chuck: Just to check hygiene but they are not really checking hygiene but they are there, is that fair?

T-Bone: Yes, you know it's interesting you talk about the hygiene issue I would say a lot of practices are booked out four five six months because they book in advance but then they have lots of cancellations and last minute changes so I would say if your hygiene is booked out and meeting goal then certainly that would be there. Now, I don't necessarily agree that you have to be booked out four-five weeks to need an associate. I really have different mindset on determining whether or not your practice need an associate. I really think and I think this is utterly important and again selfishly it's utterly important, I think to me **you need an associate when you want to make a transition in your practice** or transition what I call it transition to the right and by that it means – I wrote a blog post and I think I've talked about it in the podcast before where I break dentistry down into three phases, general dentistry, advance dentistry, and emotional dentistry. And if you want to have two people playing in the sandbox of general dentistry then there are a lot of challenges there in having an associate, but if you want to advance your practice by doing advance or emotional dentistry and whether you transition to that or whether you haven't been bring in an experienced associate/specialist even to do that then to me you don't have to be booked out thus far you just have to really know, can you turn the funnel on and mark it for the patients or are you turning away patients to referrals for things that you don't do.

Chuck: I hear that all the time. I really want to grow my implant business I really want to grow my sleep business but I just don't

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

have time. I'm so bug down with crown and bridge which, listen there's a lot –there's nothing wrong with that but if you're turning away \$2500 to \$4000 arch treatments because you were...

T-Bone: Busy doing an MOD...

Chuck: You're busy doing quads or fillings then we need to talk about that; I hear that more often than you can imagine.

T-Bone: Yes, you know I think the dentist has to be honest with themselves do they have the practice to support that and can they do it, but to me in my opinion and maybe I'm unique and this maybe I don't believe I am, to me that's one of the main reasons for getting an associate is to free up your time to allow you to do those things that you don't have the time for whether that's personally, whether that's professionally or whether that's something else in life for God's sakes.

Chuck: And well, you know, and when you're looking at those things too don't let your facility hold you up either. So many times I hear people their concern about being facility bound; there are a lot of practices that are great just because you bring on an associate you don't need to add two new ops.

T-Bone: No, you know in fact I would say most practices certainly in our area and probably across the country only used their facility probably 25% of the time.

Chuck: Exactly.

T-Bone: Because you're open eight to five four days a week there's seven days a week in a week and there's twenty four hours a day in the day.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: Well, let's take the creative scheduling aside, let's put that aside for a second, let's just look at your columns in your current office in your current schedule. I think if you're a doctor who is trying to do more procedures like implants and apnea

T-Bone: You don't need as many opertories,

Chuck: You are working out of one because your hourly is probably about twenty five hundred an hour at that point.

T-Bone: I don't know about that, now come' on Chuck it's probably more I think once you get a thousand plus you're in that ball park

Chuck: Ok one column is fine for you. Your associate needs at least one room and then we need an overflow so you will be surprised that the dentistry

T-Bone: We make it work with five opertories total in our office.

Chuck: And it works and that's in a PPO practice.

T-Bone: Yes, six opertories, sorry. We have six offertories in our practice I work out of one.

Chuck: So don't go in with the... [crosstalk]

T-Bone: My associate works out of one and then we have one overflow that we share, we have two hygiene rooms and then we have one new patient consult/limited exam room.

Chuck: And just to clarify you're here three days a week.

T-Bone: I'm here Mondays, Tuesdays, Wednesday eight to five.

Chuck: Ok, and the practice is open?

T-Bone: Five days a week.

Ep # 20: A Conversation on Five Things You Should Know **About Having An Associate**

Chuck: There you go. Ok so when and where, again there's a couple of things if you're trying to grow clinically that's the first step.

The second step is maybe time, I was talking with the doctor earlier in the week and his whole thing is, I'm not trying to make more money I'm trying to make more time, but while I'm here I need to make the same income so that was something that we're working on with him right now. So he's bringing in an associate so he wants to work your schedule quite honestly Monday thru Wednesday and he wants to go down to the coast for a few days every week so I was like, "ok, I'm going to expand my hours by an hour a day personally so that way... that makes him...[crosstalk]"

T-Bone: So you might go eight to six instead of eight to five?

Chuck: That's correct, that's correct with the seven o'clock appointment probably the most popular time.

T-Bone: But why, why, Ok anyway, I don't want to get philosophical why you even expand. I think he is your contractor hours personally.

Chuck: So something like that it's just sticking your toe in ok and it makes simple go better and we know that will pull back we see that time and time again.

T-Bone: Ok, what about the control freak? What about someone like me?

Chuck: Oh, that's a tough one. It's really hard to go through to work here to be quite honest with you, I put that soon to the category of it's tough you know to walk behind you and it's not necessarily your dentistry as much as your, your intolerance to your...

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: My dentistry is very good too.

Chuck: Well, your unwillingness to change your system and that is part of the secret sauce here, too. So let's talk about a little. Let's talk about you've had associates in the past who want to do implants that they don't want to do unguided because they don't need to.

T-Bone: They need to trust me, they need to.

Chuck: But in their mind right and you had some...

T-Bone: I can't help with the stupid.

Chuck: You've had some gifted doctors come through here.

T-Bone: They think they're gifted.

Chuck: To your point you'll look you can probably do this without a guy, but if it goes wrong and many times you said look I've done too many of these without guides and they screwed up.

T-Bone: Yes, but they look at me and say you have two left hands.

Chuck: And you have to also pay for who pays for that screw-up. We ask to pay... [crosstalk]

T -Bone: Most of them are not even around long enough to see this screw up.

Chuck: So it is tough here and you know here is something I will tell you and there's a lot of type A doctors, a lot of people listening to this are type A more than they realized.

If you're a technology doctor you're probably well tied to take on a sheep dog so I will tell you often the perfect associate you're looking for doesn't want to work for you. The perfect associate

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

that you're looking for is going to run their own business and if they come to work for you there's kind of people, a year, a year and a half max and it's just not going to work.

T-Bone: And there's nothing wrong with that but I think what the problem is listen at the end of the day if you think somebody is going to come work for you and run it like they own it and take unbelievable ownership of it and take it to heart and you think they're going to be there forever, you've got another thing coming to you. So I would say twelve to eighteen months is for really and that's one of the challenges, Chuck, for me is I want only good people or great people, right, but I know that wanting good or great people typically means they have 12-18 month life span.

Chuck: Honestly how do you feel when you have an associate challenge you?

T-Bone: I don't mind, it depends what they challenge me on like K challenged me on why don't we do direct pulp caps.

Chuck: Who is K?

T-Bone: Dr. Ketchup that's working with me now.

Chuck: And he's been out of school for a year now?

T-Bone: A year and a half, yes. One day, when he's like, "why don't we do more direct pulp caps?" I'm like because if you need a direct pulp caps do the root canal.

Chuck: Ok, I mean philosophically do you think that's a common practice or best practices or is that a little aggressive on your part?

Ep # 20: A Conversation on Five Things You Should Know **About Having An Associate**

T-Bone: No, I think that's, I think that's logical ok because number one I don't want to see the patient again. The patient doesn't want to have to come back for tooth. I don't like having the back talk why this tooth ends up in root canal a week after two weeks or a month after we did it but If you have an exposure I believe that you should just go ahead and do the root canal.

Chuck: Well, you know another thing I tell you a great story we we're talking about with...

T-Bone: And then he tries to sell it to me as a bill of procedure, I don't care about direct pulp caps.

Chuck: Well, something came up with the past associate here with pulling ups and bunion and the third and the doctor is just a gifted general dentistry work here and we talked about that a lot and...

T-Bone: I like how you try to sugar coat it.

Chuck: Well, and he was. Let's just call what it is or she was I can't remember which one but anyway, so in saying that you suggest because you can doesn't mean we should here.

T-Bone: Yes. I call it the business model.

Chuck: And so the associate was looking at that was probably two thousand dollar procedure here.

T-Bone: With the insurance about fourteen, fifteen hundred bucks

Chuck: Ok, and you said the reason I'm not going to let you do this is because you're not sedation certified and you don't want the patients to have bad experience.

Ep # 20: A Conversation on Five Things You Should Know **About Having An Associate**

T-Bone: Right, yes because at the end of the day you know the thing was to me well in school or in residency or in my rotations or my last office we did it without sedation and everything turned out fine. I said, "yes, but those patients don't come back you and those patients don't refer people to you and those patient's tell me the last time I went to your office the dentist put their knees up on my chest to take my tooth out and that doesn't help me grow my business or my reputation.

Chuck: Well, what thing you and I probably spent the most time talking about with each other it's not what you say and how you say it and when we're stressed out and we're exhausted sometimes when your personality falls I'll just say [unclear] you do not have a lot of patients and sometimes

T-Bone: And I had less now than I ever had.

Chuck: So it can come across as a prop anyone who knows you, knows that you're all heart however, you got to be careful how...[crosstalk]

T-Bone: So I come across as a dick or an ass sometimes?

Chuck: Yes, it's pretty coarse and you and I have had many conversations where I just walked away I say, I know he didn't mean that but it's better if I just need to leave today. So on the control freak thing, my personal observation has been, it's ok to be control freak, it's how you say it. But at the same time the associate needs to remember whose name is in front of the building.

T-Bone: And they have a greater and greater problem remembering that ok and they sometimes you know one of my frustrations, they talk the talk but then they don't walk the walk, right? And I'm not

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

clinically I'm saying they say things like it's your practice. I'm here to service you or service your patient base, but then their actions aren't congruent with that message. So number one was the mindset of the owner ready to bring in an associate.

We want you to have a clear defined why you're looking for an associate, ok? And when you're ready for an associate, how far you have to be booked out and that will be very dependent on the why. We want you to have a clear understanding of your personality. Are you a control freak and are you really going to work well with the sand box with an associate dentist and then I'm telling you from personal experience and this is not unique to me. It's be prepared to have people come and go.

I remember my team members like, God, it looks so bad for us to have people that come and go, and I go, listen think about it this way, you need to me that's all about how you phrase it to the patients and to me you phrase it to the patient like this- listen Dr. A loves mentoring and helping young dentist and he wants them to come here and he wants them to fly on their own after a year and a half or so and we come, you know, and we only bring the best in and one of the things we bring in the best in here is that they also want to go on their own practice and he wants to give back to the community and so that's how you sell it to your patients so the patients don't start getting freaked out when you have a new dentist here every couple of years in that manner.

So number one, mindset; **number two expectations between owner doc and associate dentist** so by this I mean are you prepared to mentor? What is the expectation of mentoring also how do you work in the patient based where is the associate getting patients from? Also, what about the treatment mix,

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

whose going to do what procedures, is there a clear defined roles because of whose going to get what or what they can get or how do they start with that and then to me the probably more difficult one is how are you going to transition existing patients and how do you DV up new patients?

Chuck: Let's jump right in to that treatment mix this is something that will destroy an associateship faster than anything. So you've got Dr. B this is called Dr. B for our associate coming in and they're working, they're doing hygiene, they're checking, the person you can get to maybe they don't want to maybe you're just busy and we call that heavy doc, high doc, low doc do you still remember that?

T-Bone: Kind of, not really.

Chuck: Let's talk about that real quick.

T-Bone: But I don't know why you said heavy and you're looking at me. Is that a four [?] slip?

Chuck: Hi-Doc is pretty [unclear]. I like the scheduling. Hi-doc and lo-doc, hi doc is let's just say in our market where you have two dentists and four hygienists and hi doc is the doc who's doing all the production, basically, maybe you should now do a couple of implants maybe doing some veneers, you just can't get up that much. So lo doc is one who check hygiene all day and do your buckle fits and your class ones that's all they're there maybe pull a key tak in for emergency but...

T-Bone: Key tak? Chuck, please get the Paterson dental out of here for our podcast. Key Tak...

Chuck: That's the dental duct tape.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: Who makes that?

Chuck: Dental duct tape, brother. It is here to stay.

T-Bone: Key Tak, you got to have a titurator for that.

Chuck: So make sure if the patient excuse me if the associate diagnoses in hygiene and then Tonio this is the one I hear all the time. These are the late night texts I get, and the phone calls, "hey Chuck, call me we got to talk I'm treatment planning all this stuff but is sending up on "Dr. A schedule, it's ending up on Dr. Smith's schedule. What's going on? You know what that is that's the team buy in right?

T-Bone: That's more than the team buy-in there's a lot of team viand there but that's also about the patient's buy-in in other words you know listen let's take my practice for example ok I've been here fifteen years now. Can you believe it's been fifteen years?

Chuck: It feels like forever.

T-Bone: I have no hair and you all have grey hair but it's been if I've been seeing my patients for twelve to fifteen years or ten to fifteen years or even five years they're going to want to schedule with me and our challenge is honestly I don't want them to schedule with me. You know our challenge is to getting the team to transition the patient to Dr. B versus letting the patient choose Dr. A.

So here's my tip on that ok in the beginning I used to put it all in the team and the truth is that's not the best way to do it you know to me the best way to do it is for me to transition the patient to the Dr. B ok Dr. number two and the best way to do that is when you are with the patient you know I say hey Chuck

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

I want to do a couple of crowns here whatever it maybe and Chuck you know listen this is really important to me we really need to get this done sooner than later and unfortunately my schedule is booked out about a month and a half or so even if it is not I want you to say my schedule is booked out a month and a half the great news is Dr. X is in our practice and he's got a little bit more availability and quite honestly, Chuck, he is pretty good at this stuff. I let him do dentistry on me and then I want you to meet Dr.D and introduced the patient to Dr. X with you there and I would say Chuck I want you to meet Dr. X. Dr. X is going to take great care of you, you're going to love him and then I" puff my personality a joke I may say Chuck I don't want you to fall in love with him more than me.

Chuck: Oh I like that but here's a couple of things so be careful with that what I hear is that hey I'm really, really busy, I'm too busy for these ok now we can say that behind the scene but we cannot say that in front of the patient.

T-Bone: I didn't say that I said but let me clarify that I said Chuck you know if you really want to see me I'm not saying no I just want you to know it's going to be six to eight weeks before I get to you.

Chuck: I would say this I don't think this procedure should wait six to eight more weeks so Dr. K he is my technology ninja in here. He is awesome. I teach this technology and he is equally if not better than me at it right now. So right now I'm so driven in surgery and backlog in surgery, I don't know that I can get to this which is the truth as well.

T-Bone: Yes, ultimately it's the same thing but I think the key point there is you as the owner doc needs to have that conversation with

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

the patient and I think you should make sure the doctor and say I want either yourself to introduce you to doctor X or I'm going to have Meagan bring doctor X in so you can meet him. Ok and I think too often you know if I put myself in the patient's shoes I don't want to see somebody for the first time I've never met them and they stick their hand in the middle of my mouth and working on me. I'd at least like to have some pleasantries before we get down to business you know?

Chuck: Right, another great way to do this too and I was talking to a doctor recently who the patients just were not booking with the associate I mean it was painful. The associate's a great, great guy and so I talked to the senior doctor and I talked to the team, I said, "Here's what we need to do the team called me and so what do we do they're just not booking I said first of all do you believe or no yes of course he's great or he wouldn't be here so I talked to the senior doctor and I talked to the team and say here's what we need to do senior doctors are burnt out, doesn't want to put the energy in to selling the associate to the patient I said, "look doc we got three months here that you got to have to take it on the chin and you know he just doesn't want to talk to all the patients all the time he just want to do dentistry, he just basically burned out."

T-Bone: He's burned out.

Chuck: He's burnt out so I said, "look if you want this right I need three months so when you have your morning huddle you know that let's say Dr. K is going to see this eight hygiene patients today and the girls are always say well the patient really likes you and I don't know, you know there's always an excuse so what I told the senior doc, you have to do is look we'll go ahead and highlight that on your schedule you got to get up sometime

T-Bone Speaks with Dr. Tarun Agarwal

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

during that appointment and you are going there and say hey how are you doing? Thank you so much for coming in you're going to love Dr. K. He is a great guy if you need me stick your head in the opertory I'll see you before I go. I told her I said everyone of these patients three or four day that loves seeing you you'll have to take three minutes to say hello.

T-Bone: It's interesting you say that because I had plenty of patients say do you even work here anymore and I say what days do you normally come in they go Thursdays I'm not here on Thursdays and they happen to be on a Tuesday or something and it might have been two or three years since I've seen them.

Chuck: You cannot forget the people that got you where you are.

T-Bone: No, I'm not trying to forget them but I want them to know hey I'm here so on occasion I send out an e-mail blast or something with a joke saying hey don't forget I'm still here you know I want to know what's going on blah, blah, blah so when I see patients even if I'm not checking them because we tried to alternate who sees the patient every other time between me and the associate and so I will always even when I don't see them for a couple of times in a row I always peek my head and say, "hey Mrs. Jones how are you doing, great seeing you," and then I will say have you met Dr. K who's taking care of you and we go from there.

Chuck: That should be very calculated so when you have your huddle every day you guys get your hygiene probably better than anyone and these patients you need to make sure I know sometimes when you're taking a break oh my gosh I don't want to get up but you have to. If you do it for two or four months it becomes a habit well that will change things forever. I will tell

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

you this I'm going to pick on your team a little bit and I have long, long relationships with most of them and I hope that they don't get mad at me but your team is not the best at selling your associates.

T-Bone: No, because they love me so much.

Chuck: Well they're just they're so damn picky and it's amazing no one is ever good enough in their eyes and that's one thing with your team that I've tried to talk to here and there with them I'm certainly not their boss but I do mention my aim, "hey you've got to give this guy a chance or he's never going to get better."

T-Bone: Or they will not stay.

Chuck: Or they are not going to stay, and why would they? You know on that note on staying this is something that was really, really hard for me I do not talk because someone was a doctor they would never act like an employee and that was something that has been extraordinarily eye opening for me how associates often act like just hey it's a J-O-B.

T-Bone: It's eight to five I have to clock-in, clock-out.

Chuck: That's it you know I'm good making a little bit of you know five six hundred a day and I'm out of here nothing more nothing less but at the same time they're the first one to complaint about not growing so it's interesting to me.

T-Bone: But that's part of expectations, right? You need to find an associate partner who wants to be a non-equity partner in the practice at the end of the day right if that's what you're looking for so.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: Well when you're doing that you know I don't know if anyone's ever being truthful in the interview. I mean that's applying for any job.

T-Bone: No but it's their actions, it's their actions like you know to me, I look at what are the actions of a non-equity partner versus a J-O-B'er right? What time do you show-up? Ok, a non-equity partner shows up early they review their schedule more than five minutes. What time are they leaving? What education are they taking? How they're interacting with the team? Are they just one of the people or are they kind of do their own thing you know. Are they taking ownership? Can they name the team members families? Can they name who's your husband, who's your boyfriend, who your kids, how old are they so those are the things I look at because I can tell you all my team members, everybody right so to me if I went to ask an associate can you tell me who Liza's boyfriend is soon to be husband you know what's his name what does she likes to do you know those kind of things then to me those little things, the actions that tell me somebody's non-equity partner versus being a j-o-b'er.

Chuck: Well, one thing I've mentioned is it ok do you feel comfortable if I talk about a few numbers?

T-Bone: Yes, I don't care.

Chuck: So you know I've talked with a lot of these young doctors and I've had you coach a lot of associates and you know if you're an associate or you're an owner doctor now, something I tell people if you look at the dentistry they're on the top two percent you know the dentistry are making what they make we know what that is six, seven, eight hundred. You cannot and will not ever make that kind of money working eight to five, ok? It's not

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

possible, the people who make that kind of money in dentistry, they are the ones who get here six thirty, they're the ones who's in here that are looking at their cases thru in sequence. They're the one who always have three or four cases that they're looking at on their blocks on software and doing implant planning. They're the ones who are reading about dentistry on a weekend, they're the ones' who have a journal.

T-Bone: But I want to have a life Chuck.

Chuck: But listen, you know what and you can have a great life but I tell you as associates if you really want to climb and be at that level you don't get there buy eight to five it's very, very...

T-Bone: Honestly if I don't get their as an associate.

Chuck: Well, you can, right, but you know to get to that level you have to come in early.

T-Bone: You have to dedicate weekends to education, you got to work your cases, you got to be working on, you know, I tell associates or the mindset that I have for associates is you in a way have your own mini practice right now whether I'm not trying divvy up patients and stuff like that but at the end of the day you control your own destiny, you know and you have to be committed to growing your part of the practice.

Chuck: It's like running a business without the responsibility of the business.

T-Bone: Yes, but still business.

Chuck: Let me tell you this we were talking to one of your associate recently and he was complaining about not getting enough of your time.

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: I said schedule it.

Chuck: And so he looked at you and you share an office you're four feet from him, four feet. And I told him I said if you want this guy's time show up at six o'clock. If you want some Tarun time, six o'clock. You're not going to get it at lunch because he's on the phone, he's turning e-mails, you're not going to get it at five o'clock because he's got to go home. He's got commitments, you'll not going to get it on Thursday because he's gone, you're not going to get it on Fridays because he's not here, however if you want it you either A) have a takeoff time and fly with him; B) you have to meet him at 5:30 or six in the morning and that's when we usually have much of our discussions, would you agree?

T-Bone: Yes, we used to meet at 5:30 in the morning till like a kaibosh by the old ladies.

Chuck: So my point of that is to get to that next levels as an associate you could have to take it on a chin for two or three years. You can make you know \$125,000 for showing up but to go next level.

T-Bone: Yes, but that won't last. I wouldn't pay anybody that much just to show up.

Chuck: Absolutely, absolutely.

T-Bone: I want to go back to your point real quick on getting in my time or any owner doc's his time. I think that's part of the whole mentoring thing right which is part of number two expectation is you have to schedule time to mentor. You cannot say we'll find the time you have to schedule the time you have to have free block times that you go over things and that may mean six

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

o'clock in the morning seven o'clock in the morning, that may mean lunch. That may mean that you both give up production time to sit down and get clinically calibrated, verbally calibrated and get on the same page and I will say that one of my biggest fall with all my associates over the last five years has been that we have never scheduled the time. We never made and scheduled the time in advance. And the other thing I say to associates that are struggling to get their time or get mentoring, find a way to work within the parameters of your owner doc.

So I was telling K that same day with you there I was telling him he says I don't have time with you. I said, "dude I mentor people thousands of miles away more than I meant to you because they follow the protocol and the protocol is you e-mail me the case I look at it at home or in the morning and I send you a video back and I said you see me doing those videos for people and I say when was the last time you sent me a case that way he goes and I'm four feet from you I go yes and you just hope to catch my time in between patients and I say this people follow the protocol so I can mentor them."

Chuck: My favorite thing that we'll always struggle with here and I say this because I promised you your associates struggle will probably worse than anyone let's be honest, a CEREC training what do I always tell you we need to do?

T-Bone: Send them to training.

Chuck: I would say send him to Scottsdale. You don't have time and when can somebody get two days undivided attention and get that level of education with you.

T-Bone: Right now here's the other challenge on that, we do CEREC training as well you know I say I tell him take my class and then

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

why should I take your class I'm like you do sound like all the other dentist I deal with I'm like take the class. They go, well If I take the class I don't make production. I'm like oh my God do you want to do more expensive things or do you want to sit here and do fillings all the time. I'm like if you want the training take the class the good news is it's free for you for God sakes so just invest a little bit of your time and yes you won't make money that day but you'll make money down the road if you learn how to do those stuff. You're not going to learn it on the fly.

Chuck: Let's roll quick and this is going to be long podcast, guys I'm sorry but this is too important we're just going to talk about this because if you're a practice and you think you need an associate you'll probably pass a lot of problems that these new doctors have. You've a different point in life, let's really talk about that. My average client coming at dental school right now is about \$350,000 in debt.

T-Bone: That's about \$35,000 a month

Chuck: Ok, I'm so glad you said that, that's my next thing. \$35,000 a month. They're going to have an apartment for ten years for here, a decent apartment here is \$1,200 a month

T-Bone: A thousand two hundred per month so that's up to forty-five hundred dollars.

Chuck: Ok let's go on a limit and say maybe you made a stupid investment along the way and we're just going to call that forty thousand dollars in credit card debt.

T-Bone: I'll, I won't give you that

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: But well, it's what it is, okay? Whether you agree with that or not that's the math, we're going to call that a grant.

T-Bone: Alright so now we're at \$5,500 a month.

Chuck: Then I will give you another thousand dollars a month just to live.

T-Bone: Okay, that's for rent, sorry we already paid for rent, that's for utilities, that's for car payment, car insurance, ok so now it's \$6,500 a month. Now we need a thousand dollars to actually live ok because I got to eat. I can't live like a hermit and live my house all the time so I got to interact with people, interact with people means you got to go out a little bit, I'm not saying to bars and stuff but you got to go out, so now we're \$8,000 a month.

Chuck: And then there's, "hey you know what, I just spent eight years of my life I'm a doctor I'm going to treat myself to something."

T-Bone: That's BS

Chuck: Well, it is what it is.

T-Bone: I don't care what you are you haven't earned it yet.

Chuck: Okay, so but you...

T-Bone: But I'm going to call it eight grand a month.

Chuck: Okay, so does that mean?

T-Bone: That's \$96,000 a year after taxes.

Chuck: After taxes, so you need to clear

T-Bone: \$130,000 to break even.

Chuck: What is that called?

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: That was so eye opening for me when I did that with K because I pay K the first year a salary. I pay my associate the first year a salary, a guaranteed salary and it's significantly more than I made at my first job sixteen years ago and one day I don't want to use the word that he's bitching but he was saying to me that he needs to make more money and I said dude you make a lot of money how could you not live off of that and he was unbelievably eye opening for me when we sat down and break, broke it down to how much money he really has or doesn't have or anybody in that sense right, so it's amazing that the expenses is so high.

Chuck: Get over yourself thinking I didn't make that when I came out that was twenty,

T-Bone: Sixteen years ago.

Chuck: For most people ok it's a different time I mean it's for better or worst it's different.

T-Bone: I got it I mean it took me a long time to get over it.

Chuck: And that's what these kids expect, I shouldn't say kids, that's what these doctors expect and you know what and they can get it anywhere.

T-Bone: Yes, no, no listen it's the sign of the times.

Chuck: So we're in the economics part of that what does that come to it again?

T-Bone: So let's go to number two was talking about expectations, ok so now number three; we need to **go over the economics of having an associate** so by this I mean what are your ROI expectations as the practice owner; number two, who pays for

Ep # 20: A Conversation on Five Things You Should Know **About Having An Associate**

lab versus no lab, how do you handle CEREC in that do you force them to use CEREC, not force them to use CEREC and the other part is what are your expectation in ramping up to profitability in other words do you walk into the associateship and say I'm going to make money as an owner day one.

Chuck: Well, I tell you the Math that we hear this is very lose Math and we can go all other place, typically you need to strive to make a twenty percent ROI on your associate would you agree?

T-Bone: Fifteen to twenty. Fifteen.

Chuck: Fifteen okay, let's just call that, you're not getting fifteen percent or anything else in your life right now.

T-Bone: Why would you do it?

Chuck: Why would you do it or not do it?

T-Bone: I'm just saying if you're not getting at least ten, at least fifteen percent what's the point of doing it?

Chuck: It's just not working and I will tell you you got to come out of the pocket thirty grand getting that associate ramp up.

T-Bone: Yes, getting every time, every time, not every time I have a turn over associate, there's a period of ramping up.

Chuck: And basically what that means, let's talk about that real quick thirty grand, they have the diamonds they're going to prep with that they were trained on. Non negotiable. It is what it is right, there's always...

T-Bone: So just because they learned from 1980's dental school instructors how to prep 1980's stuff I have to allow them. I'm unwilling to accept that I'm just telling you.

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: Well you have and I have sold it all to you so many times over.

T-Bone: Yes we will talk about that because we will not buy things that I don't use.

Chuck: So the other thing, we're going to come back to that because that was a good learning point, there's a special elevator, there's a special rancher, there's special indoor system that we use in school that I'm just not going to do molar endo...

T-Bone: Go find another job.

Chuck: Okay, we evolved to that here but it wasn't always like that because so often what was that you always said to me, don't make desperate decisions, so many times doctors' desperate. A you're used to have an associate now they're gone, now you got two extra hygienist you got to say yes to everything and worry about it later ok, so.

T-Bone: It's a disaster

Chuck: It can be a disaster so now we're talking about two different things here, the first time associate and

T-Bone: Now I get it I mean, but look again I believe that you as a practice owner need to firmly have a business model and your business way you have your own culture right, that's not just about the personality of the office but that's also clinically in the office you have to have your culture right and for me culturally I want to use the same products. And look I'm semi-rigid in the products I use, but I'm also open if we both agree on the product. In other words if you can sell me that for example Tetricflow is better than the focal flow ok then we'll all switch to

Ep # 20: A Conversation on Five Things You Should Know **About Having An Associate**

Tetricflow, if you can sell me that XYZBER preps better than XYZBER then we'll all switch to that.

I want to have consistency so that way when my assistant works with him or your assistant works with me that there needs to be and on that note that's one of the best ways I'm able to find out how things are going in my with the associates because honestly if you think about how many of us really interact with our associate and see how well they're doing? You don't, right, you just say hey how's your day going, you're doing good dentistry - yes I am, because nobody ever says I'm not, right? And then you ask your assistant how's the dentistry and they don't really know and look that closely right so one of the thing I like to do is I like to work with Dr. K's associate or Dr. XYZ associate sorry assistant and what that tells me is that tells me like she'll hand me this and then that and then you know I'll say I come ready for this and they'll like I usually do that I'm like why are you doing that well I say let's go this step where I'll say you know hand me the bonding agent and they'll hand me XYZ bonding agent versus what I'm using or stuff like that and that's a really good way to figure out or is your associate clinically on the same page you are or is that assistant on the same page your assistant is on.

Chuck: I'm so glad you said that because I want to segue way into that. If for your first time associate the last thing you want to do is introduced an existing patient to a brand new assistant and a brand new doctor so we got the blind leading the blind, this is going to be the hardest thing I'm going to ask you to do because all of you dentist

T-Bone: I did it and it was hard.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: ...hate change. Give your lead assistant your favorite person to your associate

T-Bone: With the caveat

Chuck: What's your caveat?

T-Bone: My caveat is you look you sit with your assistant in my office Liz and the associate down and you look at the associate say listen you do as Liz says, this is going to walk you thru this I know you're the dentist and I know **"she's a lowly assistant, but she's one circle around you."**

Chuck: Absolutely.

T-Bone: But you got to give that power because otherwise the assistant is going to often be timid in front of the doctor.

Chuck: Well, that way we have, we don't have somebody brand new, two new people with this patient, but more importantly the systems will stay in place, systems and system and systems will save money, they create efficiency and they're predictable as well. Again non-negotiable use my endo system first, let's see how you like, we'll bring the rep in. I'll train you, whatever.

T-Bone: Or I'll switch with you.

Chuck: Something else we did here we standardized all the surgery kits. It doesn't matter you grab one they're all the same

T-Bone: Same with the restorative kits, they're all the same we don't have – you know what drove me crazy is we have one associate come in in the very beginning and he wants, here she wants all Liz instruments and the next thing you know I got packs and packs of instruments none of which I use because I

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

work with like four instruments to do everything I mean I probably work with less instruments than anybody you know and so I got tired of it.

One day I had crown lengthening burst am like why in the world we have crown lengthening burst in this place and then you and I had to have talk why in the world if they ask you to buy it then they better pay for it, you know, so I said I'm going to send next time you buy something for the associate I' going to send that bill back and say have him pay for it.

Chuck: So let's jump into that bill.

T-Bone: So let's talk about lab and no lab

Chuck: Right, so typically what we seen our market most associates their expectation is about thirty percent of what they produced, the collections we go back and forth what we're splitting hairs you should be collecting a hundred percent even if you're PPO provider you know what your write off fee is going to be.

T-Bone: So you need to reclaim resay what you're saying then you're not saying thirty percent of production you're saying thirty percent of adjusted production. There's a big technical difference between the two.

Chuck: Absolutely, if you're charging, if you're gaining reimburse 890 for a crown

T-Bone: That high?

Chuck: \$890 for Medlife your associates could be paid on it on \$890. It is your team's responsibility to collect that money hundred percent.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: I disagree with that but that's ok.

Chuck: Whether the team, whether you have an associate or not the team should be collecting one hundred percent.

T-Bone: I disagree with that.

Chuck: How can you disagree with that?

T-Bone: Here's why, I don't believe it's all the team's responsibility, there are times where associates say, "let's just take this tooth out and don't give the team the opportunity to make firm financial arrangements so why should I pay if you say hey I just want to do it or I'm going to do this and I'm going to give it away or we're going to adjust it off why should I as the owner pay for your mistakes?"

Chuck: Well, I would say first of all a hundred percent of consented treatment.

T-Bone: Yes but the treatment consented between the dentist and the patient but the team so to me in our office and every office I don't start treatment on somebody until somebody gives me permission.

Chuck: Ok so let's just say that should not.

T-Bone: But it is an issue, man. It's not just here it's an issue everywhere I promise you it's an issue so you can live in pie in the sky land, but it's an issue.

Chuck: That should be listen clear cut in our contract, okay? So let's go back to that, thirty percent of adjusted production, okay? We're going to assume that you're collecting ninety eight percent ok so adjusted production

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: I might be giving away two percent of my fifteen percent

Chuck: Ok the other thing we've talk about is sometimes thirty two, thirty four and thirty five percent that's when you see the associate is paying for their lab bill.

T-Bone: So thirty percent has nothing to do with lab bill.

Chuck: Absolutely not.

T-Bone: Straight money.

Chuck: Straight money, thirty four percent is when you see that the associates are paying for certain things. At thirty percent you as a doctor you're paying for everything. Now, my favorite model is this and you guys do a good job on this, most of the times we see doctors they're on a budget we talked about this, we just went thru the Math on hundred thirty thousand dollars a year. If an associate can make five to six hundred and fifty dollars a day guaranteed, that's what they're really looking for a coming out of school they're slow as molasses ok, so we know that but I got to guarantee in any of these offices that are corporate rent, frankly...

T-Bone: I hate the word corporate rent.

Chuck: But let's just say that.

T-Bone: DSO's Dental Support Organizations

Chuck: The DSO's we have those and you can make that easily. You can be a dentist that's retired and check hygiene.

T-Bone: And make five hundred bucks a day.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: And make five hundred a day so now the question is to make that money let's say this we call that a draw here. I know in your practice you want to float that doctor for about six months is that correct?

T-Bone: I go into mentally saying six months if you're not breaking even in six months you're out of here.

Chuck: It's just not going to work so what we do here is the doctor really needs to produce about what twenty three hundred a day to cover that nut?

T-Bone: Yes that's three X three and a half X of what they pay them right.

Chuck: Okay, so let's just call that other numbers maybe off but once that doctor covers that number we'll call that twenty five hundred a day he or she gets thirty percent of that now what I do love...

T-Bone: Above and beyond that

Chuck: Above and beyond that, now the doctor can go on the hole at the end of the month it has to be a draw. Please understand that you can't get while the thing is good and then when it slow you get a clean slate wipe, but you need to take care for about six months and then if they're already negative let s wipe that but on this day forward you got to cover your draw and if you go on the whole one month then you go on a hole if you keep going in the hole every month and you really like your associate then maybe we need to cut back their draw from six hundred and fifty day to maybe five hundred a day.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: Yes, so you know listen I do believe in this, i believe that straight percentage off with no guarantee is unfair to the associate and in a way unfair to the practice also. And the reason I look at it is everybody has to have skin in the game the owner doc and the associate doc so I think the draw should be a minimum dollar amount, maybe four five hundred dollars personally that's what I believe and then you should have your percentage basis and then you should go from there. That way I have an incentive to make sure he or she gets patients as an associate I have an incentive to make sure my team buys in because otherwise I'm paying somebody for no reason and then you know that way he has, he or she has an incentive, because nobody, no dentist can really live of that and pay the bills so they need to make more and want to make more.

So we expect roughly six months, three to six months to ramp up the profitability. We expect are we going to it without ROI expectation of somewhere in the fifteen to twenty percent ball park net to net on our associate and then we work through the how to pay for lab bill versus not having a lab bill. And then just briefly let's talk about CEREC in associates in the CEREC office.

Chuck: This one drives me nuts it almost like when I have a you know an assistant who says, "hey you know what this is a doctor's money here she's rich it doesn't matter just buy it." I cannot, and let me and you don't hear me say negative things that much I cannot stand it and I would do everything in my power to replace an associate when I hear these words.

I'm not going to use CEREC because I'm not paying the liability it doesn't matter to me, it doesn't matter to me because most of the clients I work with are good friends of mine and when I hear

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

someone says that all they wanted to do is get their production up and they could care less about the profit if you're listening and you're an associate that I work with and that's your mindset I'm doing everything in my power to get you replaced. Understand that right now. So the point is and this is really really tough on our group offices so many times we told CEREC technology to a practice and the associates aren't using it because they're not having to pay the lab bills so they're not worried about it. I'll just take an impression my assistant will make the temporary I'm moving on to the next person same thing repeat, repeat, repeat. And they're not concerned about paying for the remix and here's the thing that gets [unclear] on that, it's the profit for the practice and most importantly the patient's experience ok, so that is something that should be what we call a non-negotiable if you have a CEREC be committed to getting your associate good at that technology.

T-Bone: It's a non-negotiable in our office

Chuck: And the last thing I will say on it your office decide in every office I work I really don't like it when the senior dentist in my personal opinion, I could be completely wrong, I do not like it when they say I will train the associate. The reason being is A) they never get to it, B) all of their bad habits they all of a sudden develop. I'd rather them go somewhere else for training and maybe they can come back and teach the senior doctor something is three thousand.

T-Bone: Or better yet go together.

Chuck: It's three to four thousand dollars and if you can't afford that then you have no business getting an associate.

T-Bone: Yes financially yes, God, you can't be that cheap

T-Bone Speaks with Dr. Tarun Agarwal

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: I think that's the first time I ever had a rant.

T-Bone: That's ok. You know, look I don't understand this when you talk to me about that like a few months ago you're talking to me about a certain situation where the owner dentist like I can't get my associate to do the [unclear] what do you mean can't get? Can't get a new associate then right so in our office a non-negotiable and I remember we had a dentist who is uncomfortable using it and then he said to me why do all I do is filling? I said because the team is unwilling to sacrifice the patient to take an impression you have to make a temporary, quite honest I just don't think the team wanted to make provisionals.

Chuck: You're such a good guy too.

T-Bone: He was. And then actually that argument was I only want to do PFM's I was like do I have done it PFM in like fourteen years so the economics of it, ramping up the profitability, the ROI, lab versus no lab and using the CEREC machine.

So now let's talk about the process of getting an associate and having an associate so where do you find an associate? What kind of contract or agreement do you have? How do you structure compensation, which we covered a little bit and then we covered a little bit on the mentoring there. So talk to me about where do we find associates?

Chuck: I will tell you this most of our branches we have a very, very strong relationship with the dental schools and it's necessarily to sell the dental school thing. It's more of getting to know the students and what you find is have you consider migrate towards people that have similar personality as you and ask our clients so basically what we're always doing, we're always

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

looking you know in working with the dental students and also associates who are unhappy leaving different places and we're like you know that personality would fit great with Dr. X or Dr. P so these things we're saying ring your rep whether you work with Paterson or who it is that you work with because [crosstalk]

T-Bone: Can't they say the other company's name?

Chuck: You know I've been here so long I can't even say that loud I just can't say it so you know wearing your reps very, very hard we have the relationships our e-mails are always full of people looking for jobs and understand we're not going to put just anyone in your practice because the last thing we want to do

T-Bone: You can't say that Chuck you won't just put anyone. Good reps won't put just anyone in.

Chuck: Oh, we can't because at the end of the day if you put in a doctor and sabotages an office inadvertently, then that's a reflection on who?

T-Bone: Whoever refers them

Chuck: That's right, that's right so ring in your reps. There are some great placement services but you have to pay. You shouldn't have to go to that to go to go Paterson.com we have an awesome, awesome map in there that you can put in your information where we can help you find you an associate. You can put it in your information as well and a lot of that information you can hide it so maybe you have an associate that you're replacing they don't know so you can be as discrete as you want to but start with your rep first and foremost.

T-Bone: I'll tell you I've got all but one of my associates for you.

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: I didn't realized that

T-Bone: Yes, but one so I rely heavily on my rep who's Chuck who occasionally shows up in this podcast and doesn't have a Facebook account, but the reason is because my rep knows me he knows my team, he knows what kind of procedure I'm looking for. He understands my numbers. He understands what my goals are so he's going, he or she's going to find the right personality. Where else besides reps I want to put ad out in the dental school job posting board.

Chuck: Yes, absolutely it's free well that's a good one, you know it's funny...

T-Bone: The placement services?

Chuck: Placement services are good if you look at your..

T-Bone: Facebook, you don't know anything about Facebook

Chuck: Your practice brokers often they have a transition part that you know because what their ultimate goal is to pair you up as match maker right go with them.

T-Bone: It's just lunch, it's just tea.

Chuck: So the practice brokers are really, really good and what's great about practice brokers is they're thinking long term and so you know

T-Bone: I like how you're so positive on people.

Chuck: It's you know what it's because I'm innately lazy. And it takes less energy to be positive than to be negative so I think let's just because I'm a little bit lazy. It's more efficient to be happy so how about that?

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: You use less muscle when you frown I think that's not true but that's ok.

Chuck: That should be easy to be honest with you, you shouldn't have an issue finding...

T-Bone: Yes, but finding the right associate.

Chuck: Let me take that back. If you're in a world market

T-Bone: Oh it's tough.

Chuck: It's brutal.

T-Bone: God, it's tough.

Chuck: You know what and what's really crazy...

T-Bone: That's where they make the most money.

Chuck: That's where there's the biggest need that ever had...

T-Bone: And they get to do the procedures they want to do

Chuck: But it's tough that is where I've struggled usually about fifteen minutes maybe an hour for many metro cities about where probably the easiest.

T-Bone: I cannot imagine driving forty five minutes to an hour every day.

Chuck: You drive twenty five.

T-Bone: I drive twenty.

Chuck: And that's in traffic, it takes you forty minutes. It's a mindset you have to say hey if I ever make to the grand today you can drive for the next twenty minutes.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: Oh yes, I mean I want to go two hours before you know but ok, so what about a contract or an agreement. This is an area I made mistakes on I've done, initially I do most of my stuff on a handshake and it's always come back to bite me because there's some disagreement or some unwritten, unsaid issues so I would say that and this is coming from someone who absolutely hates contracts. I would say it's important to have agreements in place, I don't like contracts. I like agreements.

Chuck: But it's good because it protects everyone. It gives you an out, it gives them an out, but more importantly on the positive side of that there's expectations. It forces you to write those things down and you know anytime we write something down or we have our goals we're just taking down all the whiteboard downstairs. When we write those things down the Math is simple. I mean you're already twenty percent closer to your goals just by writing it down and that's – the Math tells us that.

So that way it's clear cut you know and we're in this generation now where everyone text and e-mails and how many times when we have a talk how about let's just talk about it tomorrow but I got to look you in the eye and when you're getting a text from your associate or an e-mail most of the time you're just pissed off because you can't believe he or she said that but truthfully when is she-you don't know what they're thinking because you don't have a contract or plan. How would you ever start a business how would you ever get someone to lend you have a million dollars to start your practice without you know some type of business plan? It's the same way that same way with an associate so...

T-Bone: So, what kind of things should you have in your contract, you should have compensation agreement.

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: Compensation, non-compete very, very important ok which is easy to get around but still cost a lot of money to get around. The biggest thing is time, ramp up time it's kind of like you know you got to loan, you got six months of no interest no payment it's kind of like that so you should know at least you know, you can maybe even a guarantee what your draw is going to be...

T-Bone: But that's all compensation, what about CE expectations?

Chuck: That's huge, that's huge.

T-Bone: That's just been my number one – like I can't push it enough. I think like the state dental society has state dental board has your requirement, I think a practice should have a requirement of how much CE and what type of CE the associate should take to have a job here.

Chuck: Well straight out of dental school again the Math tells us you have six months of education before you're max out so when you graduate dental school that will carry you about six months into private practice where you pretty much going to see everything you've learn and you've done everything once or twice about six months in your max. So the biggest thing with that is rather than do it a million different CE's maybe in the beginning you should know this from your interviewing your associate or your associate partner I should say to figure out what it is here she loves, if it's surgery let's just focus on surgery.

T-Bone: Do you think they love that but they don't ok anyway.

Chuck: We don't take that away from them right, so don't focus on surgery, second molar endo, Invisalign, and then maybe a Spears Course my God that's been a you know jack of all

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

trades master of none so the CE I'm absolutely all school of facts that your associate has to have skin in the game.

T-Bone: Yes, so it's interesting I wrote a nice I did a nice T-Bone blog podcast without you of course on the five CE's that you must take.

Chuck: Six minute podcast does not count.

T-Bone: It does.

Chuck: There's like sixteen updates on my phone for this come on

T-Bone: So there are five CE's the number one and it's amazing you didn't even mention this so you need to go back and listen to that, the number one CE that they're not taking is Communication Skills how to talk to patients, how to gain case acceptance and trust from the patient it's not about clinical education, it's not just about clinical education, it's also about speaking education not as a speaker but speaking and communication and gaining trust of your patient. I think it's the most important CE that you take.

Chuck: So we talk about that on the contracts we've got CE, what do you budget for that, do you mind me asking?

T-Bone: No, I tell you I pay fifty percent up to five grand year.

Chuck: Ok so we've covered that, so it's covered.

T-Bone: And that's only for tuition I don't pay for flights, room, food I don't pay for anything, I'll give you up to five grand, fifty fifty match up to five grand year.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: So other thing we need to talk about is just a regular job ok because this is an employee not a partner. How many days off do you get?

T-Bone: With pay, nothing.

Chuck: During the holidays do you pay that person?

T-Bone: No

Chuck: Ok, well not everyone assumes that so we're going to talk about...

T-Bone: Well, it depends if they're a salary employee then yes, if they are a production percentage base employee then no.

Chuck: Absolutely and that's something you have to understand there's a big difference between a 1099 employee, right?

T-Bone: But even if they're as a W2 employee that's paid on of percentage I'm not giving them any paid time off.

Chuck: Just understand that somebody straight out of school are somebody straight out of a DSO was that we were saying earlier, maybe they're not familiar with your mindset so always understand it don't assume that they know.

T-Bone: Well, that's what bitten me in the butt that's why you have to have agreements.

Chuck: And let me tell you where to get a contract like this, where do you get it?

T-Bone: I got it from you.

Chuck: Okay, so what I often do is I find someone who's been to a lot of associates usually a group practice, someone who's really,

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

really good, really, really picky who's maybe had a tough time and very often they're the most open people get two or three from your friend or your Patterson reps who've had associates.

T-Bone: And I think you got to keep it simple at the end of the day.

Chuck: Oh, my God.

T-Bone: It doesn't mean to be a legal contract where you need to get your lawyer and look at it I mean people will disagree with me and then you get held up with the associates having their lawyer look at it. I just - making an agreement man what happened to the days of listen I'm going to do what I say and this is what I want you to do and just write it down on a napkin for God's sakes.

Chuck: Well, you know it's something I love this about my company we don't have to have a non-compete and our CEO...

T-Bone: I will do non-compete with my associates

Chuck: I don't disagree I kind of disagree with that part for a chronic you want to get different business but I love the fact that we don't sign a non compete and I tell you why? Our CEO has a mindset if you don't want to work here I don't want you here I want you to be happy.

T-Bone: I encourage my associate go cross the street and open up.

Chuck: So that's something to think about don't make your contract so iron clad they can't get out of it because the last thing you want is somebody in here who is miserable and they can't get out of here they will kill your team and that goes whether it's an associate partner or that's just a boy.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

T-Bone: How about if it's a hygienist for God's sake so you know a team member?

Chuck: Get him or her out of here but so don't get wrap around your act too much on this contract it's important to protect yourself but also give yourself an out as well.

T-Bone: Alright so that was number four the process finding one the contract, compensation structures all of those things. So number five is just it's a bitch session you know, you know the things that I think this goes back to number one; 1) we have to have a right mindset and that is loyalty I think loyalty does not exist anymore. I think that and I'm not saying about my current associate maybe even my past associates. I think what happens is they believe the grass is greener on the other side, they have no loyalty, they have no loyalty to patients, to patient care and I think that if you're an old school dentist, old fashioned or you know Southern basically, I think you're in for word to hurt with that.

How do you handle remake and redo's, this is an area I struggle with because honestly the fact my current relationship when you deal with associate who they leave and then you're left holding the bag on redoing or remaking the work and then you bitch and moan about it all the time in front of your new associate it makes your new associate gun shy so I think you have to it's a good balancing act between - how to handle remake, redo's what's your expectations should be, how to handle it and how you may left an effect, how you interact with the next one and or if you, you know if you learn from it each time. And then the other thing is team integration. How are you integrating your associate with your team? or you know are they trying to be you? I think the number one thing you can

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

make mistake, associate can make just try to be a duplicate of the senior doc that's nobody else can be the senior doc. Everybody's unique but they need to be integrated with the team, they need to be part of the team.

I don't like practices where they separate people out where this is my team and I have my side of the practice and this is your team and your side of the practice I just don't think that's healthy and I don't think that creates a great level of communication so I like to have everybody together.

Chuck: Yes, absolutely and I want to touch on that on the money side of an associate this is something that it's frightening; it's alarming and it's quite sad. You don't make a lot of money as an associate these days specially on our market I mean if there's an associate making quarter million three hundred four thousand dollars a year ok that's very very tough, but usually I see about the peak it's about two hundred fifty thousand you know that's about what I generate that's a peak associate which is doing a lot of crown and bridge maybe an implants sprinkle here and there.

T-Bone: I don't know why bridge even exist but that's a different story

Chuck: let's just call that number but here's the one that makes it's the hardest for me I got the phone call associates been with the doctors A for four years and here she's ready to leave. Chuck I thought I just got a partner in here I just can't do it, I just can't do it I'm ready to do my own thing, and you know what frankly the doctor is ready it's time but you know what they're so locked in to the money because when start home what's going to cost me to do my own thing.

T-Bone: You get the lifestyle so they get used to making XYZ money.

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

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

Chuck: You know you've got to

T-Bone: Golden handcuffs they call it.

Chuck: And listen that happens all the time and that's just as bad for the senior doctor.

T-Bone: Because you're handcuffed too.

Chuck: Well, your hand cuff with this doctor who doesn't want to be here but they can't afford to leave ok and they can and it's really sad they've already invested in the condo that they want to get out of. They've bought the car they're paying student loans, maybe they got married and they have a child.

Now when you can't afford to leave as an associate that is the worst place to be. I tell all the young folks, do this, go ahead and buy something you get out of your system. If you want to take a two week vacation spend ten thousand dollars put it in your credit card and get it out of your system, if it's a car give yourself a forty thousand budget and be done with it and get it out of your system but just understand you need to live on about sixty percent of what you make, okay?

T-Bone: I think the listeners should go back and listen to our episode I don't know if it's, hopefully we can put the link on the show note I think it's episode three or four where it's practice and personal savings. It's such an important episode. And see all these things that we talked about even earlier about the numbers per month and stuff not once did we mention or do the people factor in their monthly bill that the most important monthly bill that they are paying and that's the bill towards financial freedom and that should be X dollars per month that you should be paying away like it's a bill so that way one day you can retire or

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

one day you can afford to invest another things or one day you can afford to be able to say you know what FU and I want to walk away...

Chuck: Treat your associateship you know these is talking to the associate now is a paid GPR or paid AEGD residency.

T-Bone: I want to be careful about that.

Chuck: Ok when I say that but what I'm saying financially don't treat it that way practice wise, financially you know you're making a stipend, you're not going to ...

T-Bone: Why should I treat it any difference unless I treat a regular life financially?

Chuck: Because you guys have had no business. You've had no business experience or business classes and you know that's cliché when we say that all the time, but listen when you make that kind of money when you made nothing it's easy to get trapped and you're still a human being before you're a doctor [crosstalk]

T-Bone: And you can barely pay the bills.

Chuck: But that's what I want to say be careful with getting wrap-up in the money and you can't get out and as a senior doctor

T-Bone: Be careful of having somebody like that.

Chuck: Coach your associate with that. Share your mistakes when the time is right. Let them know, let them know you're a human being. It's so important as much as the clinical part if you have somebody who has the money right, the day you quit worrying

Ep # 20: A Conversation on Five Things You Should Know **About Having An Associate**

about money is when you start making money as a doctor so that's all I'm going to say about that.

T-Bone: Well everyone thank you for the five things that you should be prepared for with these associates 1) The right mindset; 2) was expectations with the associates; 3) The economics of an associate; 4) The process of having an associate; 5) The bit session of what to the good and the bad basically of having an associate.

So I want to thank you for listening in. I want to again leave us with the thought is, "if you say to yourself I could use an associate but God I don't want to deal with it you need and associate because to me an associate is not just about buying money, it's about buying time and it's about buying freedom and flexibility for you to be able to truly build the practice that you want so that you can go to the right, you can go from doing general dentistry to doing advance dentistry, and then go from doing advance dentistry to doing emotional dentistry."

And what happens is too many times I see associateships fail because the senior doc is unwilling to let go of certain procedures. You've got to feed your associate. You got to help them and you got to create the mindset that you need open time on your schedule, the senior doctor's schedule to allow yourself to grow yourself or your practice in areas that you weren't able to grow before because there's a cost of opportunity and that cost of opportunity is when you're too busy doing something for five dollars you can't go make fifty dollars or doing something else or when you're too busy doing things that you don't like to do you let so many things that you would love to do walk out the door.

Ep # 20: A Conversation on Five Things You Should Know About Having An Associate

So I want you to look at associates a little bit differently as not just about the money it's also about buying time flexibility and the ability to build the practice of your dreams.

I want to thank you for your loyal listenership at this point you've been listening for a long time. Do me a favor visit www.tbonespeaks.com give us a review on iTunes and drop us a question so I can have some more questions for our ask T-Bone segment. Thank you very much and Chuck any question or words from you.

Chuck: No, thank you for being patient with me as well I need that.

T-Bone: will you be on Facebook by the time they get on next time?

Chuck: A hundred percent not I just made that commitment

T-Bone: Everybody, have a great day, bye.

Chuck: Good night.

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.

**Ep # 20: A Conversation on Five Things You Should Know
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