

**Ep #50: Creating Your Dream Practice, While Still  
Living A Great Life with Dr. Brian Beirl**



**Full Episode Transcript**

**With Your Host**

**Allison Watts, DDS**

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## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

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, well-developed 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.

Welcome. Dentists can be busy. It looks great from the outside, but many dentists are not happy in their lives. Dr. Brian Beirl, who's a dentist, he's a Fellow of the Academy of General Dentistry, a Pankey Scholar, has developed a great rapport with dentists because he had a large "too busy" practice for many years and he understands the difficulties in slowing the momentum of a practice that is heading away from your dreams.

Most consultants recommend more volume and more patients and they say that equals more money. So, why aren't more dentists happy? Dr. Beirl has a different philosophy and a very effective way of helping other dentists create the practice of their dreams. He helps dentists develop a relationship based practice that treats people individually by taking into account their circumstances and the dentistry that is diagnosed.

He practices and lives with a philosophy that can be described as follows: Surround yourself with great people. Create an environment that you love and attract the people that are

[Practicing with the Masters](#) with Allison Watts, DDS

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

looking for the same. Become the best that you can be and consistently hold out for what is best for others.

After serving in the Air Force, he began his Seminole, Florida private practice in 1980. Dr. Beirl is dedicated to learning and teaching. He is a Fellow of the American Academy of General Dentistry, an 18-year visiting faculty of the Pankey Institute, recently being awarded the designation of Pankey Scholar. He also is a clinical instructor for the University of Florida, their General Dentistry Graduate Program on the Seminole campus.

In addition, Dr. Beirl is published in journals and lectures to dental societies and study groups throughout the southeast. His hobbies include reading, writing, fitness, canoeing, and fly fishing. He and his wife Bev are enjoying the adventure with their daughter Bre, who is now how old, Brian?

Brian: 24.

Allison: 24, okay.

Brian: Yep. She came home and she's a financial analyst in Tampa, bought a house, and I'm very proud of her. She's getting married a year from next month in our backyard.

Allison: Oh, wonderful, great. Well I know some of these things are true because I've read your books. You have a couple books that I've been enjoying. I know that you are definitely a student of many things. Tonight we're going to talk about dentistry though but I hope you'll share a little bit about your book at some point we can talk about that too.

Brian: Well, it's hard for me not to, but if I don't, remind me.

Allison: Okay, I will. Brian and I have had a couple of phone calls getting ready for this and it's been really fun. We may have to have more than one call to get in all the things we want to talk

[Practicing with the Masters](#) with Allison Watts, DDS

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

about but tonight what I asked Brian to speak about was balance. You know, practice/life balance or as he calls it, maybe more blending, right?

Brian: Yes.

Allison: Then we're going to move a little bit into how to—Brian practices 24 hours, well, he says one day a week. He practices 24 hours in a week and that's all he works. So I would like for him to enlighten us about how he is doing that and enjoying the rest of his life and having a wonderful, successful practice.

Brian: Well, thank you. That always gets everyone's attention when I say I work one day a week. It just is 24 hours, four days a week, six hours a day, from 8:00 to 2:00, working through lunch. It's that simple. Bre, my daughter, who you mentioned has a lot to do with that because when she was born 24 years ago, I made up my mind that I was going to watch my one and only child grow up.

I changed my hours so my wife would drop her off at school and I could spend some time with her in the afternoon before she went to school, when she was infant. Then when she went to school, I'd pick her up at school, much to her embarrassment but it was a lot of fun. Because of that, we are quite close, we have a great relationship. I went to many ballet recitals and basketball games. She crewed for high school and at Auburn University.

I didn't get to see her much in college but I did her in high school all the time because I was there. It was me and the rest of the mothers usually. I noticed that that happened too much. The dads could have been there. I mean they had professions themselves many of them and they could have been there, but they weren't. They were at the office or maybe playing golf or

## **Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl**

something. I never thought that was the best thing at one chance at children. So I'm very proud that that happened.

The thing is, now, she went off to college and you can't go back after practicing that way to any other hours because you get used to it and your staff certainly does get used to it. But I've talked about this for years is that how do you do that with 24 hours? I mean, you have to make a living. I think one of the things that I've always stressed is time is not money. You hear that: time is money, time is money. You know, that's not—time is time. Money is money. They're different.

It's not if you want to earn more money you have to work more hours, that is not necessarily true. So if you start to understand that, you start chasing the carrot because you'll never catch it by the way. You can't work enough to earn more. In fact, the more you work sometimes the less you make or the less you earn.

I found financially that that's always the big question. It's actually been better, not less. Now, why do you think that? Well, your staff. Your staff is really who runs your office by the way. If you think you do, you better get another staff because they should be empowered enough and know the philosophy of your practice, whatever that is, to keep it going. You're there as the dentist. I really think that is healthy.

They get very used to that schedule. They don't leave by the way. You do well financially, you can afford to pay them well. They can raise their families. I have a couple single moms, it's great for them. They can make their medical appointments. They have a life. Also, in the summer when the time changes, you have a whole other day after 2:00, let me tell you. So you can do what you want to do outside of dentistry. That's a blend of life and practice.

**[Practicing with the Masters](#) with Allison Watts, DDS**

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

Allison: I'm going to stop you because I realized that I forgot to mention to you guys that Brian totally would love, and myself as well, for you guys to ask questions or make comments if you feel led to.

Brian: Absolutely, yeah. I'm better that way.

Allison: Yeah, interactive is better for both of us.

Brian: I don't mind being challenged if I say something that turns your head a different way.

Allison: Yeah, because I'm already thinking about this, what you're saying. A few things come up like when you start talking about you actually can make more money in less time. I actually went to three days a week and found that to be semi true but I don't really know why it worked. I was told by a consultant not to do that, that it was a big mistake.

Brian: Well, sure.

Allison: I wouldn't say that I made more but I made the same amount. I think that you have a much more planned out and eloquent way of doing this.

Brian: Well, you can't just talk about it. You have to experience it. What I would suggest, because I'm kind of a meat and potatoes guy, I'm just not going to just philosophize with you. There's things you can do. I want to get into some of that right upfront. If you don't think I'm right, try it one day.

Most dentists, I don't know any of you, but most dentists in Florida don't work Fridays. If you don't work Fridays, or if there's a day you don't work, the day before that you don't work, say you don't work a Wednesday. So Tuesday, work 8:00-2:00. Then you have the next day off. Because it's so much to look forward to. It gives you a day and a half by the way.

[Practicing with the Masters](#) with Allison Watts, DDS

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

The other thing I noticed is that you don't need lunch. You don't need to take lunch. When I used to take lunch, and I used to do all this stuff the other way, believe me, I came back and I didn't really want to be there anymore. You ever feel that way?

Allison: Mm-hmm.

Brian: Yeah, you just don't want to be there anymore. You have a big lunch—I know dentists that take an hour and half lunch—well, go home. I mean after that, you're useless. So I found out that we work through lunch, we snack, believe me, we don't starve. We've got plenty in there. We snack all morning, go in there when we have a few minutes and come back out. We stay refreshed and I see my last patient at 1:00 and the staff is out of there at 2:30. All their things are done. That's a happy bunch.

Now, I haven't work Friday for years so the first day I would suggest if I was talking to me, would be Thursday. Because then you've got, Thursday afternoon, Friday, Saturday, Sunday. Unless you're working Saturdays, I don't know, but I wouldn't suggest that. In Florida, nobody shows up on Saturday, especially if it's nice. Maybe you've found that. I used to work Saturdays, sat there a lot.

So you have great staff, excitement, energy, loyalty. Staff turnover is a killer in a practice. It's very, very expensive. I'm a very frugal guy, we can talk about that maybe later in the call, about frugality in the dental practice and how you don't cut quality. But frugal is a good word.

Now the underpinnings of how to be effective financially with what you might think are limited hours, I don't think they're limited, but if you think they're limited hours, is that you have to have very tight systems in your practice. When people start talking about systems, people's eyes glaze over. Mine used to. But systems when they're properly put together allow you to be

[Practicing with the Masters](#) with Allison Watts, DDS

## **Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl**

yourself. To think, to plan. You aren't putting out fires. So that becomes effective in a dental practice.

I tell them—we talked about this—a couple things to do in your practice, real meat and potatoes stuff. Morning huddle. Everybody, maybe most of you have morning huddles, but is it an effective morning huddle? Five to ten minutes, nobody sits down. That's the first thing.

It's planned out in a sequence of information that is the same every time. It is run by the receptionist, not by you. You look at yesterday's numbers and if you have trouble sharing your numbers with your staff, we've got to talk. But it's what was planned to be done the day before, what was done, what was collected in operative, dentist and hygiene, the dentist side and the hygiene side, separately.

You talk about the numbers of that day. What do we plan on doing? What's our production that's booked? New patients. What's production in hygiene. Then the hygienist talks over after the receptionist and she talks about her schedule. Who's due for full series? Who's due for bite wings? Who's due for any other thing besides your routine hygiene? Are they perio maintenance or are they healthy mouth cleanings? Any comments on any of the patients. "Doctor, I want you to look at this." How does she know that? She's reviewed her charts the afternoon before or that morning. She's prepared.

Next is my assistant. Same thing. Walks right through the schedule. Hope I'm making sense to you because this is really important. If you do this, this is a system. It's one of many systems in an office. If you do this right, watch the numbers. They're going to go up. It's magic. Anything learned from the previous night's calls, I'll get to that in a second. Any information on new patients that are scheduled.

**[Practicing with the Masters](#) with Allison Watts, DDS**



## **Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl**

Then personal announcements. We've had some great announcements lately. My hygienist's husband got promoted to lieutenant at the fire department. My assistant, her daughter got accepted at Florida Southern for college. So those kind of announcements. We don't try to solve problems. We don't nag. We don't bitch. It's just, that's not what it's for.

I end the meeting with, "Let's go help some people" and we walk out. Five to ten minutes. I start at 8:00. Sometimes, like this morning, we start at 7:30, just have an earlier patient. Just happened that that's their more convenient time. I get in a little earlier and we still do it. Very important to do. We do not do it at the end of the day. They want to go home. So do I. I have my other life waiting for me. That's one system.

Here's another system which I think is probably the most impactful thing you can do in your practices. It doesn't make a difference if you're general or specialist, it doesn't make any difference, is that when I leave the office my receptionist is still there. She's wrapping up. She's the last to leave. Within five to ten minutes, I have an email on my phone that tells me what we did that day, what we had planned to do that, what we collected, how many new patients called, how many scheduled. Also, any new patients that I'm seeing the next day, some information about them, and a phone number.

Then what you probably are doing now, I hope you are, all the "tender loving care" calls, I call them. If I did a prep, follow up. If I did an extraction, follow up. Anything that I think the patient may have some questions about, a procedure we did that day, follow up with that. But the new patient, and here's the most important thing, you call a new patient the night before you see them. You call the new patient the night before you see them. It's not awkward. You might think it is. It is not.

## **Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl**

“This is Dr. Brian Beirl, the dentist.” They don’t know who I am. Okay? I’m the dentist. “Oh. Doctor, why are you calling?”

“I just want to welcome you to the practice. Do you have concerns or questions? No? Okay. Well thank you for choosing us. I look forward to meeting you in person.”

It’s usually, “Okay.” They are so blown away. Now, here’s what happens. When they walk in, they go, “Where is that guy? That guy called me. I’ve never had that happen before. That’s such a wonderful thing.” See, we’re not strangers now. We already talked. Now I can go to the next system is you do not meet the new patient in the dental chair. You meet them in your private office, you’re nice, clean private office or if you have a side room, something that’s where you do financial planning with the patient, something like that. Meet them in there with your assistant. You talk. You ask questions. They talk. They ask questions. Your assistant takes notes. You don’t take notes.

Review the medical history with them. Namely, it’s like, “How did you find out about us? Where are you from?” See, in Florida, everybody is not from Florida. They’re always from somewhere else. You really get good at geography. So you learn about the patient. This is another experience they’ve never had. They’ve never had this. So actually it goes on longer sometimes than we have to have it and I have to get my appointment started. Say, “Oh by the way, is there anything going on in your mouth?”

“Oh yeah, I forgot.”

Then they’ll bring it up. Now, if it’s an emergency, a swelling, a toothache, no, I’m not going to be bring them in the private office and talk to them. We’re going to look at that right away because they’re not going to hear you. You’re going to hear their main concern and you address it. You may not treat it that

**[Practicing with the Masters](#) with Allison Watts, DDS**

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

day because you're booked, but you address it and see if you can hold them off a little longer to get a better appointment with them.

If you start fixing on the run, that's what they think you do and it's not very comprehensive. So those are my two big pearls. I gave it out early.

Allison: Great.

Brian: Did that stimulate any questions for you?

Allison: No, but I'm just thinking about this. So I do have a question. I guess it did stimulate a question. I'm just thinking about the—so you're sharing these systems. Well, we do have a question, let me... Hello? Is that Dorothy?

Dorothy: Hi, this is Dorothy.

Allison: Hi, Dorothy.

Dorothy: Hi, how are you?

Allison: Good.

Dorothy: I have a question in reference to the new patient visit. Does your staff schedule the patient after they meet with you, wherever you go ahead and take x-rays, whatever needs to be done, but is the hygienist scheduled to follow the time with you? And if so, how much time do you allow for that new patient visit and how is it decided ahead of time that this patient is going to be a more complicated patient versus somebody that's been going for regular hygiene appointments on a regular basis.

Brian: This is a new patient, correct?

Dorothy: Yes.

Brian: First of all, take this the right way, they're all complex cases.

[Practicing with the Masters](#) with Allison Watts, DDS

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

Dorothy: Okay.

Brian: That's the way I look at it, until proven otherwise. So the system is we always—I don't say always a lot—but you always do a dental exam before a hygiene appointment. Because hygiene, whatever they do is treatment and you cannot treat without diagnosis. Actually, in most states, it's illegal. Just to throw that out. It's not followed very much but probably if you look deep enough in the practice law, it probably is. But that's not the reason. The reason is ethics. It's an ethical thing to do to examine the patient thoroughly and comprehensively before they see the hygienist.

We had a new patient today. This is the great thing about talking with me: I still practice. We had a new patient today. It just so happened that the schedule worked out where after I was, I did my exam, they saw my hygienist. So, yes, we do that but we always do the exam before they hygiene visit. That's different than some practices. See, if you kind of go between the lines here, I want to be different than the corporate dental practice.

I don't know when I'm ever going to stop practicing but the corporate dental offices in my area are keeping me busy because people are seeing a little red in those areas. They know they're being upsold. They're the patient that doesn't want to be there. They seek out a more personalized service. But, yes, you can schedule them, but always do your exam first. So how long do you schedule?

How long do you schedule? Well I can get my 10-minute interview, we can get all our digital x-rays, photos, we can do all that in an hour and it's not rushed. Systems. Everything is in place. I know where everything is. My hygienist is ready. She's listening in, she's looking on the computer as we're probing.

[Practicing with the Masters](#) with Allison Watts, DDS

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

Full mouth probing, by the way. Every tooth. Six different areas. If I could tell young dentists one thing: just practice the way you were taught in most dental schools in this country, I hope so, they're still teaching all that. Not every one. But, just do that. Don't start skipping stuff.

Allison: Dorothy, did that answer your question?

Dorothy: Yes. It kind of did, to the largest degree, yes. The question I guess I have is that when you pre-book your patient, do you pre-book them to have the hygienist following your exam or no?

Brian: Not per their request, if my schedule allows. Because my hygienist is booked out, but sometimes, as you know in hygiene, it's part of life, people are constantly dropping in and out. So if it just works out that way, we will—ideally, I'd love that. Because usually—let's just go to perio for a while.

According to the National Institute of Health, 9 out of 10 Americans have some form of periodontal disease, right? So 90 percent of all your hygiene patients are in perio maintenance, right? No. What's going on? What is going on? I tell you one thing that's going on is they're not probing every tooth. They're not picking up a furca probe and probing furcas. They're not doing it with attached gingiva. I mean, do a periodontal exam and talk while you do it. Say the numbers out loud. Patients are smart. They get it.

So most of the time, on the hygiene appointment—I never know how to say this—debridement. Then we may have to have a modified perio therapy or a full perio therapy. Or in a rare occasion, a healthy mouth, and we celebrate that. I tell them, “You're in the top ten percent.” Good for them. Does that help?

Dorothy: Yes, thank you.

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

Brian: Let me just follow up with this, you get the call. “I just want my teeth cleaned.”

“Hey, I know. I know.” Well, no they can't. They're going to see the doctor first. If that doesn't work for them, I don't think I ever saw them. My front desk person took care of that for me. All that is is kind of drawing a line on those people who call. They don't know any better because that's the way they were treated at the last place.

See, but you're different. It's not that they're bad people. It's not dumb. They were just treated that way before, that's all they expect. You just have to kind of turn that around. They'll love it. They will say to you, “I've never had a dental exam like that in my life.” When you start hearing that, you're doing it right.

Allison: So your exam is one hour?

Brian: Yeah, I could go 1 hour 15 minutes, but I really try to—I tell you, your front desk person is everything. She can kind of tell if I'm going to need more time. So she books me more time. Got to be really good on the phone. Dorothy, are you good? Are you complete for now?

Dorothy: Yes, thank you.

Allison: Okay, I'm going to mute you.

Brian: That was a great question because I know probably 70 to 80 percent of the people were thinking the same thing. I've heard that question thousands of times. It's a good question though.

Allison: Yeah, thank you, Dorothy. So I'm just thinking about the nuts and bolts of how you practice less and make the money work, and especially when I think about a comprehensive practice. I think about my practice where my new patient exams are an hour and a half, sometimes they have to come back for models

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

and review of findings. When I look at my time and my schedule and I think about practicing that few of hours, or even when I think about doing the dentistry and I have these major cases. I'm wondering if you're double booking.

Brian: There's a couple things to that. You really, just like your receptionist gets good at reading people, you've got to get good at reading people. Some people are not ready for diagnostic study casts and face-bows. Now that doesn't mean that you're not going to do one. They're not ready right then. It's very frustrating when you start getting plaster all over the place and you're not using it. You look at the models and they didn't come back or something, you know, they're just not interested. You read that one wrong. I take the responsibility for that.

So first of all, you don't always have to take diagnostic study casts at the first appointment. Sometimes it clicks though, sometimes it clicks. I go, you know, I'm going to be doing a splint here. I know I'm going to be doing one, I'm going to need records to be able to talk to this person or I'm going to [inaudible 00:25:45], I've got to get records to talk to this person.

I have three dental chairs. You've got to know that, I don't have a great big place. I have two for me and one for my hygienist. The two for me are identical. I can work in either room. I have a favorite, just like you, but they're identically set up. I have two dental assistants, one slash lab tech, she does my model work also.

So if we go to records, I go, "Keisha, we're going to do records." We move them over to the other room. She starts making impressions. All I have to go in there for is my centric relation bite. They can do all the rest of it. So that doesn't take much of

## **Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl**

my time. I can start doing something else and pop in there and take a CR.

That's a system though. She knows how to do records. She knows when her impressions are good and when they're not. She'll retake them if they're not. She's self-policed. She's got to form up, see? So that's a system, very effective. And the patients feel that. They go, "Wow, they know what they're doing here."

That's another thing: building confidence in the patient. Because you want to have—this goes back to the financial part of it. You want to treatment plan comprehensively. That means look at all the things that could happen and have all your different avenues of what you are going to discuss with the patient.

With where that gets confused with people is that does not mean you treat comprehensively always. You may have to break up that case into smaller pieces. Because guess what? People have circumstances, financial ones mostly, or health, or they're moving, or they're going to be back in six months. If you're in Florida, they're always coming back. Leaving and coming back.

So you have to work around all those things. That does not stop you from doing a comprehensive treatment plan though. You may not present the whole comprehensive treatment plan. They may not be ready. Most of the time, after a comprehensive exam, you are treating some form of infection: endo, perio, caries.

Now if it's occlusal, you know, Pankey stuff. If it's occlusal, that's really not infection. That goes into what I call stage two, unless it's a painful joint or that's why they came in. But usually you put that in with stage two dentistry. Now you got to get

**[Practicing with the Masters](#) with Allison Watts, DDS**



## **Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl**

records before you do stage two dentistry. That's another rule. You've got to get your study casts. You can do the other stuff without it. I'm a very practical guy.

But the money thing still is hanging in the air. It's always hanging in the air. I don't have all the answers but I can tell you a couple things about money. It's like water. When you don't have it and you're thirsty, it's all you can think about. I've been there. When you have it, you don't think about it and you can think about other things. That's pretty basic stuff. So better to have it or not? Better to have it, right?

There's only a few ways you can get it. I always get a kick out of people who say, "Well I want to make a lot of money." Well there's only a few people in the country that make money and they work at the Mint. The rest of us have to earn it. So how are we going to earn our money? We earn it in dentistry through results. We don't earn it by procedure, we earn it by results.

If you get predictable results for people, they will pay you what it is worth. They'll pay you what you think it's worth and they'll pay what they think it's worth. Now the key is to have that be the same number. Then you have happy patients. That's one part. So you've got to start thinking of service, not just crowns and stuff. That's a tradesman, we're professionals. We get paid for results. You can be the best orthopedic surgeon in the world but if the person can't walk after you're done, that's lousy results.

The other part of this—and this where people go way off track—is you can't have your overhead too high. I know, that's a tough one. Because you have two overheads in your life. You have practice overhead and you have life overhead. And your life overhead is paid for by your practice. Now it's easier to control practice overhead than it is life overhead. I'm speaking

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

from experience. When you have kids and you're married, it's easier to control the other overhead.

I've been in a lot of dental offices and I see supply rooms full of stuff that's never used. Your mix of services is really important. Your mix of services is what you do. We have an endodontist on the call. I don't do molar endo. I don't do [inaudible 00:30:53]. I don't have an i-CAT. I don't do that stuff. So I don't have to have that stuff. I don't do implants. I restore them but I don't do them. I don't do periodontal surgery. I don't see kids. I'm not very good at it. I wait until they get real teeth. I've never been good at it. I don't have anything against kids, I'm just not a good pediatric dentist. I do a little bit of minor tooth movement.

So that mix of services, for me, lends itself—and I do restorative and I do crown and bridge. That mix of services helps me control my costs, let's just say for supplies. Supplies in most offices, I don't know, 7, 8, 9 percent, I think. I'm like a 3.

Allison: Wow.

Brian: Yeah, amazing. Let's talk about lab techs. There's an ego thing out there about lab techs, I'm going to tell you right now. "Oh I use such and such something," usually with a Japanese name is better. They pay exorbitant fees for these people who have training themselves to practice at a high level.

Well guess what? You can take a motivated lab tech and teach them yourself. You've got to spend some time upfront of what you're looking for, what you want in your occlusion, in your anatomy, in your porcelain, in your ceramics. You can teach them what you're looking for. They've got to go find out a way to do it. That's their commitment. But now you're a team and it's not an ego wrapped up thing. Usually those people are very loyal to you.

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

They're not in the Philippines. I'm talking about somebody local that can come to your office and you nurture them. I can tell you that the fees for that, you spend time upfront, your fees are not going to be like shipping off to the guru somewhere. I'm being pretty blunt about that because I may step on some toes with that stuff but I don't care. Because I care about who's listening right now. You can get lab fees over 20 percent. That's a killer. So you got to get that into the teens or even less. Low teens would be great.

You've got to look at those percentages. Don't think numbers so much, think percentages. You've got to look where you live. Your rent. How big of a place do you have? I mean in your practice. I'm talking about practice now. That's where you live, you know, most of the time. How many chairs do you have? Are they really effective? Do you need that much? Is there a way to cut back?

I went from 4,000 square feet to 2,000 square feet in the same building that I own. I was building walls in there because I don't need eight dental chairs. I had a partner and he left. I rediscovered life. That happened back in 1987, a long time ago. I learned that I didn't need all that. I earn more money than I used to.

Allison: Yeah, I want to hear you, you said something Monday when we were talking about this trip you're going to take to Hawaii.

Brian: Yes.

Allison: And that your team is going to go on a cruise while you're in Hawaii. They're not going to go to Hawaii with you because they weren't invited but they're going on a cruise.

Brian: I'm going to wedding in Hawaii.

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

Allison: So they weren't invited because, yeah, because it's a friend's wedding.

Brian: It's a friend's wedding. I'm actually, guess what, I'm the wedding singer. So it's really going to be a lot of fun.

Allison: Are you really?

Brian: Yeah.

Allison: Oh, cool.

Brian: That's one of the reasons why I'm going. Yeah, it's going to be a lot of fun. But we always, we take off the same week every year because I don't like everybody leaving all the time. You're not very effective when you do that if you're always missing people. So I said, look, we're all going to take the same vacation times. Close the office. Then we don't have to worry about anything.

I said, "Well, I'm doing this, but I'm not taking you to Hawaii with me." So you go on your cruise. You go wherever you want within the Caribbean. Florida, that's not that far away. So they're going to go, they're going to have a ball. They'll probably have more fun if I'm not there anyway.

Allison: Yeah, and tell me about how you handle that financially. So where does that money come from?

Brian: Cash.

Allison: Cash.

Brian: I don't borrow money for anything. Yeah, we have a fund. Because everybody knows what the numbers are, they like the numbers to go up because they know where the money goes. The money goes in the kitty and we buy stuff with it. We buy supplies, we pay salaries, but they all know that that's the cost

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

of running the practice and whatever we don't spend stays in the kitty and they either get it in bonuses, along with me, and/or we go on a trip.

So they know that if they're going on a highfalutin trip, all that's going to do, it's their money. It's going to take away their money that they might want at the end of the year. So they're pretty frugal themselves. They look for good deals. See I had them in charge of, I have one person in charge of ordering supplies. They're very frugal. My supplies, like I said, they run 3.5 percent.

Allison: Wow.

Brian: Where most of the time, it's 7 or 8.

Allison: Oh my gosh, I just realized what time it is. You asked me to remind you, this is something we wanted to talk about, for sure.

Brian: I didn't know what time it is.

Allison: I just noticed it. I'm like, oh my gosh, we only have 15 minutes.

Brian: How much time do we have?

Allison: We have 15 minutes.

Brian: 15 minutes, okay.

Allison: I don't know if you want to talk about—it seems a little appropriate to talk about right here where you are now. Do you think it's valuable to have the conversation about, I think you already talked about overhead. You talked about how dentists go to all this CE and spend all this money and do all these things because they are in fear, uncertainty, and doubt.

Brian: Yeah, there's a thing that came out of IBM and sales years ago. They would go use this to sell stuff. It was called Fud, like Elmer Fudd, but only one D. F-U-D. It was fear, uncertainty,

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## **Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl**

and doubt, that's what they'd plant in the client's mind. So dentists are really good at that. We're practicing with fear, uncertainty, and doubt all the time. Salespeople, they thrive on that.

"Well you got to get this because the dentist down the street is getting that." Fear.

"We don't know what's going to happen but you better be ready." Uncertainty.

Those are tactics used with us. So you have to be very aware of that. It hurts my heart, I don't work for Patterson, you're going to be able to tell, or any of the other, Shine, or any of them, or 3M, I don't work for anybody except me. It hurts my heart when they sell all this stuff to these people and then they've got to pay for it. It's the hardest time of their lives too. Eight dental chairs. They did it to me so I understand. I mean, I did the same thing.

So in any stage of your life you have fear, uncertainty, and doubt. When you're young, fear of going broke, fear of "I don't know enough," fear of uncertainty of the future. You have doubts about yourself. That's a normal part of being younger in a profession. But the same thing happens in the middle-aged dentists, let's call them that. They fear with the person down the road is doing. They're unsure that they've taken the right path in their practice. They doubt themselves too.

Then you have the older dentists, let's call them me, okay? That is looking at the other side of their practice. They go, what am I going to do? Have I created a practice that's attractive to any other dentists? Am I going to live long enough? Do I have enough put away? There's the fear, uncertainty, and doubt. It's always with us. So if you realize that it's there, it takes away from its power. Yeah, there it is again. What are you going to do

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## **Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl**

about it? Let's talk about, you mentioned it, right, dental education?

Allison: Mm-hmm.

Brian: Want to talk about that?

Allison: Yeah, a little bit.

Brian: Just think, I've seen a lot of changes, and they're wonderful changes. I love studying stuff. I'm studying Ben Franklin right now and the history of social media. I study a lot of things. How can I study all that stuff? It's electronic now. I mean, it's right there. The Library of Alexandria is here. It's online. Everything is there. You can learn almost anything you want to learn online, and visually too. That's not expensive.

I'll tell you what's expensive. Leaving your practice for a week and paying a high tuition somewhere. Then coming back and you've got to pay for that. That's a panic, fear, uncertainty, and doubt. It's a panic, you go, oh boy. Then you kind of forget the valuable stuff you learned, very valuable, and you don't use it. "Well, that was a waste." So you go to another one. Now you're running up debt. In today's world, I would really look at—you're laughing.

Allison: Probably because I've done it.

Brian: Me too. I did it too. You get slapped forehead because you hit yourself. But in today's world, you can really search online for what you need to know about in your practice. It's almost like anything. Now, every once in a while you may want to go somewhere and do something because that's good to be social.

Then the other thing you can do is in your community, and I'm going to make a guess that in your community there is a dentist that practices at a high level, maybe under the radar, they

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

usually are, that will help you. You've got to find him or her. Okay? You've got to find them. They'll love to help you. They're not in competition with you, believe me. They'll just love to help you so they can fill in the gaps when you're learning all this stuff.

If I were doing it over again, because I still am, by the way, I learn a lot online, things like this. That's the way I would do it. Now I've stepped on a whole bunch of toes there probably too.

Allison: I appreciated one of the things you said to me the other day that I thought was very interesting is that when you go to a course—and I'm joking around, but I really did just go to course after course after course. I went into debt to learn. I would probably do it a little differently today but I appreciated what you said because I never thought about the idea of going to a course and then making sure you get your ROI on that course maybe before you go to the next course.

Brian: Yeah, that's being frugal. To me, getting return on investment for what you spend is being frugal. That's what you do. I mean, when you buy other stuff, you go online and you look around. Maybe you're on Amazon Prime, you get it free shipping. You look around for your best deal for the same thing. Why not?

I think education is changing so quickly, before our eyes. They play really big football games at the University of Phoenix Stadium. The University of Phoenix? Where is that? You know? So something is happening out there. That's an online university by the way. So something is happening out there.

Allison: So to ask kind of a dumb—

Brian: Go ahead.

Allison: To ask kind of a dumb question, when you say make your ROI back, are you just saying make back the money that you spent

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## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

for that course? Like wait until you've paid? What does that look like?

Brian: Return on investment in investment world is you make much more than you put in. You want a high return on investment. Make 20 percent, make 30 percent. If you learn how to take great records and study casts and a face-bow and learn how to equilibrate, well, you take that home and really put it into the systems of your practice and make it part of your restorative, that's hundreds of times return on investment.

For one thing, you probably weren't doing any of it before. So that's 100 percent right there. It doesn't take long to recoup that investment. I don't know how much time we've got left, but it just gets me that when I went to dental school perio was just starting to be talked about. Because before then, it was caries and dentures. This is in the late 60s, it's not that long ago, to me. So then you had caries and you had periodontics, you know? Those were the two things that got teeth. It was like that forever.

Then occlusion came in. Occlusion can damage teeth and screw up dentistry and make your crowns break and make people not have good results. That is just as big a deal to me as periodontal and caries but it's not taught enough and it's not talked about enough and the patients don't—they probably know more about than some dentists, especially the TMJ patients.

So that is the part of your exam and your treatment planning, just as much as periodontics and caries control is. Same thing. It's a disease too. It's subtle. So it's perio [inaudible 00:44:45], right? You got to check for it, just like perio. But patients understand it. I actually, I think they understand it better than

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

some dentists because they don't have all that other stuff in their minds getting in the way.

Allison: Yeah, they're not overcomplicating it.

Brian: Right. And that develops, again, I'm going to go back into your systems because all this is wrapped around—and I know I didn't have a hard answer on how do I make the money work in 24 hours. Well it all is wrapped around that: the consistency, the systems, the confidence, the knowledge. And you don't have to wait 50 years. It's going to take some years, depending on how quick a learner you are but I think three to five years, you can get your practice right where you want it to be. I do believe that.

Allison: Speaking of that, one of the other things you asked me to remind you of is your exercise that you used to do at Pankey, the "what do I want" exercise.

Brian: Oh, yeah. It's a little difficult to do here because you kind of it give it away, but we can do it. I used to do it at Pankey. I used to hand out what I called "my think pads." You know, when IBM had the ThinkPad. Well I would hand out a yellow pad. I'd say, "At the top of the pad, put in what do I want and fill up the page. Take five, ten minutes, fill up the page. The boat. The trip to Paris. All that stuff. Fill all that in.

"Now you turn the page and at the top of the page put what do I really want. Now what do you think?" Because that's what you really want in your practice and in your life. Because things are going to start to come up when what you really want. You want to be healthy. You want to spend time with your family. You want to have friends. You want to feel good about yourself. You want to grow. It's not all fishing and playing golf. Those are the first page stuff.

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

The deep stuff is on the second page. But that's where you start to develop your practice life, how you blend your practice and your personal life. Very hard to separate the two. That's a whole other discussion on retirement and what that really means.

Allison: Oh yeah, that's right. That is a whole other discussion.

Brian: I know we have one minute left or something, maybe a little more, but I usually ask classes all over the country. I say, "What does retirement mean to you?" I would start the talk with that. They'd go, "What is he talking about retirement for? He hasn't even told us anything. You want us to stop?"

Allison: "I just started practicing."

Brian: Right. "I just started practicing, why is he talking about retirement?" Eventually a hand would go up and they would say, almost verbatim every time, they'd say, "Retirement is doing what you want." I would say, "What are you waiting for? Why don't you do what you want now? Practice the way you want now. Don't wait. What are you waiting for?" Because believe me, you don't know what's going to happen tomorrow.

Unfortunately, life is unpredictable sometimes. So start now. Don't wait. Because guess what? You don't have to retire then because you already are. You can keep practicing, I'm going to keep practicing for a long, long time. I love it. My health is good. I love my hours, obviously. I like my life outside of practice.

I took a staycation about two years ago, you know when you stay home? My wife said, "You're not doing this." So I have another impetus not to come home. She says, "No, no, you're going to go to work." So I have no place to go, actually, it's just my practice.

[Laughter]

[Practicing with the Masters](#) with Allison Watts, DDS

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

It's funny but it's kind of true because I see dentists retire too early and they don't have anything to do. They usually try to get back in and they can't. That's sad. They quit way too early. You know, really wealthy people, you think, is Buffet going to retire? I don't think so.

Allison: No.

Brian: Or Trump? Or Bill Gates? No, those guys don't retire. There's a message there. They're doing what they love.

Allison: You probably know this, isn't there a study? Isn't there something that says when you retire you die?

Brian: I don't know what the number is, but yeah, it's just like if you stop becoming mentally active and physically active, that's just about it. Especially guys. Guys don't last. Guys go fast.

Allison: Even if you don't die physically—I don't know what the word is—but yeah, going downhill.

Brian: A lot of the research on Alzheimer's is use it or you lose it. I mean, that's the thing. You can build up myelin sheaths. Actually, it's in *Book Binder*, my book. You can build up nerves in your brain the more you use it. It's thicker. It's healthier. It works better the more you use it. So use it.

In dentistry, it's so much fun because you use it all the time. Diagnosing, meeting people. There's no dull moments in a dental practice. Greatest profession in the world, can't beat it. Better than most. Most physician's kids are going to dental school. What does that tell you? They're trying to get in anyway.

Allison: Yep.

Brian: So we're in a good spot.

## Ep #50: Creating Your Dream Practice, While Still Living A Great Life with Dr. Brian Beirl

Allison: One of your messages that I see you putting everywhere, even when you signed my book and as we speak, maybe the closing thought could be stay curious.

Brian: Yeah, that's what I write in *The Book Binder*. I wrote *The Book Binder*. It's about a young dentist and a mentor. The first line of the book is, "It was Tuesday and a long way from the weekend." We all kind of know what that feels like. So I'll give out, my email is BB, Brian Beirl, [BB@mybookbinder.com](mailto:BB@mybookbinder.com). That will go to my other emails if you want to email me or ask me something.

If you're interested in the books, you can talk to Allison about it. I don't have any big corporation or anything, it's just me, but I have some. If you're interested, I'll sign one for you and I'll get it out to you.

Allison: Thanks, Brian.

Thanks for listening to *Practicing with the Masters* for dentists, with your host, Dr. Allison Watts. For more about how Allison Watts and Transformational Practices can help you create a successful and fulfilling practice and life, visit [transformationalpractices.com](http://transformationalpractices.com).