Opening on Dentistry's Mental Health Crisis

historically, dentists and did we've had the highest suicide rates of any industry. Correct. And it really hasn't changed. Not really. And one of the things I have forecasted, which I'm not excited about is that I foresee that rate going up.

So the suicide rate is going to increase on our colleagues, and the level of addictions that they have are going to increase significantly. And drugs, alcohol, sex, whatever the addiction category is, right?

It's all around us, mostly many because of the DSO change. People that sold out too soon and didn't really have their next. And now they feel trapped.

As well as the uncertainty in the market, labor costs. Right. All these things we're feeling, right. It's going to push people down this path. Good morning, I'm doctor Tom Larkin and welcome to Aural Systemic Connections.

Boy, do I have somebody special today. I affectionately call him the Wayne Gretzky of Dentistry. And I'm going to talk a little bit more about that as I add Doctor Chris Phelps to the stage.

Good morning Chris. Morning, Tom. How you doing? So the Wayne Gretzky of dentistry means what was Wayne Gretzky famous for? He's always knows where the puck is going.

He's not standing around the puck. He magically is where the puck is going. I've known Chris for over a decade. I won't go into the detail of how we met.

We were short story at a meeting. The meeting absolutely sucked. I strike up a conversation with Chris. After about ten minutes, I said, Chris, you know more than anybody I've seen on stage.

I take his cell number and the rest is history, right?

Introducing Chris Phelps and His Marketing Background

So I've watched you, you know, consistently as you know, and I'm just going to kind of go over this and we're going to talk about some new things that are happening.

The CEO of the Colony Institute, the Phelps Institute, Golden Goose scheduling way, way ahead of its time. Dental membership direct, way ahead of its time.

Marketing. Marketing. You're marketing CEO. You know this stuff is, you're like the real deal OG. And, you know, I have, as you probably know, a lot of frustrations with social media because there's so many people that are, you know, they're an inch deep and a mile wide, and it's just kind of conducive to novices advising novices.

It I hate it, but it is what it is. So the first thing I want to do this morning is I want to thank you, and I want to take you on a little bit of a trip.

Last December, I reached out to you because I consider you a trusted advisor. We have political change, and I'm not a political person, but I'm a business person like you.

And I knew that Health and Human Services were going to make a shift toward prevention. And and I wanted to get in into the mix. Right. Because dentistry is under representative in the functional medicine space.

So I sign up to go to this meeting in Vegas. It's like 7000 doctors and there's a handful of dentists, right? And you had gone to a meeting. And I think Kelly Means or somebody I mean, some of these functional medicine people

were there.

And I said, I asked you, I said, you know, man, I gotta I gotta meet somebody, right? I need to, you know, because I've been working in prevention for a decade.

So I start emailing people and then I see and I can't remember exactly when, but I see a press release of a new task force being form a major task force being formed.

Got the name of a senator, and I did something that you would love as a marketing guy because this is just kind of organic marketing. I didn't send an email.

I didn't try to reach out. I made a cover letter. And this is, a new book that, Doctor Craig backs. And you've met him? He's a Balboni guy. I had just he just published it.

I wrote the forward for him, I prepared it. I dropped everything that I was doing, and I overnighted it and went to the. I said, how do I get this? The fastest way I can get to the state Capitol?

Because what I wanted is, you know, they announced that this committee is forming. I want it to be on someone's dafs the next day. Right. And it worked.

So Senator Shelley Funk from our she reached out to me, we begin to text, and then she comes to Lexington to my April meeting, which was a little bit of a pivot because I wanted to bring these experts together because I'm trying to get dentistry in this conversation, because I know it's going to happen.

The industry is going to get a backseat or whatever. So let me show this. This is a couple of weeks ago. I'm testifying two Senate on prevention. And basically and now here's what you need to know.

See the red shirts. That's Coca cola. That's the American Beverage Association. Wow. So the funny story is I didn't see them when I walked in. Or either they came in after I sat down and I didn't know they were there.

My whole conversation was about soft drinks, sugar and insulin resistance because I had about 20 minutes and I was just advising this committee that's being formed.

Prevention Advocacy and the Holistic-Ish Concept

I think your ROI, as far as like going after some money in prevention and really getting, you know, bang for your buck. There's an insulin resistance in sugar, right?

And these guys are back here, you know, just kind of shooting lasers and darts at me and whatever. So after the meeting, a couple of senators, you know, came up and said, man, you got some big kahuna is you see who is behind you.

I go, no, thank you. So anyway, I have to thank you because you were part of that process when I asked you and you and you kind of encouraged me to go forward.

The other thing that I learned from here, and the last time you were in Lexington at my meeting, I think you use the word holistic ish. Or maybe it was before then, but I'm going to credit you because I just stirred that domain and I did it.

I knew I liked it, and I knew I knew where you were going with it, but I but I didn't. It was after this. This meeting that I got it. Okay. So here here's holistic ish.

What I found was there are a bunch of senators, a bunch of people saying, hey, I need to find this. I want out of this, Dennis. Well, you know that one of my startups that I did here and you've met Doctor Rachel Riley, right?

So. So this is Rachel, six years after her startup. Okay. How many how many patients or how many practices have you come across? This is rarefied air.

Okay, this is a waitlist. This is. No, we're not accepting new patients. Join our waitlist now down below on her. Wait list. And she came up with this herself.

They have to apply. Okay. What a principle has she created with this? What principle is it? Right. It's consistency and commitment going on right there.

Yes. And scarcity. Right. I mean, it's yesterday. So since I did her start up, I host her website. I asked her permission to talk about this. I see the laser come through a website.

Nine people yesterday during yesterday. Okay. Her marketing budget is zero. Okay. Other than her website oh nine and so but here's here's what happened.

All right. So my experience was and I had told the senator this I said be careful of the word holistic. I talked about Rachel this years ago. I said it's radioactive to dentists, right. Yep.

But when we have this huge disparity and this is where I want to, I really want to take this conversation and ask your advice on this. Okay. So she reaches out to her dentist.

Hey, reach out to Doctor Larkin and crickets. Another person says, you know, reach out to Doctor Can. Crickets because they're telling him that I'm a holistic Dennis.

But, you know, I'm not. I mean, my my my lane is pretty narrow, right? And this thing all comes back to me. So I go to I. And I want to understand the issue.

And so I go in there and I say here is what a holistic dentist here is. Here are the services same. You know, kind of parallel with biological. That's kind of a watered down term.

Yeah. And I said talk to me about the whole body impact, whole health impact of this list of services. And fluoride is the number one reactive term. Right.

And I see the post done by the groups, you know, the groups that teach this. And it's a 5% contributor to the overall conversation. 5%. Okay. So I go to I and I said and I ask this question because and I'm using I all the time.

I'm sure you are too. I said what is this called. And it's called disproportionate focus. When media or public attention exceeds a statistic or actual importance.

Right. So we have something that's a 5% issue. Guess what periodontal disease is. It's a 70% factor right. And that's been my very consistent narrow lane for over a decade.

But when the public perception is ban fluoride fluoride poison and then the other one and the two main ones are root canals are dangerous root canals or this and the other root canals cause cancer.

Whatever the whatever the narrative is, these are extremely reactive terms to 95% of the dentists. Okay. That's what the term holistic is radioactive.

Okay. So help me sort something out. So we have this disproportionate focus. And the other term is signal amplification. We have this happening and I'm and I'm sitting here saying, saying to myself because I'm witnessing this firsthand.

Okay, 95% of you this are turned off. This is what Chris Phelps meant by holistic ish. It was let's focus on the 70%. Let's stay away from the radioactive things because they're not productive.

Right. How did you know that? Well, for me, I was just looking at Mark the tree. Right. And so when I see things, the consumers and businesses being built and are thriving, like Whole Foods and Sprouts Market and all of these kind of healthier option companies coming to light and people leveraging these things, I'm starting to see, you know, there's 15 other companies that can come to mind in this category, but I notice with these things are successful in spite of what's always been.

That means the market's mindset is changing. Right. And so I got to think, well, who goes to this kind of place like a Whole Foods or a sprouts and or whatever?

Who leverages those things? And it hit me. I was like, you know, I would I just physically went to these stores and kind of hung out and just looked around, who's here?

Yeah, just strike up conversations. Who were you? What are you doing here? What are you. You know, what is your job? What do you do? Why are you here? This curious.

And what I found out was it was just people that were looking for a healthier option. That's it. They realized whatever there's a mass available is not good or bad oils.

Bad whatever they wanted to use to define that. So they just wanted something healthier. And I thought, that's what holistic ish is. This does with their mindset, their they're not on this fringe of what people think of holistic.

Correct. They just want something healthier and there's nothing wrong with it. And so just it now opens if that's what the market wants. I always say if your target market speaks, we got to listen 100 tenants who want to do the same thing.

Yeah. How do I overcome the barrier though? As an educator, you're an educator. How do we overcome this barrier? Because I've never seen anything like this.

Okay, so Rachel's initial exam is 2.5 hours. Okay. What is that? That's the anecdote for all of this hygiene burnout, all this, all this, all of the solutions to the practice model.

Okay. She has a beautiful practice model. It's a relaxed pace. You know, patients are more than willing to pay. They're on a waiting list. Okay. Everything that you would dream of.

But dentist because of the active part of it. Right. Which which, you know, she's cool. She's not she's not into that fringe stuff at all. But it's the word itself. Right.

So I understand that's why the biological. But I can make a post on any, on any of the large groups and it just looks like cover your eyes, cover your ears.

I mean, you just people go crazy with those terms. So there is a there is a biased amongst the dentists. So the dentists are struggling with all of these insurance, you know, PPO models and and the hygiene thing is it's it's super serious right now.

The hygiene dilemma with shortage of hygiene, you know, is my appointment 45 minutes an hour or whatever that it edit it it out and and here's somebody doing something really contrary.

And the people are literally beating a frickin path to her door. And how, how, how how do we reconcile that? I mean, you know, I've reconciled it to a degree.

You know, I have my annual course and I and I teach and once again, you've watched me over a long period of time, and I didn't know how intentional my lane was.

But my my lane has always been cardiovascular prevention, periodontal disease contribution. Now I'm open to the other components. Meaning when I meet Darren Simmons he's got ozone water.

Great. That's a that's a component of whatever. Right. Lasers all these things these are the pieces parts of advance prevention to help us do a better job.

But it's always perio. So let's stick with the 70%. And and that's happening in politics. You see the the politicians though they'll take a 5% issue you know and just create and and it's a combination of the power of social media and it's combination of the, you know, the megaphone that some people have.

It's not a positive thing, but it's never it wasn't until this experience and it wasn't until I was reflecting on your holistic ish, because what you were telling, what you were telling me a while ago, was that the term itself offends dentists.

Why Market Demand Favors Healthier Options

And we need we need a term that is less abrasive. And anyway, I it has. I'm never. This has been like a perfect storm for me from an education standpoint.

Yeah. And I'm glad you're starting to see the the trend as well. Because that usually starts at the market and then it works its way up to the businesses. Right.

And I think the dead street are starting to see it. And, you know, even doctors like we get calls all the time because we do some training in ceramic and plants and whatnot.

Again, it's just another alternative. It's a healthier option for people, less reactor entry and doctors that used to swear they're like, I'll never do one right.

But now I'm saying my patients are asking if I do one. What do I 100%, 100%? So are we going to need the patients to be asking for this? You know, and here's the thing, because I do talk about it.

And I've interviewed I was I was doing a podcast with somebody on bio restorative, you know, cure or not, in crystal care. You know, here's the thing.

You know, me comes in and says, you know, I don't want fluoride. Is it not a problem? And we've got great alternatives. You know, you don't have to engage in that.

I never really had to engage in that. I did I was asked by the Senate committee because, you know, there that's on the agenda. And I said, I've been a dentist too long.

And I said, you know, maybe I'm brainwashed or whatever, but I, I'm super not comfortable with that concept because you're not giving me an alternative solution.

So if I say, yeah, fluoride is terrible taken out of the water and eastern Kentucky is the mess that it is, I'm going to be personally responsible for increasing in the short term, increasing pain and suffering.

Can't do that. Give me an alternative. Right. So that political there, to be honest with you, I don't know how far down I'm going this political road because because I'm to black and white.

But I just wanted to do it. And it was like, check on it. And, you know, they talked about hiring me as a consultant to the committee and whenever we'll see, you know.

But I but I, I definitely don't have the patience for, you know, time wasting. And you know what that is? Time is our most valuable commodity, right. So going back to how do you change money in this case. Right.

And how do we get their focus off of this reactive stuff and on to other things? Well, understand that, number one, it's a huge challenge because of the commitment principle.

When people commit to something, it is very hard for them not to fall through with their commitment. Right? Right.

And so when people, you know, you got Republicans versus Democrats, good example. Okay.

Whatever side they're on, once they commit to that, that's now who they are and everything they do. It biases everything that they do, they see information they take in.

And each time it further reinforces their commitment. So it makes them a bigger divide. Right. So what you can do to counter those is a couple of things.

Number one, understand it's a huge challenge if you don't change their commitment in their mindset, they're not going to change, right. That isn't going to change that side and vice versa.

But what you can do is you can start by reminding both sides that there's a connection. We have something in common. We are not polar opposites, right.

So there's a study I can think of where they did that with kids who were at two different universities debating each other on a topic on one, and when they were just so dug in to their argument, and then they had to pick a winner, who won the debate?

Who lost? If you won the debate, you got an if you lost the debate, you got a C. But if they couldn't come up with a winner, an agreement, they both failed, right.

And over 33% of the time the kids failed. Wow. That's how deep they were into a commitment. They didn't even believe in it till they started debating it.

Well, just by reminding them in a different study, start out with a connection first. Hey, Tom, you're a dentist. I'm a dentist. Right. Let's talk about dentistry for a minute. Right.

So they found one connection, and then they got into their conversation. The failure rates dropped from 35% to less than ten. I should listen 6%. Wow.

So huge change. You're reminding folks that, hey, we can be different. We can have different opinions, right? Well, people here, right? We still have a connection.

We're still fathers, mothers, brothers, whatever. Right. Okay. So reminding them a connection, if there's some unity present, remind of that. We are yes, we have different opinions, but we are still of the same mindset when it comes to this.

And that's why I'd say in this world of health, I think we can unite them under holistic ish and this banner of whatever you are on the spectrum. Can we all at least agree and commit to that?

We all just want a healthier option for ourselves or our patients, for whatever, whatever that means. Can we at least night under that banner? Right? Okay, now you're bringing them closer together again.

Right? Right. And again there'll be some agree to disagree situations. Okay, well, let's put the fringe stuff aside that will never agree to. Now we have a connection.

Now we're united under this cause of healthier options. Let's agree and figure out something in the middle. What can I work on instead? Right. The last piece of this is you got to redirect their focus.

If we know their focus is on, let's say, fluoride right in the water, redirect it to other things that they may have a focus on too, like Alzheimer's and heart disease.

Right. And can we all agree that Alzheimer's is not good and heart disease is horrible? Okay. What did you guys know especially Senate committee that guess what?

Many studies are linking behind those things that need to get worse or are the root cause. Yeah grumbles is hey. And now we can redirect them back to perio that way right?

Right. Yeah. No that's outstanding. You know. So one of the things I thought, you know, if I get to present again to that committee a visual aid and I thought I'm going to bring three things, I'm going to bring a bottle of sugary soda, a bottle of water and an aluminum can.

Okay. And so when I here's the thing that I want to illustrate the difference in health impact and what we're all concerned about. Like you're saying between that bottle of soda and that bottle of water are significant.

I mean, that measurable. It's you know, it's unbelievable difference. The difference between the bottle of water and having a concern on microplastics and BPA and the aluminum can that the water is, is small.

Why why would we why why do we want it. Why do we want to go there? Why do we want to go to the microplastics? You know, because my whole view is let's start with the easy the, you know, the big the bigger issues, the easier issues and not get in the rabbit holes because I see politicians really wanting the rabbit holes.

You know, microplastics banned plastic. You know, and now you know. And so that's yeah, that's that's a it's amazing. That's amazing. Yeah. And it goes back to you got to make sure you ask the right questions.

You know, this or that when you're talking to these folks.

Managing Commitment Bias and Redirecting Focus

Because what I hear and when you said that, what does that politician really want. Right. Where do they really do you just want a talking point that makes you standing up for your colleagues just to get reelected?

We really have no intention of doing anything or are you with us? And you really want to improve people's health? We just. Yeah. And if you can get them to commit to the health, then now you got a chance.

Well, the general public and you know this, they've just taken over our health care system and so broken. It's so expensive. You know, you your ability to get your labs online.

Now, you know, you do a lot of stuff online yourself right. Self. And you know some good some bad. But it's the general public wants wants to be healthier.

They want to be empowered. So it's there. And I and I just I just was dying to tell you that story because them holistic ish was like that's the definition now right.

Do we get do we get into these extreme positions or do we really come to some commonality, like you said? Yeah, I think that's a banner you can unite people under for sure.

Yeah. No that's awesome. Okay. A couple of things in general in the in the marketplace, I saw, you know, just just some observations. I saw a podcast with David Phelps.

I know you know who he is. And you're not related, but equally smart about DSLRs and private equity. Maybe some, you know, maybe the momentum of all these practices being swallowed up.

You know, there might be a little distrust in some of the in some of the group models. You know, that may not seem like, you know, everybody had these great exit strategies that x multiples or whatever those better days may be behind us.

And I don't know when you know what you're seeing out there in the marketplace. But once again, these are all delivery models of practice. And and the hygiene, which is a one third component of these practices, you know, it's it just it's just a continual challenge.

It's just a continual challenge how that all fits together. Yeah. Well I do see that, you know, past trends people were afraid of, you know, the DSO market, the Non-Denial, all Non-Denial managed groups would take up and 70, 80% of our space.

Right. Maybe even 90% is what the fear was. I think the reality is going to be is there probably be 30, 35% of the space? I mean, maybe 40 because right, there was this huge push and those were the folks that were the first, and those are the folks that were their biggest move was just to build to the next exit so they could get out.

Crap, build it, flip it, be done with it. Right. And then the next group was left holding all the baggage, and they didn't have the right management systems.

And oh wow, this is in place, that there were many of those. I can think of a couple that about went out of business and or almost went bankrupt, and they had to go for pennies on the dollar.

So I saw the DSO go for an individual practices to turning on each other and trying to ingest each other because of the failed ones. Right. So they could put more models there.

So it's really slowed their growth. And I think it's made those that now are coming in at the third tier, and there's been two buyouts of the DSO level already are realizing the mess that they had.

And they're like, wait a minute. We got to slow down and go back to the drawing board. I don't think this is going to be what we thought. They're going to try to get work with what they got, and that's why I don't think they're going to be the the majority in dentistry for sure.

But you know, even there they are the majority, whatever that percentage is, 51% or whatever. There will always be an opportunity for an independent practitioner to have a very successful business model, whatever battle for them.

So 100%, even the large managed groups, meaning full service, bigger group practices, that's a that's a strong model, right? You know, in-house, you know, still independent but able to do a lot of different things.

So okay, that was one of the things I wanted to touch on. So you've got some new things happening in your world that are pretty excited that I want you to take a few minutes and explain, because, you know, previously you were the U. S.

CEO of any institute and that that is changing and you're doing something even more significant. So talk about that. Yeah. So, you know, I got to study under Doctor Robert Cialdini behind, same behavioral psychologist.

He wrote a book, Influence The Psychology of Persuasion. If you can watch the video, that little yellow and the purple guy behind me 40 years ago, he wrote that book.

But it's never been more relevant and prevalent than it is today. And basically what his seven Principles of Persuasion teach us is fundamentally why civilization was created and why we even function as a society.

Okay, because these principles speak to the heart of what we use to make our decisions. Yeah, not the excuses people tell us after the fact. So I got the train under Cellini.

I use these principles in my own dental practices. A couple of struggling practices that I was able to make really successful because I made my strategies around what people actually used to decide for case acceptance in team management.

In my associate doctors that worked for me, instead of the excuses people used to give me after no and make it my strategy there. So they'd say, well, you're too expensive. That's why I didn't do it.

So I guess my strategy is I got to discount it. Or they say, you're not in network with my insurance company. Okay,

maybe I need to be in network with your insurance company. No.

Right. The excuses never. The actual reason behind it or variable. So understanding these things are key. And so last year I was honored that he asked me to come in and step in to take over the in the Institute, a legacy company, for him to help us spread the message of influence and persuasion and get these this teaching out there.

Because whether you realize it or not, everybody out there trying to influence you in some way, shape or form give you they're doing it in an ethical way.

So they're trying to make it a win win for you both. But maybe they're doing it in an unethical way. Maybe they just want to win for them. Right. And maybe not necessarily the win for you.

So ultimately understanding these things you'll see when people are trying to influence you. Because normally these things trigger subconsciously you don't get the rationale for and you know about them.

And then suddenly you're like, wait a minute. I mean, I get I feel the pull scarcity, let's say, but do I really need to grab all that toilet paper or not?

Or they're going to have some in another month and I just wait this out, right? Does this make sense for me? It'll allow you to make more rational, top of my decisions and put conscious thought, which is exciting.

So running the charging institute I've been doing this for the last year has been exciting or growing. And it's kind of led to an interesting thing.

DSOs, Practice Models, and Market Uncertainty

And you and I talked about this earlier, you know, in times of uncertainty when people globally, you know, economically, locally, whatever that uncertainty bubble is for you, people don't move, right.

They don't make decisions. They don't do anything because they feel like it's safer to do nothing very anything. Right. And so when we are uncertain and certain certain times, we look to two of our principals to the sale, we look to the crowd.

That's why everybody's in these social media, Facebook groups and whatnot. What is there I think we should do? What are they saying? Right? Or they look to credible authorities to tell them what they should do.

Right? And God forbid, if we can't get the authorities to come to a consensus on things, it just reads more uncertainty for the masses to talk to each other.

So what I've realized is, and what's needed in the marketplace is twofold a mastermind type community where people can come together and engage with those social proof conversations.

Let's talk it out together, right? We get to where all smart people, I'm sure we can find a path, but also led by authorities like people in my mind that have true experience in the topic at hand and have real credibility because they've been there and done that right.

They have wisdom that they can share right, to guide those conversations. So, you know, I've got a new one starting, and I know I want you to be a part of it as well to help guide some of these conversations and holistic ish, for the cheerful dentist that I'm going to be launching into this month.

And then December 4th, the fifth and six and Phoenix, Arizona, I'm doing a two day in person mastermind on leveraging the application of these principles of persuasion and how to apply them ethically.

And let's say for dentists would come or team members patient communication outside of dentistry. They may call that sales, right. How do we leverage that in marketing?

How do we get out of telling our team to do stuff? How do we influence them to do stuff? That's a way the mice don't play. And we'll talk about it in team management, you know, marketing to get a better quality person.

How do you change their focus and attention on you and away from the other 15 things? They're distracted on in that moment when they get exposure to your messaging whatnot.

So it's going to be a fun couple of days. And Phoenix, for those that attend and all about, let's put the stuff into practice and make sure everybody, at least with a solid plan on how to use them.

Now, you know, like you said, the need has never been greater because I'm like you, I really you you kind of have a feel when you when you're around this long enough, you kind of have that feel of paralysis right now, people kind of, you know, I, I've never really seen it.

I see it a lot. Right? People just very undecided. They say they're going to move forward and they don't. And they're just, you know, you don't know what they're waiting for.

And then and then the part that's very conflicting for me is, you know, you see the stock market making record highs every day. It's not like it's not like 2008.

I understood 2008 people were paralyzed. They were afraid of everything. And this it's that dichotomy right now that makes you kind of like, you know, what is what's going on.

You know? Yeah, that's why it's funny. Funny, there's been 2008 and then in the 80s before that, good business people learn how to make money in times of uncertainty.

Right. And so yeah, that's what's going on now. All right. See they understand what human behavior is and they know how they're going to react. Because again, when you understand people's behavior and what influences them, then you should be shocked when it happens.

Right. But they're able to predict it now and they're laying there right out in front of it. So kind of was it. Yeah. Yeah. I think that is just so awesome because it's it's important for people like yourself.

Once again, I keep coming back to people with experience because, you know, the groups are sometimes a little light and experience and, and the very heavy on advice and I feel for, you know, kind of a younger generation of Dennis that kind of lean on that in dental school or early on because I see a lot of that advice.

And yes, it's like, you know, it is what it is. You know, it's not going to it's not really going to it's not going to change. But it's kind of distressing.

One other thing that I want to when I touch on now that I think about it and I appreciate your time so much. So one of the things you're going to be coming to talk about ceramic implants in April, because one of the pivots that I'm that I'm making is I joined a couple of consumer groups on implants.

Right. Because I'm trying to get a little bit of a vibe on this all on X. And I see I see that implant maintenance specifically all in X, and what we're talking about are the restorations that are screwed in.

They're not taken out. Dentist can't decide how often you want to take them out. I don't want to strip the screws. Whatever. If if the number one risk factor for a failure of an implant is a prior history of gum disease, we have a problem.

Cialdini, Persuasion, and the New Mastermind Community

So if my whole teaching thing is treating gum disease, that has to be a part of the conversation. So I go to I. And the operative word is biofilm disruption.

Okay. Oral hygiene is biofilm disruption. I said what's what amount of the surface area in a fixed all an X is accessible because once you screw it down, the implants aren't accessible.

And it was like 60% was inaccessible. So we have a processes now that's 60% inaccessible for biofilm disruption. And that stuff building up over time, which you know what it's gonna look like if you ever take it off.

And that conversation is not being had. Okay. So so I Awacs groups placement vertical Awacs and the and the public groups are just massively distressing.

The numbers of people going overseas to have this stuff done. Turkey and Costa Rica, Mexico because it's cheaper. And you know, the most obvious thing is when you come back, a dentist is not going to see you.

I'm not going to support a call to a Costa Rica for mouth reconstruction, you know, and and so there are these there are these things that are going to be happening once again, futurist I see them five years, ten years that are going to become kind of mainstream issues.

And I kind of want to get on the front end of it to once again, let's bring some smart people together and have conversations on how could we help prevent some of this.

And it starts by having an uncomfortable conversation. It's amazing to me. So one of the one of the things that I, I trademark is AOCs care. Okay. Defining what AOCs care I, I went to the to the trouble of, trademarking it because I think it's going to it's going to have a suite of services around that undefined.

And I'm sure you, you kind of see that. And so you're in Europe and you're at a meeting and once again, you know, you get exposed to these ceramic implants and without getting too much into a deep dive.

But, you know, titanium has some issues. And I think you're one of the people that brought it and brought that technology to the United States and began training with who's a doctor and that you work with, Salmon and Beast.

Yeah, yeah. And once again, once again seeing an emerging market opportunity. Right. And once that, once the general public learns about this, what are they doing?

Hey, do you do ceramic implants? You know, now, you know. So at what point are they going to move out the dime to say, you know, is that just a crazy patient or is there more to that is, you know.

Yeah. And that's the kind of message I was trying to promote to dentists when they are considering doing training with us on ceramics. I'm like, you think it's for the holistic patient, but it's actually for the internet already sitting in your chair, that holistic ish patient, they're already there.

You just don't know. And if you was into them, this as an option in addition to their because I do both right. And it's like any even blink then you're you both win in that scenario right.

So the person who really values this and wants that healthier option, because I charge more for the ceramic implant than 100%, they pay for it because they want it.

Right. And those that don't see the value in it, well, more choose the titanium option, crackle. It really comes down to this, right? And this goes back to your biofilm thing.

What we need is the better screening tools to define with this patient. As you said, are they a person that can heal and are they healthy or are they not right?

And the overall body health that could be oral health because of perio disease. Because if they're healthy and they're really low risk, is they get a good biofilm.

Yeah. Then yeah. Why are we taking they're thing. Oh that doesn't make any sense because literally nothing is

going to go wrong with those people. Okay?

I don't care if the implants upside down the damn thing is going to integrate, right, Allison. But for those other folks, if we can identify those that aren't healthy, right, we got to decide, do they need ceramic?

Is it titanium? What do we do with this biofilm? Right. Fixing that first before we put all this crap in. Well guess what? It's got nowhere to go but down from there.

Well, I think that's going to be a powerful message to educate our colleagues on is we need a better differentiator. Folks, if this person is X, y, z systemically, or oral biofilm wise, you would be wise to fix that first.

Something else. Yeah, it's interesting that you mention that because one of the people and this was an offshoot of April's meeting, I learned about MMP, which is an inflammatory biomarker company in Germany that I was referred to, had a couple meetings with them.

I think they're coming in April. And, you know, I'm sure you know, Steve Thorn, a Pacific general. He's been looking for a point of care. Chase chair side tests.

And I think he actually invested in this company. So Pacific across 1300 practices does an MBA test on all new patients as an introductory you know, one point that years ago I trained a couple practices of theirs with a microscope, but I don't think they saw the logistics of that or 1300 practices.

But, you know, he's been looking. And so I'm wanting to learn about that. And that's one of the tests that's going to be, you know, at my April meeting, because once again, it's it's the early diagnosis.

It's the identification of those people at risk. It's not everybody got it, but it's worth your while to know who they are because those are the people, you know.

Any failures are heartburn. And the more complex the restoration, the more heartburn. Okay. So without any guardrails at all, I think there's a lot of novices that are finding, you know, I see it in the groups.

They're getting in trouble right. So so that's that will be the focus of that. And I and I'm sure you're going to be a giant contributor. Let me put the we've put the ticker on their April 24th 25th in Lexington Oral System mastery.com is where you can find out more information for that.

Anything else on your mind, Chris? Anything else topical or that you want to talk about? No, just keep a look out. So if that interested in any for the in-person Ethical Mastermind application workshop, give me a shout out.

All look out for the cheerful dentist community that I'm going to build a paid mastermind, but it's going to have experts like yourself in their conversations on all aspects of the business, from attracting new patients, the telephone language you need to convert more.

How do I ethically present treatment? And what do you do to close the back door on attrition? Yeah. I was so happy. I can't tell you how much the need is there.

Ceramic Implants, Biofilm Risk, and Better Screening

Okay. You know, and I've toyed with that deal and that's a that's a big task. But you're talking about billing. And I know you've been very methodical about it.

And it's going to be first class because I tried a few years ago to do it because I saw the need. But it was it was so much bigger than me, you know, because there's a lot of pieces, parts in that. Yeah.

But what your experience and with your connections, that will be an incredible community because the need is there for private communities. Let's get off of these drama shows and let's get serious with people that have, you

know, legitimate or has amazing experience who've done it.

Most important thing that bugs me the most is people who teach, who've never done it. That right kills me. I will be wholeheartedly supporting that. Yeah, and one factor on that, speaking of trends, I've been noticing.

So, you know, historically, dentists and did we've had the highest suicide rates of any industry. Correct. And it really hasn't changed. Not really. And one of the things I have forecasted, which I'm not excited about is that I foresee that rate going up.

So the suicide rate is going to increase on our colleagues, and the level of addictions that they have are going to increase significantly. And drugs, alcohol, sex, whatever the addiction category is, right?

It's all around us, mostly many because of the DSO change. People that sold out too soon and didn't really have their next. And now they feel trapped.

As well as the uncertainty in the market, labor costs. Right. All these things we're feeling, right. It's going to push people down this path. So another aspect of the cheerful dentist community is that I'm going to focus on that.

I don't think anybody really is is the mental health side of this effort for each other, for our colleagues. So we got to do better about protecting our mindset and keeping it in a positive pace or positive place, and then have healthy coping mechanisms in place to deal with this stuff.

So I have leaders and experts in mental health and wellness in this community that can be helped help people privately or hopefully, as in our community conversations, to keep a positive path as well.

So yeah, no. And I agree 100%. So that takes me back to 2019. It was right before Covid and I got an opportunity to to speak at when dental well was in existence.

And, and just and I told my wife, I said I'm going to give a presentation. I will not ever be invited back. And it was called I'm Under the Influence.

And basically what I, what I outlined was, was what I was seeing. I was seeing a decade of low interest rates, a decade of social media influence. And what it was doing was it was encouraging younger dentists to do something that they really weren't cut out or prepared to do.

The social media pressure was everybody should have a practice, more practice. Ownership for the average person is probably the most giant disaster ever, but no one was speaking against it.

Okay. And I was and I was outlining some of the dangers. So all of these mental health issues are kind of accretive to the fact that not this really isn't what you're you're cut out to do.

I think everybody needs to be self-aware. You know, that's a Gary Vaynerchuk deal 101 self-awareness. And, you know, you know the story about me building my first dental practice when I was in school.

You know, I was an extreme outlier. You know, I that was just something that, you know, but that's not everybody. And I and I don't so like the students that I did startups for here in Lexington, I knew them personally.

I was not like listening. Just like everything I knew Rachel's background, her or her background in athletics and accomplishment was impeccable. This was easy for her, right?

So I think we needed, you know, and I'm really happy that you're doing that because you're 100% correct.

Mental Health, Burnout, and the Cheerful Dentist Community

And I see that in the groups, people uncomfortable with it and not knowing where to go with that, you know, with

the, you know, the headline news of this doctor took his life or killed his family or whatever it is, it's awful stuff.

So what's the root cause? What are what are some of the root causes? Okay. And and so that will be probably one of your biggest contributions of. All right.

And I definitely have opinions on and in positive ways to, to enforce those conversations. Excellent. Yeah. Super good stuff happening. I'm looking forward to the future.

Well I want to thank you, Wayne Gretzky, for once again showing me where the puck is going. And, we'll see you. So thanks for it. Thanks.