



THE
**MILLION
DOLLAR**
PROSTHODONTIST

TAKING BACK OUR PATIENTS
AND OUR SPECIALTY

2nd EDITION

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**The
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Dollar
Prosthodontist**

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AUTHOR'S NOTE

In order to protect their privacy, the names and certain identifying characteristics of all of the patients whose medical histories are described in this book have been changed.

The views and opinions expressed in this book are those of the author and do not reflect the view of the American Dental Association (ADA), the American College of Prosthodontics (ACP), the American Board of Prosthodontists (ABP), the American College of Prosthodontists Educational Foundation (ACPEF), the American Academy of Implant Dentistry (AAID), the American Board of Oral Implantology (ABOI) or any affiliated associations.

*If you want something you've never had, you must
do something you've never done!*

Introduction

Priate-practice prosthodontists are fighting for survival. Ordinary dentists, many unethically masquerading as prosthodontists, are holding on to cases that should be handed over to specialists. Some prosthodontists have surrendered and become full-time academics or insurance-accepting general dentists. Others are staring at the telephone and waiting for it to ring.

The federal government lifting the ban on advertising by medical and dental professionals blew the doors off the referral model for specialty dentistry. Before marketing entered into the equation, dentists filled cavities, took X-rays, performed cleanings and occasionally fashioned a crown, dentures or a simple bridge. Dentists traditionally referred complex cases, more than one crown, and ambitious restorations, to a prosthodontist.

The prosthodontist did the restoration and then cheerfully returned the patient to the referring dentist. Prosthodontists rarely attempted run-of-the-mill fillings and cleanings. Historically, one of the benefits of specialization is being liberated from humdrum dentistry.

With aggressive marketing, dentists began inflating credentials and creating phony, confusing “specialties” to capture high-dollar procedures that formerly belonged to specialists. Ordinary dentists are convincing the public that they are as qualified as prosthodon-

tists, endodontists, periodontists and orthodontists who spend two to four years in specialized training beyond dental school.

How many of the 1,700 private-practice prosthodontists can compete successfully with 180,000 general dentists nationwide who are flooding broadcast, web, and print channels with messages boasting of their expertise in “pretend” specialties? Even some of the non-recognized areas of interest offer a board process that almost none of the members challenge. The most common fraudulent specialties include:

Cosmetic Dentistry

Sedation Dentistry

Reconstructive Dentistry

Geriatric Dentistry

Family Dentistry

Neuromuscular Dentistry

Certain dentists and their sponsoring organizations have used the legal process to prevent enforcement of laws limiting how “specialists” can advertise their services. Essentially, the dentists and their organizations contended that the state could not limit their First Amendment right to advertise a specialty bestowed in an area not recognized as a specialty by the ADA. The Fifth Circuit Court of Appeals agreed and ruled that laws limiting dentists from advertising a specialty in areas other than those recognized by the ADA are unconstitutional. Effectively, this ruling means that many dentists who are not board-certified in recognized specialties can claim to be a “specialist” in an area that is descriptively misleading. Unfortunately, in the end, patients may be misled into thinking they are selecting a prosthodontist when they are, in fact, hiring an “Implant Specialist” who is typically not as well-trained in the area as a board-certified prosthodontist.

INTRODUCTION

Of the nine specialties recognized by the American Dental Association, prosthodontics unquestionably is the most obscure. Low visibility has been a chronic problem for prosthodontists since the day the specialty was born 50 years ago.

All prosthodontic interest groups have failed to address the specialty's low visibility and have been astonishingly slow at responding to opportunities to raise it. Implant dentistry and cosmetic dentistry should be synonymous with prosthodontics. Instead, any dentist may lay claim to these terms, always at the expense of prosthodontists and, many times, at the cost of his or her patients.

Because many ordinary dentists act as if they are as qualified as prosthodontists, rarely will a consumer hear the word "prosthodontist" coming from a dentist's lips. The multi-million dollar Clear Choice advertising campaign has done more over the last 10+ years to make consumers aware of prosthodontists than have all of the prosthodontic associations combined over the last 46 years. Ironically, Clear Choice is the mortal enemy of private practice prosthodontists.

Private practitioners sink or swim based on how credibly their brand resonates with consumers. Unfortunately, marketing and communications strategies and practice management models are not taught in dental schools or specialty training.

I must admit, even with the printing of *The Million Dollar Prosthodontist*, 1st Edition, in 2011, I had not been a good or even average business manager. At that time, success came through a dysfunctional work ethic and some fairly bold marketing. I was very effective in getting new patients in the door, but I did not have the staff in place nor the understanding of the numbers to advise anyone on how to change their bottom line effectively. Since 2012, I have assembled an amazing staff and become a real "manage by the numbers" business owner. Chapter 3, the "numbers," grew from 4 pages to more than 47. This growth represents the difference between knowing practically nothing about the business of dentistry to knowing almost everything. It took me five years. I hope it takes you less!

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Everything I have discovered about branding, marketing, communications and practice management has been captured in *The Million Dollar Prosthodontist*, 2nd Edition. These lessons learned in a 27 year career have made the McFadden Dental Implant Center, in brutally competitive Dallas, a multi-million dollar solo practice, based on a 30 hour work week. This approach is battle-tested, straightforward and ethical. Some, if not most, of the recommendations will help you build a thriving, lucrative practice. Our biggest hurdles, as dentists, are that we are handicapped by closed minds and inflated egos. The primary requirement for success is an open mind and a willingness to learn.

*Someone is sitting in the shade today because
someone planted a tree many years ago.*

— Warren Buffet

Preamble

The prosthodontic practices that I attempt to describe and demonstrate in this book are those at the top when it comes to quality outcomes. These practices should also be at the top of the earning percentiles but often are not. Because we routinely deliver the best outcomes in dentistry, our income should be in the top percentiles. It is my hope that this book and the associated techniques will help you close the outcome vs. income gap that has plagued prosthodontists since our inception.

Before we begin the discussion of how to build a platinum level practice, I would like to explain one of the main themes to which I will often refer, the bell-shaped curve. Though more boring than organic chemistry class, the *Bell Curve Book*, written in 1994 by Harvard psychologist Richard J. Herrnstein (deceased before the book was released) and American Enterprise Institute political scientist Charles Murray, has shaped my belief system when it comes to evaluating human performance.

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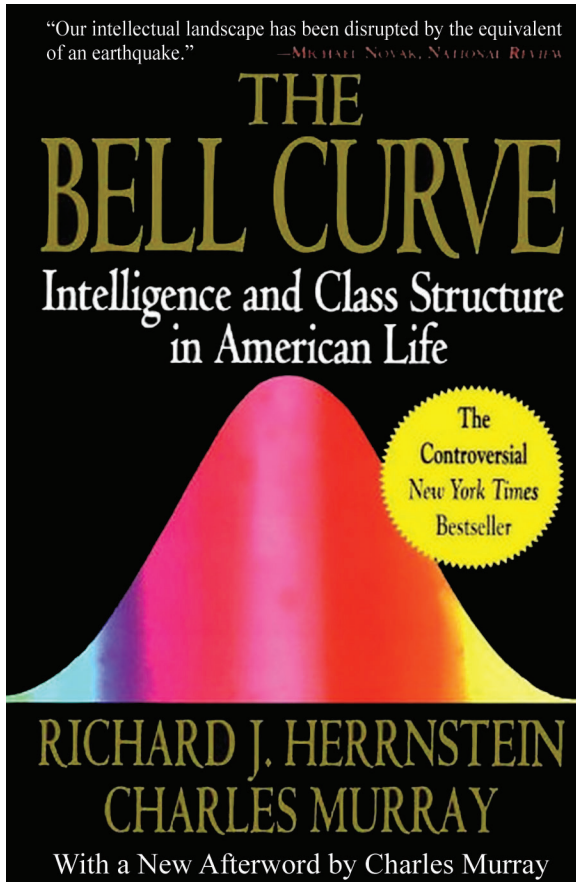


Figure A.1. *The Bell Curve* evaluates human performance.

The book is incredibly well-written. Because the authors knew it would be wildly controversial, they offer up a plethora of substantiating evidence before, during, and after each section. Its central argument is that intelligence is substantially influenced by both inherited and environmental factors and is a better predictor of many personal dynamics, including financial income, job performance, the chance of unwanted pregnancy, and involvement in crime than are an individual's parental socioeconomic status or educational level. The book also argues that those with high intelligence, the “cognitive elite,” are becoming separated from those of average and below-average intelligence and that this is a dangerous social trend

PREAMBLE

with the United States moving toward a more divided society similar to that in Latin America.

Bell-shaped curve (definition) – a symmetrical curve representing the normal distribution. The term “bell curve” comes from the fact that the graph used to depict a normal distribution consists of a bell-shaped line.

A bell curve is also a useful tool when attempting to understand why some individuals can or cannot accomplish certain tasks. Of course, the bell-shaped curve exists when measuring hand skills, speaking skills, sales acumen, crown preparations, running speed, jumping, and any other job or task that can be measured. Though it sounds harsh, if you have staff members that continually underperform there are only two explanations: laziness or low IQ. No matter which explanation you choose to accept, they do not belong on your team. Below is the standard bell-shaped curve that is also known as “normal distribution.”

In this case, it shows the normal distribution of IQ throughout the human population. My point about the bell-shaped curve is that we want our practices, labs, and employees to fall in the sec-

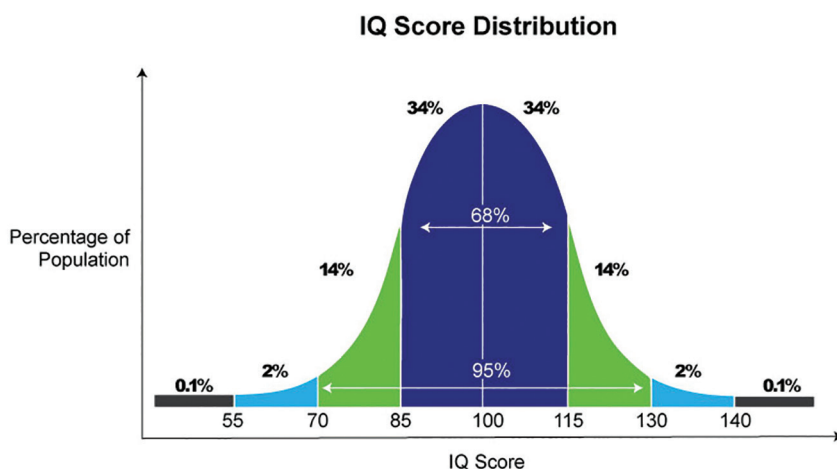


Figure A.2. Bell curve showing IQ score distribution

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ond standard deviation to the right of the mean. Consider this curve and where individuals fall on it when evaluating business relationships that directly affect the way your practice is perceived, the way you are personally perceived, your income, your happiness and your quality of life. The actual rating of each of those facets of your practice is very subjective. I would advise you to trust your gut instinct while being painfully honest about how you rate everyone and everything directly and indirectly related to your practice. Many of us are not capable of this type of evaluation. Some of us allow emotion to enter into the evaluation process or we simply are unable to evaluate our employees, our labs or even ourselves objectively. For many of us, hiring a consultant is necessary.

If the percentile concept works better for you, then your practice and attitude towards it should strive to be in the 95th percentile or higher. To build a platinum level practice where you will be fulfilled in your work and personal life, you must strive to be in these top percentiles. The phrase, “There is always room at the top,” applies here.

ABOUT THE AUTHOR

David McFadden, the son of a Pennsylvania steelworker and a grocery store cashier, knew from the age of nine that he wanted to be a dentist. He liked working with his hands and observed that dentists enjoyed a comfortable lifestyle. “In dental school, I discovered that ordinary dentistry was both easy and boring,” McFadden said. “The challenge was missing. I decided to specialize.”

McFadden received his dental degree from the University of Pittsburgh, School of Dental Medicine in 1988. He received his specialty certificate in Prosthodontics from Baylor College of Dentistry in 1990. He was awarded board certification by the American Board of Prosthodontics in 1995. In 2013, he was awarded board certification by the American Board of Oral Implantology. For nine years, Dr. McFadden was a faculty professor at UT Southwestern Medical Center.

He established the Dental Implant Center at UT Southwestern Medical Center. In 2002, he opened the McFadden Dental Implant Center in Dallas, Texas. In addition to dental implant treatment, Dr. McFadden’s private practice offers a wide variety of dental services for adults with complex dental needs.

Dr. McFadden lectures locally, nationally and internationally. The low-volume, quality-based office is a state-of-the-art facility where outstanding outcomes are the focus.

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SEARCHING FOR ANSWERS? YOU'LL FIND MOST OF THEM IN THIS BOOK.

So, you eagerly accepted your certificate and headed out into the world to build your own prosthodontic practice, only to discover that private-practice prosthodontists are fighting for survival. That's because this specialty is the most obscure of the nine specialties recognized by the American Dental Association.

Unfortunately, most prosthodontic interest groups have failed to address the specialty's low visibility and have been astonishingly slow at responding to opportunities to raise it. Both implant and cosmetic dentistry should be synonymous with prosthodontics. Instead, any dentist may lay claim to these terms, always at the expense of prosthodontists and, many times, at the expense of the patients. Consequently, many patients rarely hear the term "prosthodontist" and they continue to have procedures performed by ordinary dentists.

This book is your guide to overcoming this insurmountable challenge. It is based on the author's struggle to help patients identify their need for prosthodontists and his determination to teach himself branding, marketing, communications and practice management. Each chapter identifies the most common weaknesses most prosthodontic practices share while setting a specific course for maximizing your practice's potential.

He shares these lessons with you in a straightforward, ethical, and battle-tested manner. This second edition is loaded with "manage by the numbers" information. Increase new patient flow, case acceptance and income. All that's required is an open mind and a willingness to improve.



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