

THE HUMAN-CENTRIC MINDSET & DSM SUCCESS

Last month we, Whole You, had the opportunity to organize a panel discussion amongst experienced Dental Sleep Medicine professionals from across the U.S. We wanted to know what made their businesses so successful, what motivated them to implement dental sleep medicine, persist, and ultimately succeed despite the inherent obstacles.

What we learned was that their success and its rewards had much more to do with a human-centric mindset than medical billing success or market demographics. Read on to get a glimpse into the mindset of DSM Success.

Q1: Is there any difference between the satisfaction you feel with restorative dentistry and dental sleep medicine?

Dr. Wilson: As a general dentist, my favorite procedures were crown and bridge. I found it very meditative, but now my favorite procedure to do as a general dentist is honestly the initial exam; getting to see the patient, talk to them, find out their motivations, what's going on in their life, in their world.

I take the time to discover how

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Brooklyn, NY

I can make them live their life better, help them identify issues they may have been unaware of. Through this process, you begin to see people as a whole, and you're not just looking at teeth, at decay, or perio. You're looking at so much more. This is especially true when it comes to dental sleep medicine. There are so many risk factors they're not aware of, and many times we can help them live a better life the rest of their life.

Lesia: Yes. Patients get to sleep with their spouses again, they get to travel again, they feel better. Helping them feeds my soul.

Dr. Doucette: There's nothing more gratifying or satisfying in dentistry or in life than treating a dental sleep patient.

I've never experienced that feeling of personal satisfaction from all the full mouth rehabs and dentures I've ever done. I never thought when I got into this four years ago that I'd be saying I might be laying my hand piece down because I love surgery.

"I love general dentistry and now the struggle is because I'm so passionate about sleep and the more I learn, the more I want to know, and I can't get enough."



Dr. Chase: In dentistry, we fix teeth - the margins of restorations are sealed, the occlusion is good. Then, it's fixed. It's done. In dental sleep medicine issues are often multifactorial, and we really have to look at the whole patient. I had to change my mindset from looking at the oral cavity, to looking at the entire pharynx, to looking at the whole human being.

Q2: That sounds invigorating, but I hear quite a bit about challenges inherent to Dental Sleep Medicine. What unique challenges have you encountered and how did you overcome them?

Dr. Sall: I think the biggest challenge is transitioning from general dentistry to doing dental sleep medicine. It can be difficult doing a crown prep in one op and walking into the next room and talking to a sleep or facial pain patient because it really requires a different skill set, different scheduling, and time commitments.

It's very challenging for somebody to go from general dentistry practice to doing this unless they really start to believe and want to do it. And if the dentist who really is the captain of the team isn't all in, it's hard for them to get the staff to buy

in. Dentists that do this will be successful.

Dr. Chase: The mindset has to shift from fixing cars to growing trees - from treating the problem mechanically to taking care of the whole of the patient which includes their comorbidities, their quality of life, and their general wellbeing as it relates to sleep.

I had to remove my dental hat, put on a medical hat, and change my vision. It's the best, most rewarding thing I've done in my career.

"The mindset has to shift from fixing cars to growing trees."



Lesia: I own a DSM practice, and I've also trained thousands of dental sleep practitioners. The main difference between dentists that fail to launch in sleep and those on this panel is that these dentists take a holistic, human-centric mindset.

They focus on being much more than just a dentist or just a DME supplier. More difficult than medical billing, or managing side-effects, or collaborating

with physicians is the mindset shift, it has to happen.

Dr. Wilson: You mentioned physician collaboration, Lesia. That can be tough. It requires banging on doors, building relationships, and getting in front of them as often as you possibly can. It's up to us to help them understand that as a clinician you take this seriously.

You aren't just dabbling. You aren't just trying to make a buck. Earn the physician's respect, and they will provide patients with a strong referral to your practice.



"It's up to us to help them understand that as a clinician you take this seriously."

I'm really proud of what we've accomplished on this front. And with that sense of pride comes great responsibility.

I have to take things seriously and I have to do my best for everyone because that's what I've said I'm going to do and therefore I will do it.

Q3: What other challenges have you faced?

Dr. Wilson: Not all labs are created equally. It's so important to have a great lab with whom you can collaborate and openly communicate. Emailing or calling and speaking openly. If I have a patient and it was difficult to get a decent impression, let me know, they'll work with you, and do the best they can.

Dr. Sall: Communication with a lab is a priority. As this industry grows, many labs' customer service degrades and becomes less than adequate. Too many dentists and too many labs are only concerned about pricing. Sure, I'm concerned about pricing, but I'm far more concerned about a quality customer service experience.

Dr. Wilson: In fact, at Whole You we try to focus on the experience that you get with our team. It's about the way that we answer the phone, how quickly we respond to emails, the packaging of the device, how quickly we handle your concerns. It's a whole experience. That's what we strive to provide and are continually improving upon. We must not be a part of your problem but a part of the solution, an extension of your practice.

Lesia: We need to do a better job of positioning ourselves as part of the specialist team. In DSM, we know insurance can still be

a source of frustration, but this can be changed by acting as a part of the specialist team. I would love to see more dentists come together to educate these insurance companies, we provide a treatment, a service. Our practices aren't just selling DME equipment. Once we get some recognition on that front, I think we'll see some positive changes.



“We need to do a better job of positioning ourselves as part of the specialist team.”

Q4: How does the human-centric approach impact the business of your practice?

Dr. Wilson: In my mind, I was focused on treating this one person, having an impact on them, but maybe their spouse or their child comes with them. You realize that these patient relationships have a ripple effect. These people frequently become patients, too. This wasn't necessarily my vision, but

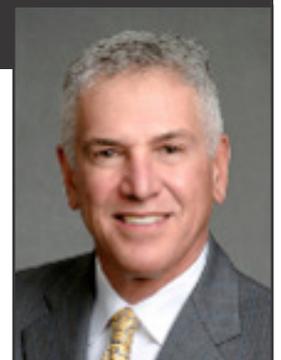
it's happened. It's almost like a mirror. In changing their lives, it positively impacts me, my team, my family. The patients have really changed us.

This human centric approach to patient care is our duty, our obligation. It's not just for the patient or their families. It's for the people we share the roads with, that we share the workplace with, literally everyone we come into contact with. The effects are exponential, extending far beyond the patient in our chair.

Dr. Sall: The return on investment isn't just what the Excel spreadsheet shows. It's the results of the patient's follow-up sleep study. It's the couple sharing a bed again. It's when they get off the hypertension meds. That's the real ROI.

We all go outside our comfort zone and think in a different manner. The dentist is the team leader. They have to be passionate and get the team behind him or her. They'll sense the passion, and that's really key. The money will follow.

“We all go outside our comfort zone and think in a different manner.”



Dr. Chase: Sleep medicine is really an office event, not the dentist event. Not only do I have to see the patient as-a-whole; but I also need a human-centric vision from my whole office, every one of my staff.

Success in dental sleep medicine must not only be an improvement in medical data, but also a relief of symptoms and an improved quality of life.

Dr. Doucette: Totally agree. My team, they even come into my office now saying, “hey, here’s what I think’s going on with this patient” and I’m just blown away.

They’re thinking like doctors. They want to know more, to learn more. It really is awesome.

We’re all invested in changing these patients lives, in growing professionally, and developing the practice. It’s really cool and by far the most rewarding aspect of my dental career.

Which side better represents you?*

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| Restorative Dentistry | “Fix a car” | “Grow a tree” | Dental Sleep Medicine |
| | Eliminate a symptom | Manage patient health | |
| | Focus more on issues | Focus more on outcomes | |
| | Patient’s motivation is known | Patient’s motivation is to be discovered | |
| | Looking at the mouth | Looking at the person | |
| | Manual skill (Chair time is for drilling) | Interpersonal skill (Chair time is for listening) | |
| | Practice relies on skilled dentist | Practice relies on skilled team | |
| | Fulfill one’s responsibility | Reach out to other partners proactively | |

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*The chart has been prepared and submitted by Whole You.