

# Full Episode Transcript

With Your Host

Allison Watts, DDS

Welcome to *Practicing with the Masters* for dentists with your host, Dr. Allison Watts. Allison believes that there are four pillars for a successful, fulfilling dental practice: clear leadership, sound business principles, welldeveloped communication skills, and clinical excellence. Allison enjoys helping dentists and teams excel in all of these areas. Each episode she brings you an inspiring conversation with another leading expert. If you desire to learn and grow and in the process take your practice to the next level, then this is the show for you. Now, here's your host, Dr. Allison Watts.

Allison: Welcome to *Practicing with the Masters* podcast. I'm your host, Allison Watts, and I'm dedicated to bringing you masters in the field of dentistry, leadership, and practice management to help you have a more fulfilling and successful practice and life.

> Dr. Matthew Steinberg graduated in the top ten percent of his dental school class and that was just the beginning of his many paths to national recognition and accomplishment. He received his undergraduate education at the University of California at Los Angeles, his professional post graduate education from the St. Louis University School of Dentistry Accelerated Program, and he did a two-year general residency program with the US Army at Fort Sam Houston, San Antonio.

He has been awarded Distinguished Fellowship in the Academy of General Dentistry, the International College of Dentists, and the American College of Dentists, a distinction that only five percent of dentists achieve. He has also been nominated three times by his peers for the honor of Texas Dentist of the Year awarded by the Texas Academy of General Dentistry.

Dr. Steinberg has been on the teaching faculty of internationally-recognized Pankey Institute, which is the premier center for postgraduate dentist education in restorative, TMJ, and cosmetic procedures from 1986 to present.

His hobbies and interests include enjoying fine foods and wine, including cooking. He also loves nutrition and wellness—which is one of the things we're going to talk about tonight—still and video photography, tennis, yoga, stress management, and teaching the NuCalm Protocol.

Is there anything I left out, Matt? Do you want to say anything about family or...?

- Matthew: No, that's great. We'll talk about it as I go through our conversation. Yeah, that's great. Thank you.
- Allison: Yes, I am so excited to have you. I've known you for I don't know how many years now and I've always enjoyed listening to you share about your passions and dentistry. You're always just ahead of the curve and excited about what you're doing. When you're in, you're all in, and it's just inspiring to me.
- Matthew: Well, thank you.
- Allison: I know it's inspiring to a lot of people so I'm thrilled to have you here. Do you want to start by telling us a little bit more about your story and how you got to where you are?
- Matthew: Yeah, like I was telling Allison before, she doesn't even know this story. When I was five years old—this will kind of pave the way of where I've gotten to where I am today—when I was five years old, I was living in New York City. My dad was, believe it or not, was a holistic physician back in the late 50s, 60s, 70s, and early 80s. My parents divorced. My mother moved to Los Angeles and took me to L.A.

So my dad was still left in New York. When he was practicing the type of medicine he was practicing, he was ostracized basically by the New York Medical Society because he was doing things like acid-base balance. He was doing colonics. I

mean he was doing things that were out of the box for a general physician to do.

He was so passionate about what he was doing, he tried to find another alignment in medicine or in healthcare that he could put his hat on. So he went to chiropractic school. He became an M.D., D.C. He was both a chiropractor and a physician. He became a leading physician or a healthcare practitioner as far as total integrative healthcare. I mean, he was on Johnny Carson. He was on Merv Griffin. He was on all these shows because people truly believed in him. He was an outlier, there was no doubt about it.

That's where I got my first inkling of what it really looked like to be a practitioner that really took care of the whole person. But when I was in dental school, that's not where dentistry was. It wasn't that way in the 80s or really in the 90s. In the early 80s, being a biologic or holistic dentist was just talking about amalgams mainly and doing hair analysis and looking for heavy metals. It wasn't really talking about the total person.

So I always had that in the back of my mind. When everything started coming together for me about probably ten years ago, I started putting all this together in my practice because what better laboratory do we have than our practices? I mean we have total control over what we do in our practice.

I started putting this together and people started responding to it extremely positively. So that's where I started putting this integrative medicine together, if you want to call it that, with dental medicine. That's where my practice is today and that's where it's growing. I'm thrilled with what I'm doing now and patients are thrilled.

So this is what I want to start teaching on now and teaching dentists how to establish this because I really feel and I was

just at the Smile Source meeting this weekend. What they were saying is 25 percent of dentists are going to be in independent practice in the next seven to ten years. 75 percent will be in corporate. So if you're going to distinguish yourself as a dentist and really survive and really thrive, you're going to have to provide remarkable services that your patients really recognize.

You're going to have to find ways to distinguish yourself from all of the other corporate entities out there that are going to be competing for the same patient base. So it's not going to get easier. It's going to get harder but I think the dentists that really migrate to what I call a functional integrative dental medicine mentality, I think will do extremely well. That includes doing restorative dentistry, I'm not saying this is all you do.

Our bread and butter is working on teeth and occlusion. No physicians will ever take that away from us. We've got to remember that. So we don't want to go too much over into the medicine realm but we need to balance both of them together so that we can thrive in both areas. I think if we do that, I think a dental practice is going to bring so much joy and happiness to the individual practitioner that they'll never want to retire. I really feel that it's going to be great. And it's going to be great for the teams because that's what they want too.

- Allison: Tell us a little bit about, I mean I think I know what you mean when you talk about integrative medicine and integrative dental medicine but can you tell us a little bit about what you mean by that and what that looks like inside of your practice?
- Matthew: Yep. I was honored to be able to speak in the beginning of May at the 13<sup>th</sup> annual International Integrative Oncology conference. It was held in Reno. It's an organization made up of integrative cancer physicians. What that means is these are MDs that really practice traditional medicine but they also

practice I want to say alternative medicine or Eastern medicine or meditation. They add a lot of things besides just drug. They're not ruled by big pharma.

Of course, I already coined the name for myself of functional integrative and I'll talk to you about what that means before I went there. But going to this conference and seeing three days of these people getting on stage and talking with the passion that they have about how to bring people back to total health was amazing to me. Then when I got up and spoke about dentistry, they had no idea what dentists did.

I mean, most of them don't deal with dentists that deal with the oral systemic link or they have no idea. I mean most of their questions believe it or not were all about mercury. When these physicians think about a health dentist, they think about mercury. Everything is about heavy metals. They don't know about anything else.

So my goal when I was on stage was to kind of tell them what I'm doing in my practice. The reason I established the name functional integrative is functional means total person. That's really what it means. Integrative means integrating your practice with other practitioners who share the same value system that you do and the same philosophy.

I like dental medicine better than I do dentistry now because I really think we practice—where we're going now is really dental medicine. When I think of dentistry I think of just teeth and there's a lot more to what we do than it's just teeth.

One thing they told me at this conference and a number of physicians came up to me and said, "You guys," meaning dentists, "are going to become the primary care physicians in the future." I had at least three or four people, MDs, come up to me and tell me that. "We see that you could fit that role

because you see patients every three months, every six months, every year. We see them when they're sick. Either when they have stage 2, 3 or 4 cancer. We don't see them when they're well. You have an incredible opportunity to change people's lives."

He said, "Do you realize that?" I said, "I do, I realize that." He said, "You have the opportunity, your model is so beautiful. They come in for a hygiene appointment," a tooth cleaning, they didn't say hygiene, I said hygiene, and I hate that word: tooth cleaning.

But they said, "They come in for teeth cleanings. You've got them captured for an hour. That's a great hour that you can have them to really talk about your philosophy." He's right. He says, "We don't have that opportunity. We're rushed all the time. Everything is we have to code, we have ten minute appointments and then we've got to get the patient out of there" because medicine is so controlled now by insurance and by big pharma.

So when I started thinking about that, I said, "You know, you're right. We have an incredible opportunity with these people that no other profession really has. And we're so highly respected by the people that we serve." That's what keeps me going in this area. But if you ask me what I do different, we ask a lot of questions and give a lot of forms. Besides checking for perio disease and tooth decay and so forth.

We talk a lot about obstructive sleep apnea. It's not so much about making the appliances to me but it's about educating people on airway and how if they have an obstructed airway it can affect their total health. It can affect every organ in their body. So we talk a lot about that. We send people home with high resolution pulse oximeters.

I have at least three sleep physicians that I work closely with because in Texas, and probably in most states, you can't send a patient for a sleep study. You have to be done by a physician. But I have a great relationship with these physicians that if the patient is not severe, they send them back to me for treatment. We talk to them about diet. I mean, nutrition. Losing weight. And ultimately, if that doesn't work and the only thing that will work is a mandibular advancement appliance then we talk to them about that.

So that's a big part of our practice now. That really fits with oral systemic health. We talk to them about acid reflux and GERD. We talk to them about diabetes and what the risk is for diabetes. So there's a lot of things that we're doing at that hygiene appointment that really sets the tone for our practice. I've trained my hygienists all about this. I mean, they're on 100 percent.

That to me is where it starts, is with hygiene. They talk about our core purpose and our vision and all that stuff. I think they get it when they know exactly that we care more for them and about their wellness than we care about—I don't want to say our practice—but really about the success of our practice.

We know if we do a great job for them and make a difference in their lives and their family's lives, that we're going to be rewarded tremendously. It's that mentality and it's that feeling of success that I think makes the practice now so successful. It's now more successful than it's ever been. I mean we're overloaded with people.

Another thing we do is we do a lot of work with oral cancer screening. We use the OralID device but it doesn't matter which of those devices you use. It's more of an education device than anything else. You know, fluorescents, it's not 100 percent, it's

just a screening device. But when we use it, we talk to them about how that device was developed at MD Anderson and how it was developed to find cervical cancer and now that same light utilization has come over into dentistry. So they're very, very interested and they ask a lot of questions on it.

We have found at least—oh, I think in the last two years—we've found three cases of squamous cell carcinoma on patients. I can't say we found it just from the lights, but we found it by doing really good screenings on people. That's a huge part of a dental practice. I mean if people aren't doing a really, really thorough head and neck exam, I think we're missing it.

- Allison: Yeah, I don't see a lot of people talking about that. If we go to Pankey and that kind of stuff, we're trained really well to do the muscle and joint exam, but not so much the oral cancer exam.
- Matthew: The thing now which is really interesting is that I was privileged last year to be invited to MD Anderson. They had a symposium for three days and they invited I think like 28 people. I was there and we got to sit with their top oncologist. I was at lunch—and I'll ask everybody on the call if they can kind of guess—what percentage of dentists do you now think do extremely thorough head and neck exams? Do you have a guess of what the percentage is of dentists that do a thorough head and neck exam at least once a year? Allison, take a guess.
- Allison: I'm going to throw out a number. We've got a couple, you ready? I think this is cheating, Linda.
- Linda: I think it's 14 percent, don't you Matt?
- Matthew: I'll tell you what they said. Okay, 14, give me some other numbers.
- Allison: I'm going to mute you, Linda. Raise your hand if you want to come back on. All right, here's Bethany. What's your guess?

Bethany: I was going to guess 10.

- Matthew: Okay, 10 and 14. You know what the number is that they gave me?
- Allison: I've got three more people with their hand up.
- Matthew: Oh okay, I'm sorry, I won't even tell you.
- Allison: Don't tell us yet. Okay, we're going to play a game. I don't know what we're going to give, whoever gets the closest.
- Matthew: I don't know.
- Allison: They'll just get the glory of being famous.
- Matthew: Being the winner.
- Allison: Mark, what is your guess? Ryan? Is that you?
- Ryan: 23 percent.
- Matthew: 23 percent, okay.
- Allison: All right, I'm muting you. Lisa, do you have a guess?
- Lisa: I was going to say 10. Bethany beat me to it.
- Allison: All right, I'm muting you and I'm going to try Mark one more time. Mark, are you there?
- Mark: I say 8 percent.
- Allison: How much?
- Mark: 8 percent.
- Allison: 8 percent, okay. All right, thank you, guys. What is it Matt?
- Matthew: They said it was 5 percent.
- Allison: Oh my gosh.

- Matthew: Is that not deplorable?
- Allison: That's deplorable.
- Matthew: We are the leaders in oral. Physicians, you can put them at zero. So if we're doing 5 percent, this is one reason why oral cancer now is not being found until—and Linda knows this—until usually stage 3 and stage 4. We're not finding it early enough. That needs to be a hallmark of your practice. Boy, I tell you, for an oral systemic practice that needs to be number one. Bar nothing else. I mean, we are the leaders in this area and we need to talk it up to people.

I have people that refer their friends over that see another dentist that just come for a screening. Then eventually some of them change over. Some of them don't. Some of them just come yearly for the screenings in my office because their dentist won't do them.

- Allison: Are they finding out about you from like friends and stuff? I know you do some marketing around this, are they finding you from your marketing?
- Matthew: Sometimes they're finding it from people who come in and patients who are impressed so they talk to them about it. I also have a network of medical oncologists and they send me patients.
- Allison: Oh, they send you patients. Okay.
- Matthew: Yeah, because what I'm doing, and I'll tell you guys this. This is a huge market if you really want to get into it. The leader in this, I'm going to tell you, you need to look him up, is Dennis Abbott, A-B-B-O-T-T. He's in Dallas. He's brilliant. His whole practice is dental oncology. All he does is see patients referred to him by medical oncologists and he treats the oral complications that occur when people go through chemo and radiation. So he's

treating them but at the same time he's doing restorative dentistry on them. He's treating them medically but he's also treating them dentally. He's got a thriving practice.

So if anybody here wants to develop a practice, in fact, he's having a seminar in November in Dallas that's going to teach you everything that he does in his practice. His organization is called the American Academy of Dental Oncology, AADO. You can look up AADO.org, but he's brilliant.

What I've learned, and a lot from him, is I go out to oncologists here in Austin and I say, "Who is doing a dental screening? A total oral screening on your patients before you're doing chemo and radiation?" You know what most of these oncologists say? "We just depend on the dentist to do it. We don't really know." I say, "Well that's wrong. You need to get a total, written oral exam from these dentists." Most of them say, "Will you see the patient?" So I'm getting referrals from all these patients. They're referring them to me.

- Allison: How do you know how to do that, Matt? That's pretty cool. Do you have a form or anything you could share with us?
- Matthew: I do. I'll tell you at the end of this call if you guys want to email me or anything, I'll send you any forms that I use in the office. I'll share with you anything. I don't care. My goal is to make everybody successful. I want you to have the best practice that you can. Yeah, I'll share with you that form.

Number one, it's a one-on-one conversation you have to have with them telling them about your practice and how you're shifting to oral systemic health and what you're doing and how you can take care of these people for them. If they know you can take care of these people and treat them right, they're going to refer them to you because most of them don't have

dentists that they trust. You know, they don't know who their dentists are.

- Allison: So what are you doing for them? Okay, so they have a regular dentist and the oncologist tells them they need a dental screening. Let's say they go to their regular dentist, they're just going to look and do an exam and say, "Everything looks fine. They don't have any infection." Basically, or something like that, right?
- Matthew: Right.
- Allison: But when you do it, what are you doing?
- Matthew: I'm looking for, once they get radiation and once they go under chemo, you better start treating them dentally before they start going through that major cancer treatment because after that, their saliva changes. They get xerostomia. Their tooth decay you better put them on fluoride. You better teach them all about how to really take care of their teeth. You better talk to them about diet and sugars.

I mean, there's so much to talk to these people about as they're going through, as they're having this poison injected into their system. You need to keep them healthy. Physicians don't really do this and they don't even want to touch the mouth. I put them on PerioSciences products. I use a lot of PerioSciences. A lot. I put them on fluorides.

Then I look at if they have a lot of recession, if they have a lot of cementum exposed. What's the chance of them getting root decay, which is huge. So I talk to them about diet and I talk to them about acids and so forth, eroding the teeth. So I'm doing a lot of that with them. That's what I'm really doing.

I work very closely with the oncologists and they are thrilled that we're taking care of them dentally because they don't want any

dental infections at all. Their immune systems are down. They can't afford to get some abscesses. They can't afford to have extractions done. They'll get osteoradionecrosis. A lot of these people are getting a huge amount of what's called gray, which is a huge amount of radiation to the jaws, to the mandible and the maxilla.

- Allison: This is whether or not—it doesn't matter where the cancer is or it does?
- Matthew: No, it does. I'm talking about head and neck cancer.
- Allison: Okay.
- Matthew: For other cancers, right. But they're still going to get the xerostomia. They're still going to get usually those issues because—and they're not going to feel like they need to eat. So I tell them about protein products. I talk to them about greens. I talk to them about amount of protein in their diet as relationship to vegetables and so forth. So we're really educating them a lot as far as diet.

We talk to them about getting a Vitamix so if they can't really chew solid foods, at least they could put those solid foods into a Vitamix and make them into something that they can drink and not lose all the essential nutrients. So we do a lot with people around nutrition that physicians don't even touch. They don't even go there. If somebody is interested in there, and I can send you our protocol and everything, but it takes a while to build this.

- Allison: Yeah, that's what I was thinking.
- Matthew: Yeah, you don't just go out and shake the hand. But these oncologists are looking for dentists that will take care of these people. They really are. They don't know where to turn. If the oncologist doesn't have a good dentist or the oncologist isn't

even interested in dentistry, they don't have many contacts, so you have to establish those contacts. Then you also establish those contacts with the nursing staff. You get to know them. Everybody knows here it's all about relationships. Dentistry is 99 percent relationships. It isn't your clinical skills are great well, I shouldn't even say that—what did L.D. say? 80 and 20? Something like that?

But relationships are the key and you have to get people to believe in what you're doing. That is really important.

- Allison: So you built this the same way, I built my practice the same way, everybody on the line who owns a practice built—you're passionate about it. You guys talk about it with your staff. You talk about it at team meetings.
- Matthew: All the time.
- Allison: Where did you learn all this stuff though? Because I feel when I'm listening to you like this is stuff I should know but I don't know.
- Matthew: Well if you really want to know, I learned it from my dad. I listened to him when he was talking to patients and he was talking about acid-base balance and he would tell people that when your body is acidic, that's when you're in a disease state. This is back in the late 60s, early 70s. I mean he was talking to people about that. He had a machine that would tell people if they were acidic or basic or alkaline.

We all know now that when people are alkaline, disease doesn't develop that fast in the body. When you're acidic is when you get the cancer and everything else. So the idea is to become more alkaline. That's done a lot with diet, with exercise. Emotions have a lot to do with disease. I've learned

that a lot from NuCalm. I use NuCalm a lot with people going through chemo and radiation.

- Allison: Can you talk about that? I would love to have you talk about NuCalm. I know there are some people on here that know about NuCalm but maybe just a little brief intro and then how you're using it in your practice? Because I know you're on the cutting edge of that as well.
- Matthew: I couldn't live without it. It is the number one practice builder internally in the practice, is NuCalm. So let me tell you how I found out about it. I don't know how many of you know David Little. He's a dentist is San Antonio. In fact, he's going to be at ADA. He's starting the ADA conference by doing a surgery in the round, I think a 10-hour surgery. Where he and Massad are doing extractions, implants, and then I think doing some of the restorations. But David is brilliant.

He calls me about five years ago and he said, "Are you using NuCalm?" I said, "What's NuCalm?" He said, "It's an incredible product." I said, "Okay, but what it is it?" He said, "It relaxes patients. It controls the autonomic nervous system. You have a nervous patient and it's all natural. If you have a nervous patient, an anxious patient, you start them on NuCalm. Within 8 to 10 minutes, they're relaxed in your chair.

"You don't need nitrous, you don't need IV sedation. It really works." That's when I was doing a lot of work with people with sleep disorders, not so much with sleep apnea but with insomnias, either people having trouble going to sleep or staying asleep. So he said, "You need to use it."

I called the CEO of the company, who is Jim Poole, and I tell him who I am. He says, "I know who you are. David talked about you. Would you like to be on our medical advisory board?" I said, "Yeah, I'll do it. Sure." He says, "But you have to

do a little bit of research for us with the patients that you are now working with with insomnias." I said, "Fine."

He sent me a unit. Of course, I started doing it on myself first. After about two sessions, I said, "This stuff is amazing. It is unbelievable." Then I did it on my staff and they went, "Wow, we've never felt so good in our lives." Then I just did it on some patients and I got the response and I said, "I'm sold. This is it."

Everybody has a feeling of more secureness, more focus, more relaxation. I said, "This is what is needed." Not only needed in dentistry but needed in life. It's like I told somebody at Smile Source last Saturday, I said, "I don't care if I ever use it on another patient, I use it on myself, and on my kids, and on a lot of the staff. That's worth it to me. It doesn't matter on the patients. The patients are just a bonus." But it uses two amino acids, GABA, G-A-B-A and L-Theanine. And GABA is what our brain thrives on.

Our brain becomes deficient in GABA when we're anxious or under stress. So what you're doing with NuCalm is you're overfeeding your body with GABA at a time when it's deficient in GABA. Then the L-Theanine helps to work with it. These are chewables, but they now have a cream. You take these chewables and within five minutes you'll feel your brain going from like high beta activity almost to theta activity. You feel a total relaxation in your body.

Then you listen to a music that has a binaural beat in it. Binaural beat has been out for years. It's a beat that is embedded in music, it happens to be embedded in classical or guitar music on the headphones. But by listening to that music, it helps the GABA and the L-Theanine to be enhanced.

Then they have a CES device, a cranial electro-stimulation device, that works a little bit like—I don't know how many of you

are familiar with Alpha-Stim, it's a little bit like a TENS unit but it's different. It fits right below the ears. What it does is it controls the sympathetic and parasympathetic activity in the vagus nerve.

By controlling, by taking sympathetic activity out of the vagus nerve and making it more sympathetic, you're controlling your heart rate. So your heart rate goes down when you're on NuCalm. That's what gets you into a state of relaxation. You put an eye mask on to block out any light to the optic nerve and you just chill. That's it for 30 to 45 minutes. Then you get up and you feel like you've had a three hour power nap. You feel so good.

Patients feel great and they all respond that they sleep better that night. They feel more relaxed. I have people wanting to come back just to be NuCalmed. I mean, we have Friday NuCalm days where people just come in and lay in a dental chair for 45 minutes, it's like having a margarita. Then they get up and they go on to work. It doesn't impair you at all. I mean you get right up and you can drive your car and everything else. There's no transition at all. Everybody just feels better that day.

So that is the one thing, if I was to say if anybody wanted to transform their lives with one product, NuCalm is it. It's great. It's great stuff. So if anybody wants information on that, I'll be glad to send that. I've got three manuals on how to incorporate NuCalm into a practice.

- Allison: Oh, do you really?
- Matthew: Yeah.
- Allison: Did you write them?
- Matthew: Some of it I did, some of it I got from them. They had a lot of proprietary information. They're doing a lot of work with Harvard

Medical School now on heartrate variability. They're also doing a lot of work with—I don't know how many of you have heard of the Hippocrates Health Institute in West Palm Beach, Florida. It's a totally vegan health institute. It's on 50 acres. They take people that have stage 3 and 4 cancer that have been told that they can't do anything more with them. These people go there. About 50 to 60 percent of those people turn their lives around. It is amazing.

They're using NuCalm there now on these patients as they go through the detox, I call it a detox but it's more of a nutritional detox program. As they're using the NuCalm three times a week, they're tracking these people on heartrate variability and on sleep and everything else. The results are amazing. So if you can take people that are that stressed, that have stage 3 and 4 cancer and you can make them healthier, think what you can do on a person that just has anxiety and doesn't have stage 3 or 4 cancer.

It's really being utilized a lot. It's being utilized with sports now. The Miami Dolphins just bought I think 20 NuCalm units. The Miami Dolphins are now going to be using NuCalm. Kobe Bryant who plays for the Lakers is a NuCalm user. He just bought six units. So they're using them a lot in sports. The Chicago Blackhawks who won the Stanley Cup attribute their winning of the Stanley Cup because of NuCalm.

- Allison: Jordan Spieth.
- Matthew: Hmm? I'm sorry?
- Allison: Jordan Spieth, the golfer that won.
- Matthew: Well the thing about Jordon that I found out about, they can't say he's still using it. Nobody knows if he's still using NuCalm. But he did use it during the US Open. Yes, he was on NuCalm.

Allison: Okay.

- Matthew: They were hoping he'd report back and become a spokesperson but I don't think they're going to get him to be a spokesperson for NuCalm. His caddy is the one who used it a lot.
- Allison: Oh, cool.

Matthew: That's how he found out about it, through his caddy.

Allison: Just listening, I've heard you talk about NuCalm before but just listening to you today I can see, it's like, duh. It totally piggybacks with the wellness thing. We use nitrous and sedation and drugs. This is such a cleaner, better, healthier.

Matthew: I'll tell you, there aren't going to be that many dentists that are going to use NuCalm in your community. So if you use it and really market yourself, what we do is the first time a patient comes in, I'll say, "I'll NuCalm you for free." I don't charge them. "Let's just get you and let you experience it so you see what it's like."

Then I say, "If you want to use it on dental appointments, we charge \$84." That's it. So I've never had anybody argue with me about the \$84. We charge the same for nitrous. But the first visit I give them because I want them to experience it without thinking I'm going to nickel and dime them to death. I say, "Just come on in and do it. If you want to come in on a Friday, we'll do a Friday. If you feel like you want to come in after work some night and I'm still there, then we can do it then." So I give it away the first time. But that's a great marketing tool.

Allison: Yeah.

Matthew: We're going to do it, there's a big Susan G. Komen event in Austin on September 19. It's going to be done here. They've

chosen here and San Diego. They expect 5,000 people. I bought a 20-foot booth. We're bringing yoga mats and we're going to NuCalm people there. It's going to be very interesting.

- Allison: Cool.
- Matthew: So we're going to have people laying on the floor doing NuCalm listening on headphones. Everybody's going to wonder, "What the heck are they doing?"
- Allison: Yeah, you're going to get some attention.
- Matthew: I can't wait.
- Allison: That's cool.
- Matthew: Yeah, but I'm just telling everybody on the line, if you want to really make a difference, ask me. If enough people want the units that are on this call, I can probably get you a pretty good deal on them if there's enough people that want to buy them.

Right now, the lowest the price is right now, the lowest price I've seen and that was at ADPA was like \$5,500. I mean, you're getting a whole protocol that you can use for life. When you really figure it out, it's not that much money when you figure you can use it on yourself, your family, your office staff, your patients. They've spent so many millions of dollars developing this product.

About a month ago, they just got a US government patent on the product that no one can compete in the space of autonomic nervous system devices until the year 2031. So they are totally protected. That was huge. That's what they needed. So now you're going to see major marketing about NuCalm. You're going to see it in *Cosmopolitan*. You're going to see it in *The New York Times*. They're going to start doing a lot of marketing

to patients asking dentists, "Do you use this product?" Until now, there hasn't been hardly any marketing.

- Allison: Yeah, they're going to be direct to the public?
- Matthew: Yeah, going to the public. I think it's just something you need to have in your practice. It's a wonderful product.
- Allison: Do you talk about all of this stuff with all of your patients? Do they all as part of your practice or do you somehow pick and choose who wants to hear about it?
- Matthew: It's like L.D. said, number one was know your patient. I think you know your people. At our team huddle in the morning, we kind of go over what interests people have and if people are really into health then we talk to them about certain things. If they're not, we talk to them about other things. "Have you heard about this or this or this?"

Women are always much more receptive than men are. I hate to say it but it's true. Women, you guys have such a high EI, emotional intelligence, and we just don't. If you're going to market a product, you market to females. You don't market to males. Males just don't listen that well. I'm being honest.

When you look at the people who use NuCalm in our office, it's 80 percent female. They want it. They want something that's going to relax them. They want something that's going to take tension, relieve their day, make them feel better. Because women are balancing a career, are balancing family. Men don't usually do that. So there's a lot more for women to put together in a day than men.

So NuCalm is wonderful and now there's another thing. But I wouldn't publicize this yet, but there's some studies being done that shows if you use NuCalm regularly, that you can slow down the aging process.

- Allison: Nice. Yeah, that might be good marketing.
- Matthew: Now, I wouldn't publicize that yet. I wouldn't make any claims.
- Allison: Someday.
- Matthew: Yes, someday. But that's where they're going. They're doing research now showing that if you get into a meditative state three times a week and this state lasts, that it really puts less pressure on cells as far as the aging process. I think that's pretty cool.
- Allison: That is cool.
- Matthew: Maybe another thing that we can put and use in the future.
- Allison: Yeah.
- Matthew: But it's a great product. Like I said, it's the number one transformational product that I use in the office is NuCalm. Everybody is in on it.
- Allison: So a new patient comes in, you have forms that you have everybody fill out. Somewhere in those forms and in your interview, you have a feel for what this person is interested in in terms of how much conversation about health coaching and all this stuff...
- Matthew: Exactly.
- Allison: Tailor it to the person basically. But you're always still kind of dripping and like your hygienist talks and you... it seems like this take a lot of time. Is that true?
- Matthew: It does. It takes a lot of planning more than it does—because somebody in your office has to touch them, it doesn't always have to be me. It can be my health relationship coordinator who interviews them during the preclinical, during the new patient interview process. It can be them. It can be one of my

assistants who takes them back and gives them a tour of the office and says, "Have you ever heard about NuCalm? Let me tell you about it."

It can be the hygienist that does it. So somebody along the way is going to touch them and we kind of set that up because I want to know who's going to be talking to them and forming the relationship. But yes, it has to be preplanned because if somebody is not interested in health, yet, then we're not going to talk much about NuCalm.

If they say, "I have no anxieties at all. My life is absolutely perfect. I'm just coming in here for this, this, and this," then we don't even mention NuCalm. We'll mention something else that we do in the practice. We'll mention painless injections. We'll mention something else that we do. They'll go over my bio. I don't know, they'll find something that we can connect with them on.

- Allison: This is like a niche for you. What percentage of your practice is—I'm not talking about specifically NuCalm but just as far as the integrative dental medicine thing?
- Matthew: Every patient is involved in some degree and knows about that because we put so much of that on Facebook. We do so much of that on our Facebook page.
- Allison: You're just attracting those people, that's what your practice is about, right?
- Matthew: I think it should be what everybody's practice is about in the future to some degree because that's what's going to distinguish your practice from a regular practice that's giving coupons and offering discounts on bleaching or on whitening and this and that. I mean, we still do all the regular dental

services and we talk to them about smile design and everything else.

But we don't talk to them about—now if they come first and they come in and say, "I want a smile makeover," then we go over that. I mean, we don't start talking about NuCalm and oral systemic health and everything. We'll address their problem. We're not going to overload them and they say, "Well wait a minute, I didn't want to learn about this. I came in for this."

So we really listen to them about what they really want and then we kind of tailor it to them. NuCalm works great on doing esthetic work because it chills them out so much. I don't like nitrous particularly because I don't like the nose piece, it gets in the way. The thing is, if you use NuCalm, it takes them down so much that you can cut your nitrous to about a third.

I swear you could almost put the nose piece on, put them on 100 percent oxygen and they'll still feel the nitrous effect. We did that on a patient. She said, "God, this feels great." The NuCalm just gets them so relaxed, everything else is kind of eliminated from their mind and they just go into a state of relaxation. I love the stuff. I can't talk enough about it. I mean I can talk day and night about NuCalm because I use it three times a week and I have been for five years. I'm a NuCalm survivor. I mean, that's it. I've been using it so much. So I can tell you exactly what it's like.

- Allison: That's why you're a medical marvel.
- Matthew: A medical marvel, yeah, right. I love that.
- Allison: You are, you're getting younger.
- Matthew: I'm a MM, that's right. When I NuCalm, I NuCalm at 5:30 or 6:00 in the morning because I want to do it first thing in the morning when my GABA is low, I want to overload my body

with GABA and then it just sets my day beautifully. It makes all the difference in the world. You never want to do it first thing before you go to bed. You want to do it during the day. The earlier you do it, the better it is.

That doesn't mean if a patient comes in at 3:00 and you put them on NuCalm it's not going to work, but I'm talking about for a homeostasis, it's better to do it early in the morning. You just feel great. It sets your day. But like I said, if anybody here wants more information, you can email me. I'll give you my cell phone number. Call me. I'll talk to you about it. I'll send you forms.

Before you do any purchasing of anything, just see if it's the right thing for your office. If you feel it is, then I can walk you through it and we can see if we can get really good deals on it. Because it's worth everything. It's worth every penny. I mean if somebody said it was \$10,000, it's still worth \$10,000. You've got to see what it's like. It is a phenomenal product. We just don't have anything like that in dentistry that relaxes people, that is totally natural. That has no drugs in it at all. That's the beauty of it.

- Allison: Thinking about having you talk a little bit about Backbone Pro unless you...
- Matthew: I can talk about that. Allison pulls me on all these tangents. She's got me on all these tangents.
- Allison: Well we don't have a lot of time but I just thought...
- Matthew: I'll give you the quick version. There's a company out there that has been in chiropractic for five years. They've developed a product called Backbone Pro, backbonepro.com, write that down and go there for now. The name is going to morph, it is going to change in December. It's going to be called BlueIQ. I'm

not going to explain why it's going to change but I'll tell you about the product.

They called me and they wanted me on their advisory board. There's five of us on the advisory board because they want to get into dentistry. This is an artificial intelligence software. There is nothing like it in dentistry. Nothing. It's not out yet. It won't even be out until first quarter of 2016. But we're using it now, we've been using it for two months.

What you do is it's a metric-based software. I don't know how many of you are familiar with Sikka Soft, which is a metricsbased software. It's cloud-based. This is so much better than Sikka Soft. What it does is you pick what metrics you want to measure in your office. Say how many hygiene patients a month go through root planing. How many implants do I do? How many missed appointments? Are there open units on doctor's side? On hygiene's side?

You set whatever metric you want to measure. You assign a team member to do that metric. And you assign a top goal. Then it does the rest of the work. So on a daily, weekly, or monthly basis, you have a dashboard and it's in colors. Blue means you're above goal, red means you're below goal. So everybody who has an assignment, so it has accountability. Anybody who has an assignment can go in on their dashboard and see where they are.

So you don't have to ask people questions. It does it for them. If they're below goal, you don't have to worry about it. The software will automatically tell them they're below goal and in a very positive way say, "These are the videos you need to watch to help you with this goal. How can I help you?" It asks the questions automatically. It is amazing.

Allison: If they are reaching their goal, they get rewarded, right?

Matthew: Yes. It has what's called gamification, which is gaming. But you set that. You don't have to put it on every single goal but on certain goals, like I have a goal of the hygienist marketing esthetic dentistry. Any dentistry that they get a patient to schedule for that is over four esthetic units that they bring up the—it's not already been talked about—they bring it up, they get the patient to schedule, they get like 500 points. You can make each point a dollar. You can make each point 25 cents, whatever you want to do. But they get a bonus for doing that.

They're certain other things that I have down for getting bonuses. I don't put bonuses on everything because some of them are just regular work business of the dental office. But that makes it a lot of fun. So they know what they're going to do. I don't have to ask them how many cases they've sold.

I just look on the dashboard and I can see exactly where they are and I can see the patients that they've talked to and everything else and the conversations that have happened because it integrates with your dental software, whether you use Open Dental, Dentrix, EagleSoft, it doesn't matter. It's going to integrate with your software and it's going to integrate any other software that you use—QuickBooks, whatever you want to use, it will integrate to it and it's all cloud-based.

I can't talk about it much now because you can't really buy it. But you can learn about it by going on backbonepro.com. I'll tell you, if any of you are really interested, and I mean really interested, what they're doing now is they have a circle of influence. If any of us on the board find people that we think have good practices, that want to integrate this in their practice now, they will let you have it for a major, significant discount and it will never be raised in price and you get to try it.

So if any of you are interested after you go on the website, take a look at it and then call me. If you say, "Yeah, I'd like to really be a beta test site," I'm a beta. It's not that hard. It's 100 percent, there's really no beta much less than it's just giving them feedback on usability and so forth. That's really what it is. It's not going to mess up your computer. It's not on your server. It's all cloud-based so you don't have to worry about any integration failures.

- Allison: The version they have now just takes a little bit more work, right? Than the one that's going to come out?
- Matthew: Well that's changing in like two weeks.
- Allison: Okay.
- Matthew: Yeah, right now you have to manually input all the data in. Within two weeks, they're going to have a version that totally integrates with all dental software.
- Allison: Okay.
- Matthew: If anybody here got on it, I don't know if they'd get on the later version. I have no idea. But it's a wonderful product. I'm involved in so many things but I only put my time into products that I really feel are going to be successful in dentistry. So far, I haven't hit a loser yet. Down the road I probably will, but nothing so far.

Backbone Pro is a winner. NuCalm is a super winner. OralID, I don't know how many of you are using fluorescents devices but it's the least expensive and I think has the best marketing tools to help you develop an oral cancer awareness program for your practice. It's a great product.

- Allison: And you said something about Smile Source when we were talking at the beginning. I don't know if everybody knows what Smile Source is but just a quick thing about that?
- Matthew: Smile Source is an organization—how many minutes do I have?
- Allison: You have seven and I also want you to share your contact information too.
- Matthew: Okay, I'll do it. Let me tell you about Smile Source, 24 years ago four optometrists in Houston, Texas felt corporate autonomy coming in on the optometry profession, like TSO, LensCrafters, so forth. They said, "We have to protect ourselves. We're going to develop a group—not try—we're going to develop a group of optometrists and we're going to shield ourselves from this because we're going to be the survivors of independent optometry."

That was 24, 25 years ago. They now have 6,000 optometrists nationwide. The company is worth four billion dollars. It is a huge success. I don't think there's been one optometrist that has opted out since the beginning unless it was illness or something else. Nobody has opted out.

So about six years ago, they said we see the same thing coming into dentistry. Would dentistry be interested in taking our business model and adapting the same business model that we used in optometry? So they went to some people and formed Smile Source.

Smile Source is really an organization about keeping dentistry independent and thriving in an independent environment. They've also developed a whole buying group of vendors, 3M is a part of it. Oh god, there's so many. There's so many vendors and the deals you get are unbelievable. They're deals you can't

get any place else. No place else. I've checked. But that's not the reason you're joining. You're joining because of the comradery.

Each city has an administrator. I'm the administrator for Austin. I have a group of 13 dentists here and we meet like once every two months. What we really do when we meet is we talk about what's working well in our practice. We talk about best practices. So we share among each other. So it's kind of like we all belong to these groups where we share, but this is a group that's on a little bit on a higher level.

Then they have a national convention every year that is superb and their CE is really phenomenal. Their CE now is getting to be AAA. So if anybody, you're going to get my contact information. If you want to ask me about Backbone Pro, if you want to ask me about Smile Source, I can tell you how you can get in touch with a Smile Source administrator near your area and look into it. The thing about Smile Source too is they'll let you join for a year and if you don't like it after a year, you get all your money back. Guaranteed. So you won't lose.

Everybody that's in my group, nobody is pulling out. Everybody is thrilled with what they're getting, the value. So you need to learn about what you're getting. So now NuCalm is a vendor for Smile Source. This last Saturday they offered some incredible deals. They offered 50 NuCalm systems at an unbelievable price. I can't even tell you the price, the price was so low. So they went like wildfire. So that was it.

There's no more units left at that price. That was just to get people excited about it and people jumped on and bought two units, three units, four units. It was amazing how fast they went. But NuCalm will probably do it again. I mean, I don't know. I don't think they'll do that deal, but they'll give you deals on the

reusables, like the chewable amino acids or the creams, or anything. You get great pricing on it. So that's about Smile Source. So you can ask me about Smile Source. You can ask me about NuCalm, you can ask me about Backbone Pro. You can ask me about OralID. What else? It's like an advertising billboard.

- Allison: Any of your forms or whatever.
- Matthew: Oh yeah, so when people talk to me, call me personally and just like I do with patients, I'll kind of make a custom packet for you and give you something customized. I'll do that. Just tell me what you're interested in and I'll do whatever I can to help you and take you on that journey that I've worked so hard on and make it easier for you because that's the idea. I'm passionate about it. That's what I want to do in the rest of my career in dentistry. I want to help other people get to the level and make our patients' lives better and really talk about wellness and oral systemic health, because that's where it's at.

Another organization I haven't talked about, I'm not on the board or anything, is the American Academy of Oral Systemic Health, AAOSH. They're having in September they're having their national meeting in—I believe it's Dallas. But that's another great organization. You could just join it for, I don't know what it is, \$170 a year. Their blog is worth \$170 a year. So if you really want help, that's it.

- Allison: Great, thank you, Matt.
- Matthew: Oh, you're welcome. I gave you guys a lot of information.

Allison: You did.

Matthew: But you can use me personally. Like I said, my email, write it down, D-R (like doctor) M-A-T-T @ S-T-E-I-N-B-E-R-G-D-D-S.com. So drmatt@steinbergdds.com. My cell phone is (512)

567-2448. Just don't call me at midnight or just remember I'm on Central Standard Time. That's for Bill. Now that's only for Bill. That's for west coast people. Bill is just gearing up and I'm in bed.

- Allison: Right, exactly. Okay.
- Matthew: Does anybody have any questions or anything that I touched on or that I didn't touch on that you want me to hit in about a minute and a half or 30 seconds?
- Linda: Great job, Matt. This is Linda.
- Matthew: Thanks.
- Allison: Thanks, Linda. Thanks for coming.
- Matthew: Thank you so much. Thank you for being on, Linda.
- Linda: You did a great job. I think I need some NuCalm from time to time.
- Matthew: I wish I could send it over the phone.
- Linda: I do too.
- Matthew: I could have NuCalmed everybody before this phone call, yeah.
- Caller: Matt, excellent as always.
- Matthew: Thanks, thank you so much. But really, I sincerely mean it from my heart. Do email me. Do call me. If I don't answer the cell phone, just leave a message. I'll get back to you.

Never say never but at least I think for the next five to six years, I think we're protected. We've got to make our jump now because I don't think it's going to always get better. I think we've got a unique opportunity now to touch people and to influence people and to keep people in our practices.

Because I'm telling you, all of these corporate entities like Heartland and everything else are going to make a mad dash to try to gain more patient base. They have the bucks to try to influence people with marketing. So we've got to do it emotionally. We don't have the bucks. I mean, we don't have three billion dollars in our banks.

So we have to do it by touching each individual patient and getting them to go out and be our missionaries. It's work. I mean, there is no doubt it's work. You've got to keep your team in line. You've got to keep yourself in line. That's where NuCalm, to me, works so good because it relaxes me so much. I don't know if I could do it without NuCalm.

- Tracy: Thanks, Matt. I joined in late. This is Tracy Warner from Michigan.
- Matthew: Well, hi, how are you?
- Tracy: Good.
- Matthew: I hope you heard most of it.
- Bethany: Hey, Tracy.
- Tracy: Hi, Bethany. Hi, Linda.
- Matthew: Hi, Bethany. We've got a number of NuCalm users on here.
- Bethany: Great to be on here. Absolutely. I'm a fan.
- Allison: Yeah, me too. Wonderful. Matt, there's still like 14 people on the call.
- Matthew: Great. Like I said, if you guys email me, call me. I'm going to say it over and over and over. I've got so much information I can feed you that would really make a difference. I've got it all categorized and in packets and everything else. It will be a Hightail file, I don't know if you guys are familiar with Hightail.

You can't send anything by email that's over 15 megabytes, so most of these packets are like 100 megabytes. So they come over as a large file and you just download them to your desktop.

- Allison: Yeah, he sent me a bunch of wonderful information before the call.
- Matthew: Yeah, if you want it, I can just load you up on stuff. But kind of do one thing at a time because if you ask about—but I can do NuCalm and Backbone Pro if you want. But just look at these things. That's all I'm saying. Go on Backbone Pro. Go on NuCalm.com. Their new website is live as of two days ago. Kind of learn about these companies and see if it's something you'd be interested in.

Then if you are, since I'm really on the inside of these companies, I don't make any big money from these companies, I can promise you that. I can tell you the skivvy on them. And I know, otherwise I wouldn't be involved with them. I wouldn't be doing this. I mean, my time is too valuable to be messing around with companies that won't give me a return either on my health or on making the practice better. But these are things that I'm talking, with the OralID and everything, I love that company. I love that company. I love the marketing and I love their product.

I don't know how many of you are using fluorescents, but you know, everybody asks about the light. It creates a conversation. That's what we want. We want people to ask questions so we can get involved in conversations. Because that's the only way you truly will get people to think and change their behaviors. They have to do it on their own. If they don't ask questions and they're just listening to you talk, it's not going to really make much difference.

- Allison: I almost think we could have another call about marketing too. You are so good at that.
- Matthew: Well, get me on again, I'll talk more about it. I tell you, after you guys ask me for stuff, do it, and I'll come back and we can talk about all the stuff that I sent to you. We sure can and then get new people on the phone.
- Allison: Awesome. Bill, were you going to say something?
- Bill: I was just going to say, Matt is a resource that is unbelievable. Those that are questioning or wondering about getting involved in this, he's amazing. He has some unbelievable contacts and information. So, yes, I would totally agree. It would be wonderful to have Matt back again after a certain amount of time to follow up on this.
- Matthew: After you guys get a lot of information and really can think about it or start using some of these products. Man, we could have one heck of a conversation then. Then other people, say some people started using NuCalm, some people started using Backbone Pro, in an hour, we could really have an incredible interaction.
- Allison: Cool.
- Matthew: Because it's all things that are going to make your practice more efficient and you feel better. There isn't anything better out there than that. That's the whole idea. And you get your team involved. All of these things energize your team, so that's the big difference too.
- Allison: Yeah, I have some team members that were on and may still have a couple maybe that are on but I know I have a hygienist that would be really excited to be talking to patients about nutrition and she's health conscious. I'd like to know where to send her. I mean, I'm really into nutrition but I don't feel like I

have the skills to teach her. Anyway, I think it'd be cool. I don't know what you do, Matt, do you teach any of this stuff in a formal setting?

- Matthew: Yeah, I'm going to start doing it because my dad was vegan, I mean, I know so much about nutrition and I talk about it. But no, I don't really have a formal class, but I'm going to start putting things together for dentists, packaging, because no one else is doing it out there.
- Allison: I'd love to see your oral cancer screening, just videotape it and share it.

Caller: Or YouTube.

Matthew: Yeah, I could put it on YouTube, you're right.

Allison: Yeah, totally.

- Matthew: So you guys just keep connected to me. That's what I want. If I don't get an email or a phone call, I'm going to be really disappointed.
- Allison: Okay, that's good. If people email me, I'll tell them to email you directly.
- Matthew: That's right. Just use my email address as yours.
- Allison: Yeah, awesome. Well, thank you.
- Matthew: Guys, any way I can help you, I'm here as a resource for you.
- Allison: Thank you so much, Matt. Thank you, everybody else, for taking time out of your day.
- Matthew: You're welcome. Thank you guys for being on. I really appreciate it. It makes me feel good.

Allison: Bye.

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