



The Master of Efficiency

by Thomas Giacobbi, DDS, FAGD, Editorial Director, *Dentaltown Magazine*



Upon meeting Dr. David Ahearn for the first time, you learn he is a gentle soul with a passion for dentistry. Then you might learn that in addition to practicing dentistry and owning two offices, he is also the president of Design Ergonomics, a company specializing in efficient and elegant design of dental offices and more recently a manufacturer of operatory equipment. He lectures across the country on topics ranging from proper ergonomics to efficient office design. Impressive. During a recent conversation, I learned that he had just opened a second dental practice with 15 operatories in only 4,000 square feet. Impossible you say? I thought the same thing, but Dr. Ahearn practices what he preaches and he has proven these revolutionary concepts in his own dental practice. This is an account of our recent interview with the goal of giving you an inside look at this unique practice.

David, why did you choose dentistry as a profession?

Ahern: In high school, I had no idea what I wanted to be. I decided to be clever and I thought what I would do is throw out the things I *didn't* want to be. I could throw out 1,000 things of what I didn't want to be. I thought if I could get it down to 20, I could pick from 20. That day I had a dentist appointment. I walked from my high school to this little green office that used dingy, belt-driven handpieces, and a dentist who didn't pay any attention to me because I wasn't the payer. I was elated as I walked out of that practice, because it was this first thing scratched off my list of jobs I would never do. Fast-forward about 10 years. I was a little apprehensive about going to the dentist because I had a toothache. I was studying at Michigan State and I was on fellowship as a researcher. I was not happy that I was a researcher in a room with no windows looking at data; not interacting with people and not using my biology that I knew and loved. I went to the dentist and was treated in a kind and conscientious way and that very day I realized I had gone in the wrong direction 10 years earlier. So I made a career decision change in November of that year. Luckily I had some research skills and walked down to the University of Michigan dental school where they directed me through the process. I was one of two out-of-state students that year.

What is your practice philosophy?

Ahern: I taught prosthetics, so I came from an elitist world. You know, "we know how to do incredible things for you." Those are my roots, but more and more I have come to be the servant. The more I become a servant of the practice of my staff and my patients – the more I am rewarded with success in the practice. Our philosophy is just serve, serve, serve. It's a consumerist approach, and while it is certainly not to the level of some folks, that does mean at 7 a.m. somebody is going to be there and at 7 p.m. somebody is going to be there. Some Saturdays we are going to be open. You have a toothache today, then we are going to figure out how to see you.

Southcoast Smiles is a brand-new office. You have had your original office, Perfect Smiles for how long?

Ahern: We opened Perfect Smiles in 1993. When I opened Perfect Smiles there were no banks in this area. The Resolution Trust Corporation had closed all the banks, the unemployment rate was 18.5 percent and the office was doing more than \$1 million a year within 18 months back in 1993. We had the attitude of, "We will be there for you," and that has served everyone well.

What lessons did you learn from your original office in developing and designing your new office?

Ahern: We work with more than 100 doctors a year, and given that we have this incredibly fortunate relationship with some of the most productive dentists on earth, we interact on a daily basis with folks who shaped what we think. The original office was built after five years of study with guys from NASA and MIT; guys who weren't in dentistry and also studying productivity anywhere we could find it. That was the foun-

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Photography by Dennis Grant

Name: **David Ahern, DDS**
 Graduate from: **University of Michigan**
 Year graduated: **1981**
 Practice Name: **Original office: Perfect Smiles;**
New office: SouthCoast Smiles
 New Practice Location: **Seekonk, MA**
 Year when this office opened: **April 2010**
 Practice size: **4,000 sq. ft., 15 operatories**
 Staff: **Five**
 Web site: **www.southcoastperfectsmiles.com**



dition. What has changed between then and now is that the digital revolution happened. Things we guessed back then, that high technology needed to be mobilized or imbedded have already paid off, so we knew we were on the right track. But now in the next level there needs to be even greater mobilization of high technology. For example both offices are CEREC offices, every room has three monitors.



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Dr. Ahearn's Top Five

	Air Abrasion and Diagnodent	My Ergonomic Products Workstations	CEREC	Electric Handpieces	Digital X-Rays/Chartless
When did you start using it?	Early 90s	Mid 1990s, but I keep getting newer more powerful versions.	We started about five years ago and failed. Everything has changed with "Bluecam" technology.	We have been electric for about a decade	We went to digital X-rays about six years ago.
Why can you not live/work without it?	We see families and thus many kids. Anything that we can do to make their experience easier and faster we are going to do.	The central principle of dental productivity is that you can't use what you can't reach. This is the only delivery system that places every essential item for clinical practice at your fingertips, and leaves enough space in the rest of the room for specialty procedures and high technology.	Many of our patients, especially sedation patients, will do whatever they can do to minimize the number of visits that they have for treatment. This is what makes CEREC a "can't-live-without technology."	At first we actually used it only for low speed use where their torque and stall proof nature made this a no brainer. Later it became obvious that electric high speed was quieter, more convenient, broke down less frequently, and could cut through anything.	It makes chartless possible.
When do you use the item?	We use it constantly for same day service in hygiene. Diagnose it/Treat it.	We use it in every room, everyday. Couldn't practice without it.	We use CEREC every day, from upgrading fillings to the ultimate in same day service.	Always. We have dual motor units, so we never have to switch off the heads.	Every patient.
If you could change anything about the item, what would it be?	I would love to have a high-powered wet and dry unit built into the delivery systems. I would like a big gauge that swings back and forth like the forest fire risk indicator for the parents to see on the Diagnodent.	I'm constantly making upgrades as technology changes. This was the first unit on the market to incorporate dual electric hand pieces. Light curing units and ultrasonic scalers have always been fully integrated as are keyboards and all essential supplies.	Coiled power cord, accessory holder on the unit and foot control that is usable.	Lighter weight. The time will come.	I really wish that these companies would study high performance practices and build it for use in the "high-speed lane." I'd love to see better software integration among products.

When you opened the second facility tell me a little bit about how you are approaching the use of staff from the original facility.

Ahearn: We want to always protect the brand. The brand is one of extraordinary high service. We always must have the concierge space built. It was non-negotiable so we had to hire for that spot to make sure there was always someone there to greet. In respect to the delivery of dentistry we knew we could flex depending upon the demands of the population. So there are folks who will work a split shift for now; four hours in one office and four hours in the other. If we find there is more demand in the morning in Seekonk and afternoons in Westport, with a 20-minute difference we can just go ahead and pay them to be on the road between locations. First you've got to solidify the branding, then you produce.

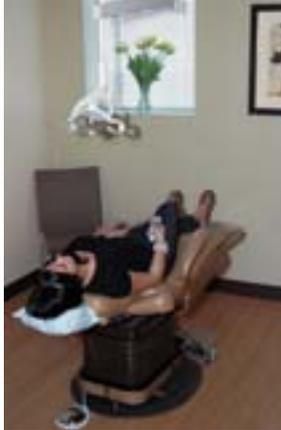
What is your process for finding associates? What are the qualities you are looking for in an associate?

Ahearn: We have been blessed to have a long-term relationship with Dr. Andrea Ghenta. Andrea and I share a common philosophy that has allowed us to have either doctor treat any patient at their convenience because they know they will have the same look and feel. At the new office we weren't planning on hiring anybody initially with the opening but a long-time friend of ours sold a practice. He called me one day and said, "If you ever need anybody..." I took him out to lunch and he was working the next week. His name is Alan Merchanthouse. He would like to retire in practice here. The important part is the team acceptance. We have built the structure around the team not around the doctors; try to minimize the cult of personality so that I am less important. The office has checklists and standards for everything so we have consistency in that way. Having said that we are looking for the one best associate this summer. I expect the new doctor to slot right in and succeed.

How are you dividing your time between Design Ergonomics and practicing dentistry?

Ahearn: People talk about balance in life and I'd love to say I have achieved that but I haven't. I'm not trying! Design Ergonomics evolved because I couldn't get the environment that I wanted for my patients. I wanted a simpler, cleaner, less expensive, more productive, less threatening environment for patients. That was the magic that started it and as I sought

that out and saw I was unable to get it, I created it for myself. I didn't create it for anybody else. What happened was we created that and other dentists showed up and said, "I want that! How can I get it?" Nowhere on any of my to-do lists was, "Start a dental-office-design company or own a factory."



It started as space planning and design and you evolved from there into equipment?

Ahearn: Yes, for friends. We would come into an equipment challenge and we would ask, "Can somebody make this for us?" and people would say no. So then we would just make it ourselves. Then other people would say, "I want that, too." And now we have a factory in a building built in the civil war in Fall River, Massachusetts. That workhorse just continues to grow. We still look at it as building offices for friends. It hasn't changed because we become friends. We get to know these practices, we share information about how to do things better in practice.

What would you say is the most dramatic change you have made in respect to your new operator design that provides the biggest impact on efficiency?

Ahearn: With respect to our sedation facilities, which would also be useful for oral surgery, we have a delivery style that we refer to as the Manhattan style. It allows us to utilize a room as a consultation space and as a highly productive treatment space concurrently. That is the biggest change. The productivity of the ergonomic products system has not changed. The core philosophy of "you can't use what you can't reach," has not changed. So we made sure everything needed for productivity is in direct reach. We really work to make it so that we have all-encompassing treatment rooms that we can go from initial meeting or perhaps emergency treatment to case presentation, closing, financing, everything right in that same room. I was taught the reason you shouldn't do that is because treatment rooms are precious and too valuable. With 15 operatories in 4,000 square feet, they are more like checkout lanes at Wal-Mart. We have plenty of them so we can afford to have somebody spend however long they need in that room doing a case presentation. We have reduced traffic at the front desk. This is part of the Kaizen work that we do.

When other dentists tour your new office what do they find most striking about the design of

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the operatories? What do they comment on?

Ahearn: There are two things that people can never believe. Universally people come in and walk into one of the operatories and say, "Wait a minute, you said your operatories were small, why are yours bigger than the ones you design for other people?" These are the same as what we design for others. It is hard to believe that these operatories feel as big as they are. It is not because of what we have in them, it is what we *don't* have in them. By focusing the supplies, by knowing how to organize those supplies, it is part of the system. The rooms are actually the net size of the room. The actual usable square footage of floor space is actually 20 percent greater than the typical room. The second thing other dentists have noticed is the overall packaging of the entire office. Doctors are stunned at the level of privacy and quiet that can be achieved in even that tight a configuration.

What do you find in terms of technology has the biggest "wow" factor for your patients?

Ahearn: I think that if an office doesn't have a Diagnodent, they are crazy. Certainly CAD/CAM is a huge wow. The CAD/CAM is a huge tool in terms of communicating high-tech. Sometimes doctors have digital radiography but they don't make it clear to the patient what they are doing. If the patient doesn't see what they are doing how can they be impressed by it? Intraoral cameras are still underutilized in terms of showing the patient what we know. We are actually working on having cameras embedded in the delivery systems.

What would you say your biggest source of new patients is and how do you market to get new patients?

Ahearn: Historically I have been a marketing mental

midget. Ninety-five percent of our patients for the first two decades of my practice life were referral patients. We assumed that those were all the good patients since that is what we were taught. The fact is we found out they are *all* good patients; some can afford dentistry and some can't, some want a lot of dentistry and some don't. About five years ago we were cajoled into doing some marketing and I grudgingly did some and we found we had nice people; 1-800-DENTIST got us some nice people. We did some radio ads for sedation work. We copycatted some of our peers. We didn't do any direct mail until this year. We started to do some direct mail for the new office because we wanted to put the word out. And we bring folks to the Web site so they can get a much deeper sense of who we are. We are going to do about 5,000 pieces of direct mail each month and we might expand that depending upon how quickly we are getting to that target of \$100,000 in production a month by the end of the year in the new office.

With the ultra-efficient style that you are taking is this closer to dentistry on roller-skates?

Ahearn: The reality is because the efficiency is so great I look more like a maitre'd than a short order cook. I am walking the halls on a regular basis dropping in and doing dentistry but I have more time than ever to talk and be with my patients. The big challenge in the dental practice isn't the amount of work, it is not knowing whether you are going to be in control or whether it is going to breakdown into chaos. I guess that you can tell that I don't like chaos!

Looking ahead, what would you like to see dentistry do in terms of the way it operates as a profession in the next five or 10 years?

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Ahearn: There is so much demand that cannot be met and we don't see that. We don't understand that. We don't understand that there are people making non-dental buying decisions on things that they don't need that are unhealthy out in the marketplace. There is plenty of dentistry out there, and our job is to communicate better the needs, demands and desires for care so that we have busyness to the level that we all feel more comfortable with. If we did that, we could collaborate better.

Do you see an increase or decrease in the number of group offices relative to where we are today?

Ahearn: I am sure there is going to be an increase. I came from a very independent New England mind set. What has changed is the digital processing of information. It used to be that 10 offices grouped together had very little sharing of knowledge and very little sharing of technology. So there were very few economies of scale. Now the sharing of knowledge between those 10 practices potentially allows all of those individuals to rise up.

What do you like to do when you are not working?

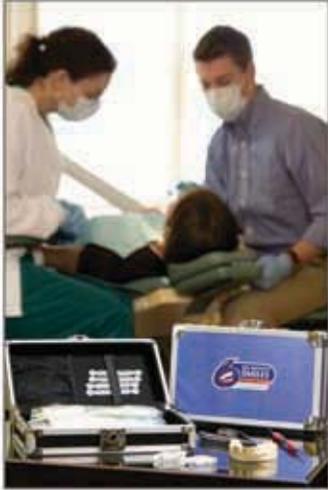
Ahearn: I have a little farm. I do a

bad job at it but I have a great time doing a bad job at it. It is mainly a hay operation at this point. For me it is a time to let my mind wander. Usually I think about dentistry, to tell you the truth, but I am outside with birds chirping thinking about dentistry.

I try to maintain a good balance. It is said that you can only do three things well. So doing is not so much about what you do as it is about what you don't do. I do 21 to 26 hours of dentistry a week. It has to be well organized because that's all the time I've got. I work every day at Design Ergonomics making dentistry better and more productive, and I lecture on quality, design and performance about 20 weekends a year, which is too many. The third thing I'm good at is family. Anything else that I do I do badly. I'm a lousy farmer. I can't cook. I have a bunch of cars, but I don't wash them enough. Like it's said, you can only do three things well. ■



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