Segment One - Introduction and Doctor's Meeting

Dustin Burleson Seminars is the fastest growing and highest paid orthodontic practice management and consulting firm in the world. With over 1900 clients located in 24 countries, Dr. Burleson's proprietary marketing and business strategies have generated over $300 million in orthodontic revenue for his clients and privately held practices. Twice named to the Ink 500 list of fastest growing companies in North America has published several best selling books for consumers and orthodontists. He has been awarded the American Dental Association's prestigious Golden Apple Award and the Missouri Dental Association's Outstanding Dental Leadership Award. In addition to being named the kindest Kansas Citian in 2014 and being featured in newspapers, magazines, and television interviews all across the country. Dr. Burleson provides over $1 million in free orthodontic care each year to children in need and his privately held practices have served over 30,000 satisfied parents and patients traveling from cities as far away as Chicago, New York, and San Francisco to be treated in one of Burleson's by invitation only clinics.

In 2009, orthodontists from all over the world started flying to Kansas City in order to learn from Dr. Burleson and his new patient presentation marketing systems. Currently over 1500 doctors and treatment coordinators have completed Dustin's intense treatment coordinator boot camp with conversion rates often surpassing 92% in as little as 30 days. In this one of a kind at-home training program you'll go behind the scenes with Dr. Burleson and one of his coaching clients to discover, step-by-step, the exclusive and proprietary treatment coordinator system and new patient exam process. Now, let's listen in while Dr. Burleson interviews one of his top in-office trainers on their flight to St. Louis before they arrive at the client's office and teach this system to the doctor and his treatment coordinators. Be sure to listen very closely for the precise expectations and goals as a road map for your own specific training here, as you go through the exact same materials that have helped so many doctors and so many treatment coordinators who have also completed this program. Then, we will take you step-by-step through each training module so that you, too, can experience the practice-boosting benefits from ethically helping more new patients say yes to orthodontic treatment.

First question is, we want to talk about why a client would hire Burleson Seminar to do an in-office training. So what are the things you see clients most frustrated with? Why would they bring someone into their office?

A lot of those are conversion. They're chugging along, they're chugging along, they're trying to get their numbers up but they just can't seem to push past 55% a lot of times, sometimes even 45. So that's why they bring us in, so that we can get them to 85% and higher because it's definitely possible.

Cool. Yeah. So we see our average practice size is around 2.3 to 2.5 million, but there's a range between brand new practices and offices who're doing above ten million but they've reached a plateau where they want to take that step to the next level. And in getting that, they're losing all the new patients that already are showing up and coming in and just not saying yes. So this typically is a way for them to take a successful practice and elevate it to the next level. So what type of results do you typically see pretty quickly within the first month or two after somebody brings in an office trainer?

It's pretty exciting, so usually the next week, they're reporting back to us saying, "Wow, we got 100% conversion, we got 90% conversion." They're bringing people back, they're same-day starting which is something that a lot of doctors have never done before, so it's just really rewarding for them and for us to see those amazing results right away.

Yeah, why would you say most offices don't ever make that switch from staying at the average at 55% or 60% to boosting above 85 or 90%. Why do you think they don't actually make that connection?

They're not paying attention to it. I think a lot of times, or they're paying attention to the wrong things. They don't understand the sales process, so that's why they bring us in is because we understand the sales process and they just need a boost. They need to figure out why their TCs aren't converting and they need to figure out why the doctors aren't converting. Because a lot of times they blame each other, and it's just not the case. So they both--

What would you say, oh I agree, go ahead.

I was just going to say they both need to understand the fundamentals of sales training and sales isn't a dirty word. It's actually really empowering for the staff and for the doctor, I think.

What would you say to someone who's been doing this job for 20 or 30 years as a treatment coordinator, and coming in and maybe looking at things a different way. How do you approach that with a treatment coordinator who's been in the job for a long time?

So if you've been there for a long time, just be open to it because there's always something new to learn. The doctors should be open. Treatment coordinators should be open to just learning new ideas and trying new things because we found that a lot of people who are resistant to it at first, they're the ones that are turning around the next week and saying, "We got 95% conversion," and we same-day started five people in one day.

Yeah. I think it's interesting. Those people think that having a script and having a set way of doing things is very constrictive but we actually see it as being really empowering, in that when you walk into that presentation, you're so confident in your ability to help that patient, help that parent, that it actually does free you up to pay better attention to serving the patient. You can actually remember their name, you can listen to what they do for a living, you can actually ask them about their vacation versus always doing a different presentation. And our joke is most treatment coordinators, every presentation is like God's system for snowflakes, no two are alike. So they do a different presentation every time a new patient shows up and instead they really should be scripted and methodical in how they actually approach this, so it actually gives them the freedom to customize the areas that need to be customized. So talk to me about what that looks like when you guys come in. So first step, you show up at a new office and they've had an interest or they've seen results or talk to a friend who's hired us, what does that look like for beginning and what does that day feel like? What are you guys going over in that process?

Well, let me take a step back, so before we even go there, we're reviewing goals with the troop coordinators, with the doctor, with the staff, with the office managers. We want to figure out what their top goals are and what we need to accomplish while we're there. So we also review Kolbes so that every time we come we want to get a Kolbe on everybody in the office so that way we know how everyone is going to communicate with each other and how to best--

So what's a Kolbe? Tell us, a doctor has never done that or is unfamiliar with that process.

So a Kolbe is not an IQ test, it's not a personality test. But what it is is your [cognitive?] skills. So it's your natural instincts and how you like to get things done. Everybody's is different. There's not right or wrong. It's not like one's better than the other. It's just how you communicate with each other. And they're vital to how you practice.

Cool, yeah. So we have a lot of treatment coordinators who will approach this with a very data-driven process. Any time they are given an objection they freeze up and can't think about how to actually help that parent overcome a question, or they see a question as an objection, or they actually see any little deviation in, well, how much does that cost, how much will my insurance cover it, and they see that as a roadblock instead of using it as an opportunity to help them actually solve what they want. We've talked about for years, parents don't take an hour out of their day and get their kid out of school and drive to an office just because they're curious whether or not you accept insurance or not. They're doing it because they actually want to help their kids. So how does a treatment coordinator make that switch where they finally go, I kind of get how my inherent mode of doing things - maybe I'm a fact-finder, maybe I need a lot of data, or maybe I'm a quick-start and I just roll with the punches - how do they see that and help use that so they can actually serve the patient better?

Well, I'm a fact-finder, so I think a lot of our treatment coordinators that we work with are fact-finders. So the good thing about the Kolbe is that you understand your skills and where you're at, so that way you can help other people. Because when a patient comes in, or a parent comes in, you know it helps you identify what they are so that way you can tailor your sales process to them. And also being aware of your own Kolbe will help just tailor everything to them. So that way you can do you sales process as you're supposed to but you can also tailor it to the patient.

So before you guys come into an office, you've gotten these Kolbes and you've gone through and then kind of-- you inherently know how people like to get things done. So you know what you're walking into. And then when you show up, kind of walk us through the - maybe even before you show up - some big, key practice metrics. What are some key performance indicators you guys look at? What actually helps you custom tailor what you're going to do to a practice? Because this part would help someone who's being trained with us to go do this. But it would also help a doctor who kind of is asking what exactly are they going to do when they show up?
So kind of walk them through. Yeah, I would go through what stats you're going to look at, areas where you want to focus on.

And then we sit down and talk to the doctor about exactly what they're going to do and then we actually get some goals formulated for the day. And then it's really systematic role-playing and scripting and training so that your treatment coordinators walk out of this office with a lot of confidence in their ability to help more and more patients say yes. That's what I think a lot of practices don't get. They invest a significant amount of money and marketing and patients come and see them, and if 50% walk out without saying yes, you have to be twice as busy as an office that starts 85 or 90% of their new patients because half of your new patients just never come back. Right? So it's actually the most powerful way to grow a business. You don't increase your marketing spend at all. You just get better at helping more patients say yes. And so I guess the big question would be how do you set out that day so that at the end of that day, that doctor has a clear plan on where they're headed in the next 30 to 90 days?

What we do is when we get to the office, we set everyone down. We're all in a group. This is a workshop. This is not a lecture. This is not us coming in to just pound things into your held. We want to all be open to these new ideas and help everyone improve. That's why we're there. If the staff's resistant, if doctor's resistant, that's not what it's about. What it's about is you bring us in for a reason. So we just go over everyone's goals. We make sure that we go around the entire room. We talk to each person and we say, "What do you want to accomplish today? What are you most excited for? Before we leave today, what do you have to have done?" That's the big thing that we go over right when we start at the start of the day.

Cool.

Then from there we go into a little bit of the theory, and then the big fun part of the day is the role play. That's what everyone raves about because they don't know just what to do. They know now how to do it. The inflection, your tone, the sales scripting, they get all of that from the role play.

There's a lot of treatment coordinators who've been to every seminar in the world. They show up, they get their binder, they sit in a room with 100 other treatment coordinators, listen to someone on stage, get them all excited, and then my joke is they go back home and it all wears off the minute they step in the shower. All the excitement just washes right off and they go back to Monday morning. Why would this be different? How is this different than what other training they've been to to help them as a treatment coordinator?

This is different because we actually go through everything with you. We walk you step by step not just what to do, how to do it, why you're doing it. I think that's another big thing that a lot of people miss is we can tell you what to do all day long. But if you don't fundamentally understand why you're doing it too, I think that's huge for treatment coordinators. Especially, if you've been doing it for years and years and years, you just kind of get into that rut. And you have to think about every new patient is a new, fresh exciting start because for that patient it is. This is a whole new experience and--

Yeah.

You have to remember to keep it fresh for each patient. So we're telling you the what, the why, and the how.

And I think it's unique that most orthodontists and most elective healthcare providers, so dentists, chiropractors, dermatologists, plastic surgeons, and orthodontists, the majority we work with, will look around at what every other orthodontist is doing and they'll just kind of mimic that or they'll take one pearl from here and one pearl from there and they never look outside their industry, right. So I think it's interesting that this program actually, interestingly enough, was built with things we studied internally with the Disney Institute, with the Ritz Carlton and customer service training. And looking at big elective sales, right, like timeshares and like boats and cars and things that are-- no one needs to survive, but they're very, very systematic in how they approach this. So if you go and buy a timeshare with Disney, right, that sales presentation is very different than what it would be like going and buying a Chevrolet at a car lot. There's a more intentional process, I think, of what happens before you show up. So a lot of this program is actually-- which I don't think a lot of doctors get. They think it's just going to be, "Teach me the magic things to say," but they don't think about what shows up in the mail before the patient actually arrives.

They don't think about their phones. They don't think about their office tour, what the office looks like and feels like, and so I think this program is really unique because we actually pull in things from outside of our industry that have been now been proven in our industry to help orthodontists and elective healthcare providers convert 85% or more of their new patients, which is way off the charts from what they've been told.

I mean, I think you would agree. Most of these trainers that do these seminars are telling people, "The best you can do is 60%." So you're going to let 40%, four out of every ten of your new patients come and actually leave without ever making a decision, right, which doesn't help anyone if a parent actually does want to help their kid. But what we presented is so confusing, right, and we gave them so many more things to think about and they just go home and go, "I don't know what to do. I've heard different opinions. I've heard different prices, and now we're just going to sit and wait." So tell me a little bit about at the end of that day, what's the next 90 days look like for someone who's brought you in, someone who's brought in a trainer from Burleson Seminars, how do they then move forward after they've got the training to keep them motivated? What does that look like?

Yeah, so after we come in. A lot of times we'll schedule phone calls, like coaching calls with doctors, coaching calls with the staff, the TCs, coaching calls with both of them because they're going to be asking different questions. They also will be telling us about their objection. So there's an objection list that they're going to get via email that they fill out and send back to us. So that way we could help them on those coaching calls and they could be effective.

Cool. So they're going to take throughout their next month, they're going to keep a list of all the reasons why people are saying well, "I got to talk to Dad. I'm going to need to think about it," right. And they're going to send those back to you guys and you're going to help them kind of formulate a plan, right, to then go help those patients finally to say yes. That make sense? Yes.

Yes.

Kind of cool. [music]

Hi, guys.

Hi, how are you?

Good, Ashley, good to see you.

Nice to see you.

Hello, hello. Good to see you again.

[?], thanks for coming.

Thanks for having us. So here's the deal. Dr. Borello's one of our top clients, and he's allowed us to graciously come and spend the day doing an in-office training with one of our trainers. So you can actually be a fly on the wall and see exactly what we do. And we come and do a treatment coordinator boot camp in your practice. Right. So thanks for letting us be here. It's kind of cool.

Thanks for coming.

First thing we do is we actually sit down with the doctor before we met with your treatment coordinators to make sure that you're comfortable with what we're about to teach them.

Sure.

Because some doctors incentivize. Some don't. Some do it differently. So the first thing we're going to do is head back and talk about all the goals in place for the day so that your treatment coordinators get the biggest boost and you guys get the biggest result after the end of the day so we're all on the same page. Make sense?

Yes, sir.

Cool. Ready to get started?

Absolutely.

Let's do it.

Let's do it.

All right. So let's talk about goals for the day. Let's talk about where's conversion currently, and where we want to take it, and kind of for both of your employees that are in the TC room, what's this going to look like for them because here's what we normally see. We normally see in this process of a day the treatment coordinators get really, really excited, and they learn a whole lot of new skills, and they go back on

Monday, and they kill it. They start everyone. Then Tuesday they kill it. And for the rest of the week, it's like this high of they really, totally changed their game. And then they kind of get back into their old habits. So we want to make sure this thing sticks long term over the next 90 days. How do we build the habit so it stays? Tell me a little bit about current conversion, let's set some goals, so when we walk out of here at the end of the day we kind of know where we're headed for the next quarter. Does that make sense?

Yeah. So currently we're hovering around 65% conversion. As far as incentivizing them, what I've done previously with our office manager, who is also our main TC at this location, is I've done a production goal over the last year, same time frame. So I feel like it's not just the TC room, but it's also getting people in the door. She wears a lot of hats. She was my original hire. We'd been here for almost five years, and for the first year and a half, it was a two man show.

I've been there [chuckles].

Her and I, we took care of the trash, we took care of TC, putting the braces on, taking them off. But I'm hoping to try to change that up just a little bit. As far as the incentives go, I know I've read a new Look Over My Shoulder newsletter a few times, a few things that you do, but I'm hoping to have something specific for our practice because I feel like the Look Over My Shoulder newsletter is fantastic. I really love it. But I'm really excited that you guys are here today and can hear exactly what we've done recently and changes that you would make specific for my practice, not just as a--

General. I think you can see this with a lot of practices in growth mode, where you've had the ability to incentivize based on production. And then because it's growing, it's almost like a lot of that is like a freight train. Getting it moving was the first year, year and a half of the practice, and then once you get it moving, it's like, "Well, how do we keep up with these incentives now that we're on growth track?" Right? It's almost like, for a lot of practices, once they start that base production incentive, it's almost impossible as the practice grows for them not to hit it. So then now we're really confusing employees on, "Is this just a check that shows up every month? We don't really know how we got it," because we saw that in our practice. And I think you'll see that as well because you're in such a rapid growth mode, it's like, "Well, of course we hit our production goal for this month. It's almost like it would be impossible not to."

So, yeah, we want to talk specifically incentives so that they change, and we talked about earlier, every 90 days or so, so they're not in place. We've noticed if they're ever in place up to 18 months, it really becomes an entitlement. And so Ashley can talk a little bit about three main areas I think probably will get your TCs on that'll help them as you grow, so that you're not paying out bonuses that become entitlements, which I see a lot of orthodontists do. I see them reeling at the point where if you really sat the employees

down and said, "Why did you get this bonus check?" They would say, "Well, it's a team goal and because we're growing." And they really can't point to, "Because I started 12 extra patients this month," or, "Because I called back a list of patients and got them to say yes." They can't actually point directly to where their bonus check comes from. Do you want talk about the three main areas that will put TCs on [?] will be helpful for your TCs as well.

Yeah, absolutely. So same-day starts is a huge one. I would start them on that one, with same-day starts. And then you can also incentivize them on no sale list as long as you're picking the no sale list and then pay-in-fulls as well.

Would you rotate those?

Rotate it, yeah. And--

So not all three in one month, but actually rotating them. So you pick one this month, or maybe this quarter, that you really want to focus on. So if you're looking at 65% conversion which - congratulations by the way because the average across the country is 55% - and in looking at boosting that a little bit, you might actually start just on same-day starts so that we're shoring up and tightening that time frame on when someone comes to see you and actually then gets started. So are you currently changing them quarterly? Are you currently changing them longer than quarterly? Are they going a little bit longer than every 90 days?

So what you said not to do, that's what we're doing, and I have a hard time with change, and so if it's working, I've been doing it. But kind of like what you said, the entitlement as far as not knowing exactly how it's calculated. It's just a number that I expect in our bank account, and at the month, I think the more ownership that they can feel with it, the better. That's why I like the idea of what you talked about and not incentivizing them all at the same time, but alternating between those three.

Yeah, so we see-- most of our clients would say, "I just want one incentive program I can just put in place and leave it forever," right? It's like the easy button from Staples, right? But it doesn't exist because the longer you leave it in place, the more likely it is to be-- not intentionally, but human nature is human nature. It can be unintentionally gamed. So we've talked about TCs can take actual patients that are coming in today on the last day of the month, and they've already hit their conversion goal. They can take some of those patients and move them to tomorrow that they know they're not going to start. So they've got a full list of ten new patients, and they know that five of those new patients are TMD patients, insurance shoppers, or not real clear on how they found our practice. They're going to move them to tomorrow to keep their statistics where their-- alternatively, if they're just a few points below their goal,

they will call in patients from tomorrow on the first of the month and move them to this month's schedule. And these are people that are the kids of referring dentists, right? That'd boost their conversion rate, they are second kid in the family, they know they're going to start, so I really want you think about in terms of incentives two key areas. One is they've got to have a number they can move, right?

So team incentives across the board when we take an office and we're incentivizing the entire office on production and collections, Suzy who makes retainers in the back doesn't have a clue how new patient numbers move. She doesn't have a clue how marketing affects that, she doesn't have a clue-- and it's not her fault, she makes retainers. But every month she gets a bonus check because the practice is growing. It's very confusing to her to not be able to say, "This is exactly what I did this month to move the number I can control." So the first key is they've got to have a number they can control. The second key is that number has to actually move the practice. Right? So we're going to incentivize and that example is someone in the lab, we're going to incentivize them on getting retainers that fit on the first try. We don't want retainers that are not fitting, retainers that are poking and pinching, retainers that require a second impression, we want to make sure clinical efficiency is what she's incentivized on. Because every time we put a person in the chair twice for a retainer we've got to double the amount of production, and that chair could be used for something else. We actually now have a number she can move, and we have a number that ties into direct result for the practice. That works. But it would be just as crazy to put her on a team goal as it would to put the phones person on an incentive to make sure retainers fit. I see so many practices that want a team incentive in everyone. It's like the tide that lifts all ships. We don't know why the practice is growing. I'm supposed to be doing xyz, and I think I'm doing it right. But the minute she knows that I get either a bonus incentive from a financial standpoint, or some time off, or maybe some freedom on how I get my job done, she knows if I do this better I get a piece of it. That's how we actually incentivize effectively. Yeah, I think we've got to take it from where it is now, and get it into 90 day increments or less. How do you think the TCs are going to respond to that, I guess is the first question [chuckles]?

I think they'll be excited about it. They'll be fired up. One question I have for you guys is, I know you talked about tiers. Maybe they don't hit the very top tier, but they have to get something, or achieve something, in order to get to that first tier. So my question is, with the same-day starts or the pay in full, does the first patient of the month, do they automatically get rewarded for that first patient--

That's a great question.

--they get signed up, or is it they have to get the 20-30, and then it's 30-50, and then 50 and beyond?

Yeah. So it can tier and it can trail. So tiering is - we'd have a baseline. So you would look back over the last six months and say, "Our average number of pay-in-fulls, or our average collections or whatever number you want to move, our average number of broken brackets, whatever that looks like.

Same-day starts?

Yeah. Let's talk about same-day starts. So the average number of same-day starts was 22. We usually bump it by 10%. So we're going to add 2.2, let's add 3. So at 25, now we can start incentivizing. So we've got to get to 25 because we're doing 22 whether we do anything or not. It's just the average for the practice. So if you're selling sub sandwiches, and you're typically selling 100 sub sandwiches a day. And the manager says, "All right, we're going to do a promotion. And the minute we start selling 120 we get a bonus." See, that makes sense. But to say the minute we sell 100 [chuckles]? You're doing that without the promotion. So you're just cutting in the deal over again. So I think you tier it, and you start at a 10% bump over six month baseline. And then you could go at 30 and give them a little bigger bonus. And then at 35 maybe a little bigger bonus. But I don't think you start from day one because if the average has been 22 and this month we do 18, there's no revenue to pay the bonus. See, there's a confusion about bonuses. And what we do when we do our jobs is we get a paycheck. And what you do when you go above and beyond your job is to get a bonus [chuckles]. And so if we're not going to go above and beyond we have a real clear conversation with the employees about bonuses are truly made when we go and knock it out of the park. The rest of the time if you don't knock it out of the park, the good news is right, you get a great paycheck to come work here. But we don't go and incentivize a production number that's actually worse than the average right. It just wouldn't make any sense.

Got you, so that's going to be one thing that we're going to have to start doing more effectively is recently we signed on with a company that takes care of all of our patient financing, presents the different treatment, financial options available for them, and then they follow up with the patient if they're a day behind because my staff was very short on time to follow up with those delinquent accounts. So our past dues have decreased drastically. But we started with them in June, and I feel like we have a good track record of now the same-day starts and pay in full, but previously we weren't measuring that. So there is a little bit of a lag and I think something that my TCs and myself are going to have to start taking ownership on of keeping track of those same-day starts and paid in full because our practice management software, I don't think there is one quick button to show us it's 161 out of 250.

Yeah our joke about practice management is like Churchill's jokes about democracy, it's the worst form of government except for all the others. Your practice management software is the worst form of practice management software except for all the others. It's just the one you chose to live with and deal with. We feel the same way about ours.

I love that joke [laughter].

There's nothing in that system. There's nothing in your current system, and we see this a lot where you come and say, "Okay we're going to start measuring this." And there's a little bit of an, "Oh shit." Because you look at it and go, "We got some work to do." Or you might discover unexpectedly, "I'm actually doing pretty good over here." But what people think in their head has been happening in the TC room, it actually is going on based on numbers. You just can't manage without the data. You've got to sit down and be real open and she'll do that later with your employees on, "This is your reality. I know you think you're really good in here, but here is your reality. Here is a conversion rate. Now what are we going to do to get it to improve?" Because at that point they've never been actually given the data, right? They feel good about what they do in there. If you ask them to rate themselves, I think 80% of people think they're an above average driver. That just statistically is impossible [laughter].

30% of those people are ill-informed, misinformed.

Exactly. Most people are like, "I'm an above average driver." It's kind of like Lake Wobegon. All the kids are above average. I think your TCs are trying to please you and trying to please the patient. They walk out of here feeling good about what they do as a profession because they're helping people. Sometimes it's really revealing. It's sometimes painful to look at the data and go-- we had a group in town for a TC boot camp in Kansas City. And their TCs have been doing this for 20 years. Trained professionals had been to every other boot camp on the planet to try to get a good resolve. And when we peeled back the data and looked they were converting 33% of their new patients. Two-thirds of the people that come in their office that you spent marketing dollars on were just walking right out. So the biggest swing for you, in other words, we're talking about small hinges swinging big doors. Even a 5% conversion rate statistic improvement for your TCs. Over five years in the average practice. It's a seven-figure number. So what if it's 10%? Then it's two million. What if it's 15%? Then it's three million. So if we can swing the new patient conversion for an average sized practice by 20% over five years would make you four million bucks.

So now that gives us all the range to hire the next TC, to expand, to hire the next associate. It really gives us a unique position of power and that you're not spending any more on marketing. They are already coming into the office. You've just got to find a way to convert them better. The first step in this realization is actually being comfortable looking at the data. And you and I get that. But the TC sometimes really have to be walked into this gently. Because they look at the data and go, "That office." 32% is like, "We're below the national average." And it's not fun. But that's where it starts. And from there now we can actually improve but it's like trying to lose weight or run a faster time in a mile. If you don't know where

you start you really don't have a clue how you're going to get better. At 65 we're going to get you to 85, get you to 90. And then in five or ten years you'll look back and without spending any more on marketing we'll put an extra three, four, five million bucks in the bank which is really, really exciting. So let's talk from here about with your treatment coordinators, which one do you want to focus on first? Do we want to focus on same-day starts? Do you guys want to start with that for a quarter? Because we can really hone in on them. With today's training we can focus really on that area.

Yes. Let's do this.

So a lot of people want to know and we can share numbers with you. You don't have to use these numbers. For same-day starts, we'll give for a conference of case we'll give the TC an extra 50 bucks. Some practices give 25, some give 100, and some give nothing. But it's all about the practice math. I think if you're doing a lot of insurance and you're competing in an area that's really price sensitive, you can't do a lot of these things. You have to find a way to structure it differently. There might be a packaged bonus. So instead of a per same-day start bonus, you start with a tier. You say, "At 35 now there's 250 bucks in it for you. At 45 there's 500 bucks in it for you. At 50, there's 1000. Whatever is comfortable for you." I want you to think about it like-- if we came in and said, "We'll give you 35 same-day starts. How much would you pay us for that?" Most doctors would go, "I'd write you a check for a 1000 bucks." So it's whatever the TC is motivated by and it's not always money. Some of them want time off. Some of them want some freedom in how they get the results. We talked about she might just want to outbound sales calls at home. She might want to do some work on Saturday but take a half day off on Tuesday when she's not busy. So we'll talk with them today and see what would get them excited. But that conversation usually-- and we still do it with incentives for Ashley. Over
breakfast we'll say, "Where are you this month and what would get you excited to hit a bigger number?" A nd if she says, "I just want to take a couple days off," then we find a way to do that because that's really a bonus as well. Do you think it's mostly financial incentives for your people or do you think it's maybe something else?

I think both financial and time off. When you say time off, is that paid time off?

Yeah, it is paid time off. Yeah, yeah, yeah typically. Although some really just want--
the story we shared a lot is we had a plastic surgeon's wife who came to work for us and she just wanted to get out of the house. She had no interest in making a lot of money. I think we were paying her like 15 buck s an hour. And we said, "Why would you come work?" She said, "Because I redecorated the house like thr ee times. I'm sick of redecorating the house. I got nothing to do. I go to the gym, I make lunch, and the ne xt big decision I have is what's for dinner?" She said, "I just want something to do. I want to be around people." So incentivizing her financially would have done nothing to move her results. But she actually

wanted to go learn how to build a business, so she was very excited to learn new things. She was curious about what we did on Facebook, she was curious about direct mail. She kind of started looking over our shoulder at things we were doing and that was enough to keep her engaged. So for her, it was learning a new skill. Right? Your TC could say, "I want to learn how to do lingual braces and I want to go take the course at 3M." You might give her the chance to do that. I don't know what it would be like. A lot of them are incentivized financially or a combination of those three. A day off here and there, a little more money here and there, and then something new to look forward to, is typically enough to keep them really engaged. It's what worked well for her, and I think for her career as well.

So the same-day starts, I know it varies drastically from practice to practice on how they classify a same-day start. Can you talk a little bit about how you guys typically do a same-day start?

Yeah.

That's one. And two is how you measure it? So obviously you as the doctor aren't carrying around a notebook, and Josie Smith, we're 0 for 1 there. So is it each individual TCs responsibly to, at the end of the month, write down every single opportunity that they had and were 0 for 1 over 1 for 1 for those?

Yes, and we've got to then, also take a step back and define what that looks like because some people do a trailing. They'll give them 45 days to start and they'll still give an incentive on 45 days because there's people from last month that are getting - like, so for some it's the last day of the month, right, and they start like tomorrow, some people will let that trail. Our definition is pretty clear. So it's open 24 hours, we want to head nod and a credit card. So many people are hard to find same-day start by braces on. That really is a small percentage of people who can do that because they've got to have clearance from the restorative dentist. They've got to have the dentist saying there's no tooth decay, no periodontal disease. And so we're very rarely actually putting braces on that day, but we're almost routinely getting Mom to sign a contract and do a credit card, so that's a same-day start. And we give them 24 hours, so if it's Wednesday, we're going to give them all the way to the end of business on Thursday to get it started. Our TCs do a lot on email, and I'll actually kind of talk about what that looks like. So the answer to your question is we define it not by braces on, but by it actually having a started contract for that patient in the chart.

Most importantly, money transferring hands, not just, "Yeah, we're going to start--

Yeah, yeah.

--take the record--

That's a promise, not a--

--and we'll see you back next week. I'll review it with Dad." That's the number one objection that we get is, "I appreciate the number of options. I'm not sure which one we're going to do, but can we take the records today? So that next time Johnny comes in, we can get the braces placed." And I get excited about the fact that we have an appointment set up. That's likely one more thing than our competitor that they went to previously, what they have. They don't have any other appointments set up there that we know of. So we're one step closer to having them sold, but we're out the time involved from taking those records, and we do indirect bonding in our office. So that's additional time and money getting that all set up. And we've had a few cases where those people--

Are we doing a down payment at that time, or are you just getting records without the down payment?

So that's my thing is I ask them to get the down payment, but the TC says, "Well, we can only get the records."

Records fee. Okay, got it. Cool. You might consider lumping them in. We used to do a separate records fee, one we just consider lumping that into, and just saying this was just the initial payment to get started. Or this is your first monthly installment for the contract. But we've been joking for years. It's really not a joke, but it is interesting that most of us don't think about it. My mom didn't take an hour out of her day, and get the kid out of school to come here, and just because she's curious what you might be able to do to help her kid. Eventually she does want to help her kid. It's the ability to get her to feel comfortable with you. So we'll talk a lot with your team about-- what we're really doing in this process is building trust, right? So if you think about everything that's in that mom's head, right, from experiences previously with dentists, or her own orthodontic experience, and then what she was listening to in the car on the way here, right?

So and you've heard us talk about this. Everywhere that used to be solid ground is thin ice. So a year ago you could buy a Volkswagen for example, and assume that there wasn't cheat software installed that causes your emissions to lie, right? And now you got this liability that you bought, that you thought you were buying a valuable asset. So now that's on thin ice. A few months ago you could walk into a bar in Paris and assume there's not going to be a terrorist attack when you walk out of the concert. So now there's shaky ground there. San Bernadino, you thought you could go to work as a county employee. So all these things play into the mind of a consumer and that what used to be solid ground is truly, truly, truly thin ice - and that there's no difference for you. So they walk in going, "Yeah, I've heard about this before. My dentist tried to sell me Invisalign before. My orthodontist took out 20 of my teeth and messed up my bite."

So they're coming in knowing one of two things. First of all, the public places fear of dentists right below fear of snakes, which is crazy. So you and I think what we do is very comfortable because we do it all day long. They come in with fear of pain. They come in with fear of cost. Then, the biggest one is we don't know who to trust. So we've heard from three orthodontists, and we've gotten four opinions [laughter]. One guy wanted to take teeth out. The other lady didn't. The third guy said, "We can take teeth out or maybe we won't take teeth out." So now he's got four opinions from three doctors, and Mom is just entirely confused. And you add on top of that that there's a big distrust from her insurance company to her dentist - all this experience - and she knows, "What? I'm walking out of here probably spending 5 or $6,000?" It's just a very, very tense situation, and none of us approach it like that. We think, "We can help your kid. We're going to give them a brand new smile. We're going to give them self-confidence." And we know this is good for your kid, but they come into it with an entirely different viewpoint. So the fundamental change we've got to shift in your TC's head is this is all about building trust. And the minute they do that, it's almost like you'd be crazy not to get records and start here because I tell you, I've worked in other offices. I interviewed at other offices. Let me tell you why I work for Dr. Borello. There's a reason I work here. Because you're not going to get half the service somewhere else. You could pay twice as much. We guarantee what we do. See, they've got to have that conversation from the foundation of trust. So the scripting we're going to do today is going to really work with them on that. So that's going to be kind of cool.

Terrific. Terrific.

Did that help answer both questions I think?

Yeah. Yeah.

Cool. All right.

So I've heard fear of snakes is a learned fear, a learned--

Yeah the fear of falling and the [crosstalk]--

So I wonder if though, the fear of dentists, it's got to be learned as well.

I think so. I mean, I like dentists. I don't think you're scary [laughter]. But patients really--
I mean so if you really survey patients and say, "What do you think about going to the dentist?" our old jo ke was the lady said, "I'd rather have a root canal than have a baby." And my joke was, "Well, make up

your mind so I can adjust the chair [laughter]." People have a real fear of dentists and they'd rather truly go and have a root canal. They'd rather do anything than sit in the dental chair and be poked and prodded. So it's really an interesting psychological phenomenon. I mean think about it. So, if we were going to sell you a car and we did it by putting you in a chair and leaning you back, and the guy that was selling you the car had a mask on, and gloves, and pokey instruments and he's talking to you while he's pointing to an x-ray. That would be the worst way in the world to sell something but it's what we every day do in dentistry. We scare the shit out of people and when they come in they leave confused because they really have no clue what's the best option for them. And when consumers don't know how else to choose, they choose based on price. That's why this profession is so messed up in the head about what we do. We all think, "They're just going to go where it's cheapest." Yeah, because we did everything wrong leading up the them saying yes.

We're making them buy that extra brush.

We're pushing them in that decision. They have no choice but to say, "I really don't know. He had a white coat and a diploma, and she had a white coat and a diploma, and they had white coats and diplomas. They all seem the same. I don't know who to trust so let's go to the one that's the cheapest." It's how consumers are making decisions. Unfortunately the data doesn't support that that's how all of them make the decision. 15% will make decisions based like that. The other 85% will actually ethically and can be persuaded ethically to buy something that's a higher quality. So there's 15% of consumers, no matter what you do are going to buy their clothes at K-Mart and buy their car at the used car dealership as cheap as they can find them. But 85% given an emotional reason why, given a reason to trust, and given a reason to actually take pride in what they bought will actually but the Cadillac instead of the used car. They'll actually buy the custom-tailored suit instead of the suit off of the rack at JCPenny's. No one views that though in the accurate frame set. They think, and they tell me, every patient my town just wants the cheapest, right? And I always joke and say, "I'll believe you if the only place to get dinner, right, is Denny's. There's not a single Capital Grille. There's not a single lobster place, there's just Denny's." They say, "No, my patients. They only want what's cheaper." So the only place to buy a car is Kia? There's not a single BMW dealership.

So we flew in here today to come see. We saw houses the size of corporate headquarters. We're flying in and a couple of guys are like, "Holy cow. Look at this." I was like, yeah, so there's money. That guy is not only buying based on price. But now what's interesting is we take that and we actually then put it into their heads. We think coming in that they're only going to buy based on price so we've lost that conversation before it ever starts. The TC is already thinking, this mom is looking for the cheapest and we pull our punches in giving the mom the best option, right? You've got to believe inherently that what you do with the highest technology and the highest paid team and the highest trained team and a lifetime guarantee,

right? You're not using cheap brackets. You're not using cheap wires. If a parent has an issue and calls you, what do you do? You come in on a Saturday. Right? You can't tell me that's the same thing as buying braces at a corporate dentistry place where it's 99 bucks a month. Where there's probably no trained specialist. It's probably a general dentist. There's probably no support staff after hours. If they break a bracket there's probably an emergency fee, right? If they don't wear the retainer they definitely charge them to put it back on. You're telling me that they're doing the same thing you're doing? So your TC's going to have so much confidence, that her ability to build trust with this parent will be like, "Oh, of course Dr. Borello's a little bit more expensive. How could he not be." It's the Cadillac versus the used car. It's got to be that conversation so that's what we'll work on today. Hopefully that makes sense. I think that's where you are. It's kind of cool.

To clarify, your TC will write down the patient's name--

Yes, absolutely.

--in an Excel spreadsheet for--

They need to be tracking their own stats.

--the month of July?

Absolutely, yeah. We're tracking stats through the TC reporting to us what their bonuses would be. The doctor, even if you got more than one employee, you've got too many to manage on their bonuses, so they should be tracking those stats. You can use an automated system - you could use Infusionsoft to keep track of who hasn't said yes yet. And she could go back through and say, "Here's the ones that haven't started yet." And you can go back and maybe incentivize her on getting those people to come back in. Maybe extending that a little bit.

It lets them feel like they have control of tracking the stats too because then they have-- they're even more invested in it because they're writing down the names. They're saying, "Okay, I did get that person started within 24 hours," and they're proud of that. I think that's an important key thing. It's not just, "Oh yeah, I think I got it, I don't know. Can you calculate it for me at the end of the month?" It's like, "No, I want to know what I got. I want to know how I did."

When my TCs get here I think, one thing will be-- I try to put myself in the TC's shoes and I am very poor in--

Well, you have big feet, you can't fit them in [laughter].

I am very poor at trying to get money to transfer hands and so one of the things I think about is that same-day start within the end of business day, the following day. If you're communicating via email or phone call, the importance
or the why this mother is going to give you her credit card information over the phone as opposed to, "Ca n't I just do it whenever I bring Johnny in for his next appointment next month?" or, "We're waiting for our flex spending to--"

You've got to have a reason.

Yeah. The problem is most consumers don't want to make a decision. Given no other real compelling reason to do something, their default is just wait. They don't run down the street and go to a competitor. They actually just wait. And so yeah, I think by giving--
because the last thing you want to do is be pushy ever with a parent or patient. You want to actually be eth ically persuasive and giving them a reason to say yes. And that reason could be, "You
do need to go talk to Dad, and Dad probably does have some questions. I want to make sure when you tal k to Dad that we're comparing apples to apples." Because in other offices, there's no guarantee.
There's charges for every broken bracket. There's no free set of retainers. You really want to think about h ow they compare that conversation with a parent who's about to go get a second opinion. You want to-- it's educating them. It's not being pushy at all. You've got to actually educate them. And when you give th em some time to do it,
I think you open up their ability to actually go get more people to say yes without hovering over them like, "Oh you've got to say it." Those tactics don't work. There's a reason why people don't like to be sold. So y ou've all walked into a store and said what? Salesman approaches you and he says, "Can I help you?" and you say what?

"Just looking."

"Just looking." Right? See, guys do this worse. We know what we're looking for. We know exactly. I'm going , I'm getting, right? I'm going to go get a pair of shoes and I'm going to get a soccer ball for the kids and I' m out of here. Even though we know what we're looking for, if someone asks me, "Can I help you?" I go, "Oh, just looking." Really, I have no clue what aisle that I'm going to and I just wander around until I find it then I go. And why we do that is that we have a fear of being sold. We all have this card we put up when we encounter a salesperson. And because of that, I think it affects what all of us-- our ability to talk to a parent about what that looks like for sure. Yeah.

All right, so the next step after we meet with the doctor in doing a live in-office training for the treatment coordinator boot camp, is actually meeting with and working with his treatment coordinator so that we can actually go through the scripts step by step and teach them how they say what they say and when they say it to knock over the dominoes step by step to help patients and parents take the next step in starting their orthodontic treatment. So we've got some really gracious volunteers. They're actual treatment coordinators of Dr. Borello's. We're going to see how they fare. We're going to put them to the test. We'll have them role play, so let's go ahead and take a look.