Becoming an Outstanding Dental Director

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BECOMING AN OUTSTANDING LEADER

We can do no better in our lives than lead people to excellence, fulfillment and collective achievement.
Real Self, Your Image and Ideal Self

Close the gap between your real self, your image and ideal self through

MINDFUL, INTENTIONAL CHANGE!
The Phenomenon of change

Most of us feel **Change will mean more work**
Most of us feel **Change is too uncomfortable**,
“I have too much on my plate now!”
The concept of “ADAPTIVE RESERVE”

**Great Leaders cultivate room for Adaptive Reserve**
Change is hard but look how much has health care changed in the last 30 years?

*Change never comes when you are ready and occurs in fits and starts.*

Future emphasis is on a **total health concept** – a major change! Our visions for change must include this

**HEALTH CARE is not just changing**  *IT IS TRANSFORMING!*  
**DENTAL needs leaders with vision and courage** to make the best changes.

*Change can be invigorating!!!*
People are not always ready and willing
Knowledge alone is rarely enough to change

Most people view themselves as competent and smart AND irrationally go to great lengths to hold onto their beliefs

Psychological Dissonance is a major issue for many people
Cognitive Dissonance – When two Cognitions (ideas, beliefs) are Psychologically Inconsistent

- Very disquieting
- We all will go to great lengths to reduce or eliminate dissonance.
- **Mistakes were made (but not by me)!**
- **Dissonance reduction is the engine that blindly drives self-justification**
- “We are thinking reeds, not rational creatures” – J. Gould
- “I will look at any evidence to confirm the opinion to which I have already come” – Lord Molson (Brit. Politician)
Any new change will follow a typical bell curve and some will never change. A leader recognizes this phenomenon tries to bring the early acceptors on board and work to reach a majority. May need to leave the really late acceptors behind.
The number one trait all good leaders must gain is trust!
You must be forthright and spontaneous in your honor
Let your integrity show! Emanate it!
Others can immediately feel your sincere empathy which leads to trust. Lead by Example!
This is the cornerstone of good leadership
Being Smart only Gets you in the Door

Your Emotional and Social Intelligence keeps you in the room.
Emotional self-awareness is the ability to process one’s own emotions as they happen, and immediately understand their effects on oneself and on others.

Resonant Leaders have *Presence*: a person notices and trusts them because it is obvious who they are and what is most important for those they lead. They live up to their own standards, a quality that shows in every action and decision.
Emotions surge through us like electricity, and our brains process information at a rate beyond our imagination. We respond a light speed emotionally and respond far more slowly cognitively. The first emotion is self-preservation to reduce Dissonance.

The first step in using emotions to guide our own and others behavior is to discern our own feelings, inflections, and moods and their impact on us.
Know your “Emotional Landscape”

How people learn:
Content (what we say) 30%
Tone and body language 70%
NAME THOSE FEELINGS!

Imagine you are at work and think about something that caused strong emotions.
Push yourself to describe those feelings exactly.
Use terms like: Stressed, Pressured, Grateful, Happy.
Work at articulating and understanding your emotions.

But Self-Awareness is not enough!
Resonance or Dissonance
The Leader’s Choice

- Resonance is a powerful collective energy that reverberates among people and supports higher productivity, creativity, a sense of unity, a sense of purpose and better results.
- Dissonance is marked by fear, anger, pessimism, and often extreme individualism.
- Resonant leaders manage negative emotions, find ways to make them positive!!
- Resonant leaders encourage vision, hope, clarity, openness and transparency
Law of Attraction

We are packaged energy
Thoughts emanate energy – positive and negative.
You are a powerful transmitter
Your thoughts permeated the universe
Like attracts like
Naysayers never invent or envision anything
Get in the habit of positive dreams, visions and thoughts and you will attract positive results!
Many people live an image and are different in different environments. Lack sincerity.

Close the gap between your real self and ideal self through mindful personal change.

The closer your real self is to your ideal self, the higher your social intelligence.
Social intelligence

We are cast into roles (boss, mentor, friend family) that may not align with our self-image.

Social identities and roles form a prism which we view the world and the world views us.

Examine your social web and talk with a mentor

Do an “environmental scanning” to find clues how the world views you.

The more your roles fit your real self the higher your social intelligence.
Very awkward position. Your subordinates do not know when you are acting as a boss or as a friend. You must only be friends entirely outside the work environment and do not discuss “office” in a social setting. This usually does not work, with the exception of small offices.

YOU MUST ALWAYS BE THE BOSS AT WORK!
DO NOT GOVERN BY CONSENSUS!
Your values and philosophy

- List your ten most important values and rank the five most important, which gives you your operating philosophy. This is how you manifest your values and gives you your philosophic orientation.

- Your personal vision
  - Extend it out over X years. What is my ideal life and work. Where will I be and who will be with.

- Compare your real self to the image you project.

- Use your vision to plan your future
What to Do in an emotionally charged environment

Arrest your own emotional response. If this is not possible try to defer the issue when emotions have calmed.

Examine the emotional landscape of the others involved and determine the cause.

Empathize!!

THE ISSUE IS GENERALLY A SYMPTOM OF A DEEPER PROBLEM
Always be forthright and honorable!

Admit mistakes, but

Stay positive – Law of Attraction – If your peers sense your negativity they will feel unhappy.

Negative energy = sense of “overstressed and/or overworked”

Self-awareness – Check your emotional intelligence

Create the action to rectify the mistake through:

Mindfulness – Reflection

Compassion – Empathy
Resonate your vision, your hopes and dreams. Listen to wake-up calls when you are out of sync with the world.

This is the road to sustainable, effective leadership.
Once your work program is running smoothly be careful not to rest on your laurels. Always think you are not there yet.

A good motto:

We are the best but we always can be better
Taking Charge of Your Department

In order for you to BE THE BEST
You must work diligently to believe
YOU ARE THE BEST
Office Basics

- Firm, Clear Policies and Procedures
- Best Practice Protocols
- Production Incentives
- Collection incentives
- Chain of Command
- Cost per encounter
- Collection per encounter
- Supply controls – benchmark around 10% of income
- Budget Management
- EFFICIENCY, EFFECTIVENESS, EFFORT AWARD
Recruitment

- Try to get the best people on your bus
- Set up training programs to help staff sense integrity, honor, communication, effectiveness, efficiency and the value of effort. Work to be the best!!
- Once you convince yourselves you are the best convince your corporate leaders, then tell the world
- Many Universities know the good CHC’s and they steer their best to these programs. Make sure they know you!
- You are the number one evangelist for you department
- Build it and they will come –Law of Attraction
- Money is not the main issue
EEE AWARD
EFFICIENCY, EFFECTIVENESS, EFFORT

Benchmarks

- Patient Satisfaction
- Production/Provider FTE
- % Collections/charges
- Costs/income
- Costs per encounter/Income per encounter
- Net Production/Provider FTE
- Incident reports
- Unexcused absences
QUALITY

EFFECTIVENESS

TEAM WORK

INTEGRITY

HONOR

EMPATHY

COMMUNICATION

ATTITUDE

PATIENT SERVICE

RELIABILITY

DENTAL DEPARTMENT

TERRY REILLY HEALTH SERVICES
Your universe awaits you
DREAM BIG
Dentists are siloed. Need to integrate with a Health Home
We concentrate on repairs
Blinded ourselves into believing we are not responsible for oral disease
Yet oral disease is pandemic and caused by simple bacterial infection
Specific Plaque Hypothesis
Can’t we do better?
The Conundrum of Dentistry

- Dental School is expensive
- Dental Procedures are expensive
- Third party payers cover procedures only and is separate from medical insurance
- No payment for prevention and disease management
- Therefore the primary focus is on expensive repairs, NOT MANAGING THE DISEASES!

From lesions of aortic aneurisms

Specimens
Maybe we need to change how we manage oral diseases
Alzheimer’s disease - a neurospirochetosis. Analysis of the evidence following Koch’s and Hill’s criteria

Judith Miklossy

Abstract

It is established that chronic spirochetal infection can cause slowly progressive dementia, brain atrophy and amyloid deposition in late neurosyphilis. Recently it has been suggested that various types of spirochetes, in an analogous way to Treponema pallidum, could cause dementia and may be involved in the pathogenesis of Alzheimer’s disease (AD). Here, we review all data available in the literature on the detection of spirochetes in AD and critically analyze the association and causal relationship between spirochetes and AD following established criteria of Koch and Hill. The results show a statistically significant association between spirochetes and AD (RR = 10^{-17}, OR = 20, 95% CI = 8-60, N = 247). When neutral techniques recognizing all types of spirochetes were used, for the highly prevalent periodontal pathogen Treponema were analyzed, spirochetes were observed in the
At Osaka Rosai Hospital 203 specimens from lesions of walls of aortic and mitral valves, and aortic aneurisms were taken:

- Found oral pathogens in over 80% of specimens
- S. mutans most frequently found organism (63%)
- A. actinomycetumcommitans, 35%
- S. sanguinis 30%
- P. gingivalis 20%
- T. denticola (20%)
SINCE ORAL DISEASES ARE RISK FACTORS FOR SEVERAL SYSTEMIC CONDITIONS CAN THEY BE IGNORED BY THE PRIMARY CARE TEAM?
Can a physician oversee the prevention and disease management for oral bacterial infections?
Can a physician oversee the prevention and disease management for oral bacterial infections?
THE PCHH OFFERS THE BEST MODEL TO TEST THE PHYSICIANS’ ROLE IN ORAL HEALTH
QUESTIONS?
THANK YOU

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