

# BEHIND THE DENTAL CHAIR

How Smart Dentists Crack the  
Code and Build a Dream Practice



Robert Tripke, DMD

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Code and Build a Dream Practice



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# Preface

**W**riting a book about the system that turned my life around in dentistry never entered my mind. That is, until January 2018, when I found myself having a conversation with a very interesting and brilliant speaker, Mark LeBlanc.

We were sitting at a table during a break at the Jumpstart speakers meeting in Scottsdale, Arizona. The meeting was sponsored by Vanessa Emerson, the highly intelligent, driven organizer and founder of The Dental Speakers Bureau. There we gathered for several days and exchanged ideas to help launch our careers in speaking.

I happened to approach Mark at a table where he was sitting alone for a moment, and as we began to exchange conversation, he looked at me and abruptly said, “You have a story to tell. You need to write a book.”

Well, that might have been the furthest thing from my mind, and literally took me off guard. My initial reaction was to say, “What do I have to write about, and what could I possibly write that could fill a book?”

Mark simply told me to gather some ideas on paper and we would talk later. By the time I left Arizona, I had purchased all of Mark’s books, and on the flight home I read his latest, entitled *Never Be the Same*. The story and the title inspired me to look at my own life’s experiences

which ultimately left me never the same. I hope these ideas are also game-changers for you.

Robert Tripke, DMD

Chicago, Illinois

September 2018

# 1

## Why Insurance Dental Plans Are Not Your Friends

**F**rom one dentist to another: We are in an age in our profession in which the insurance industry is cutting off our very legs and thwarting our attempt to make a living commensurate with our level of education.

I have never been a participating member in dental plans. Why? Because they dictate what procedures I can offer my patients, and I will have to discount my fees to match those of the insurance company. I did *all* the work to get where I am, as did every other dentist. I didn't become a dentist for someone to tell me how to run my practice, how much money I can make, or how to diagnose and create a treatment plan for my patients. If that's the only game in town, then *I ain't playin'*.

The first dirty little secret in our profession is, we the dentists, own the bat and ball, not the insurance companies.

What percentage of your patients could you afford to lose before it would bankrupt you? 10 percent? 20 percent?

Well, I'm here to tell you that dental insurance companies are no different. They require enough *players* to field a *team*. If enough players stop showing up to play the game, then the game isn't going to be played. The dental plan coverage of today offers for all practical purposes the same coverage of *forty years ago*. Look it up. In the '60s, '70s, and '80s, good plans covered about \$1,000-\$1,500 worth of dentistry per year. That's right: \$1,000-\$1,500, in *non-inflation-adjusted dollars*.

In 1980, my crown fees were \$220. That meant a patient could receive up to seven crowns per year under a dental plan. Today, a crown fee is at least \$1,000, so the same plan covers just *one* crown per year. The cost of dentistry and the cost of doing quality dentistry have gone up significantly over the same time frame, but the coverage hasn't changed to allow the dentist to provide the same volume of work for a given patient. The average dentist not only can't charge the patient's insurance plan for virtually anything, but also are getting paid (as participating members) a smaller and smaller percentage of that plan's dollar.

I don't have a problem with anything a person makes in this country; if the market is such, more power to you. But I do have a problem with insurance company executives receiving a 12 percent annual pay increase at the expense of dentists and their staffs, who actually provide these services. Dentists give up the best years of their lives to learn dentistry, break their backs to provide patient care, and then are told as *doctors* that you can only see Mrs. X so many times per year and can only provide for her a certain number of procedures.

Sure, the insurance companies will tell you that you can treatment-plan anything, but what isn't being relayed is that the patients are being told, "If we don't pay for it, then it isn't a usual or customary procedure."

I realize I'm fighting city hall here, but I feel very confident that I speak for many of my colleagues about the problem.

There is a solution, however, which will be explored in the next chapter.