

Howard Farran: It is an extreme honor today to be sitting here interviewing a legend in my mind. Seriously. And Chris, thank you so much for doing this, Dr. Chris Griffin. And we have another common friend, Stephanie Mohan from Iowa.

Chris Griffin: Yeah, Stephanie and I did a program together about three or four years ago. And you know, it was a lot of fun working with her. We did a couple of live events and put product together and went around and consulted with some folks. But you know, interestingly Howard I think years ago I bought this product of yours, it was called like the 30 Day Dental MBA. Do you remember that thing?

Howard Farran: Did anybody ever get to day 30? Did you ever hear of?

Chris Griffin: I did, listen.

Howard Farran: No you did not.

Chris Griffin: I drove to Houston, Texas and I listened to that thing all the way there and all the way back.

Howard Farran: Oh my gosh. I am sorry you didn't get in a car wreck and put out of your misery.

Chris Griffin: But I remember a quote you had in there that you said that the reason you didn't do consulting was because, you know, like on day two you put a gun to their head and say, "You are an idiot if you don't do this. I am going to blow your head off," and they still wouldn't do it. Anyway, you know it turns out Howard, you have got a lot of wisdom. Trying to get dentists to do things that they don't want to do is hard to do.

Howard Farran: Well, I never got into in-office consulting because dentists, when they give a consultant money, they want to be pampered and they want to hear that they are great and they are wonderful and that the reason their practice is bad is because of Obama and the economy. You know, everything. I call it the Saddam Hussein syndrome, where Saddam, if any of his management team told him anything he didn't want to hear, he just shot them. So everybody told him what he wanted to hear, so his information was so bad he literally thought he could keep the Americans out and the Americans took him out in 100 hours. And that is just bad information. And dentists do the same thing. I have noticed it in staff meetings where in staff meetings the dentist does all of the talking. And he just stands up there basically giving a lecture, she is giving a lecture or whatever, and they then pay a consultant \$30,000 and the consultant comes and the first thing every consultant does, and every one of them will tell you the same thing, they want to meet privately with each dental assistant, each hygienist, each receptionist and the spouse if they work one hour a month or more in the office. They tell them everything that is wrong with the practice and then the consultant basically goes and tells the dentist what is wrong and then the dentist things the consultant is a genius and it is just a matter of not listening to your staff. And that is why I don't do in-office consulting, because when I would go and do in-office consulting, I mean, the entire problem was always the dentist and the leadership skills, the vision, the work, mutually exclusive goals, you know, all of these crazy things. But they didn't want to hear any of that. They want to hear that everything is somebody else's problem and if they had a magic

bullet, like if they signed up for this one marketing campaign or sent out a flier they would get all of these patients that just want \$30,000 full-mouth rehabs and they would be a cosmetic practice. You know, in this last recession in 2008, 86 practices went bankrupt in my town in Phoenix. And half of them were the cosmetic practices and over the years all they did was bleaching, bonding and veneers and they lost, they had no skill set to do a root canal, pull a tooth, do a partial, do a denture, place an implant. And I would say, "You can't pull a tooth?" And they would go, "I don't like blood." I am like, "Then why didn't you be an engineer?" I mean, why would you do into a doctor of a human body if you don't like blood? So dentists routinely don't want to hear and that is what I like about lecturing. I am not there to be your friend. I am not there to be your buddy. I am not selling you anything on the backend and here is what I absolutely believe. And people who have a hard time listening to it, I would say, well you know, we all hate politicians because you know they are lying to you. But then when I tell you the truth and you don't like it, then you get mad at me, the messenger. And I said that I think it is a form of love that I am honest, that I respect you enough and that I love, trust, and respect you enough that I am going to tell you exactly what I think, whether you like it or not, you know what I mean? But hey, enough about me. You are an amazing man. You were the youngest to get the FAGD in your state.

Chris Griffin: At one time. Now I don't know about lately, but I got it back in the day when you had to be five years out of school. I got it at age 29.

Howard Farran: That is, I have never heard of anybody getting it at 29. That is amazing. And so I am going to start the questions with this, here is what I like starting all the questions: This economy popped in 2008 and now it is 2014. Everybody said when it popped that we were going to lose a decade. Just like the depression. It was going to be a decade. Here we are eight years into it and there are 25,000 dentists that say, "My town is going nowhere. My local economy is not going up, it is not going down. Everything is flat. Everybody is maxed. My numbers for my practice every year for the last five years, same production, same collection, nothing is going on." We just had 5,000 kids graduate from dental school averaging about one-third of a million dollars in debt. They are scared. What would you tell, what makes you excited about dentistry? What would you tell a dentist who has been flat for five years? What can they think about? What is growing? What is hot, what is not? What gets you excited about dentistry?

Chris Griffin: I mean, look, I don't know about what is hot and what is not, but I will tell you what has happened to me recently and what I can speak from my experience. You know, I thought I knew everything getting out of school. I tried to do one of those fancy, advanced service practices like you were talking about in Phoenix. You know, I went to all of the institutes. It didn't work. About 2005 I tried to transition into more of a capacity or volume model practice, and I thought I had that figured out. And then, let me show you a picture Howard and let me show you what May 21st of last year, things were rolling along real good. I get a call and I drive to my office and this right here is what I saw coming down the hill to my office. Now that is a picture of my office burning to the ground.

Howard Farran: What year was that?

Chris Griffin: That was last year, 2013 May 21st. Here is a picture of me watching it burn to the ground with my dad.

Howard Farran: And who started the fire, your girlfriend or your ex-wife?

Chris Griffin: It was a lightning storm, believe it or not.

Howard Farran: Sure.

Chris Griffin: I know, this is a good picture. Let me show you this. That is what my best operatory looked like the next day. And I am on the front page of the paper. This is an advertisement you want to see, right? Front page of the paper, "Local Dentist Office Burned Down." So, you know, things were going good. You are in a good place in life. Things are rolling smoothly and your office burns down.

Howard Farran: Hit by lightning.

Chris Griffin: Hit by lightning. It was the same thunder storms that killed a bunch of people in Oklahoma with tornados. It came through Ripley and the tornados weren't here, but the lightning got me. So anyway, we are still to this day – and by the way, if you think insurance just pays for everything... So right, I had to find a way to make things work. I mean, I am 41, I have got three kids. I can't just sit around. So I actually found a little nurse practitioner's office. You know, I had 14 ops, Howard. I have 14 ops. Now did I use all 14? I used four or five for ortho checks and exams mostly, but I found a little nurse practitioner office I converted into six ops, or really five ops, and went in there and for 13 months, I call it my year in exile. So I was forced to go from a great situation where I pretty much was out of debt, 14 ops, things are going smooth, to a terrible cramped situation, seven of us sharing one bathroom. You know, some staff quit because they didn't like the conditions. And yet we were still able to find a way to shift our production system to where we still were able to really keep our net where it needed to be and now we are back. You see behind me, there is nothing on the wall yet, because we just moved into my new offices. So we are back and I did learn a lot. I thought that I was very streamlined and things we did were very productive. But when you are forced into that situation, you are really forced to get super streamlined, super efficient, super productive. Everything you do must count. There cannot be a wasted moment. I am kind of known for just working three days a week. I was not willing to take an extra fourth or fifth day from my family. And so I had to make it work in that small situation. So yeah, that is what we did. Now you, I believe, have probably stated, now see you said something about being an engineer. I was an engineer. I went to Mississippi State University and I was in petroleum engineering for a semester. My college roommate is now the CEO of a company worth 2.5 billion dollars. So it is hard to say that I made the better decision, career choice, between the two of us. But I am happy where I am at. But you know, after that I didn't like engineering. I loved the math, I loved the physics, but I hated the idea of sitting in an office. And, you know, blood doesn't bother me. I like it. I grew up on a farm. So hey, I mean, you know I am on a farm. If you don't like nasty stuff, you are in the wrong business. So dentistry is a lot cleaner than farming, let me tell you, raising cattle and stuff. So that was fine. But what I did do is in my dental practice I have kind of taken a lot of my engineering background and I have tried to transition it into dentistry. So, I mean, I don't

know. How much do you want me to talk on this thing, I don't know? I could keep going on this because I love this topic.

Howard Farran: Keep going, keep going. It is all yours, baby.

Chris Griffin: Well okay, so I will tell you. So the fire happened, right? And I am kind of down in the dumps, but we are making it work. About that time, I got a call from the Mississippi State University. I will show you this. I had written this book. Now this book, it is nothing special. But I mean, I took a lot of my philosophies on how to be more efficient and I wrote this book called Time Genius. Somehow the president of Mississippi State University got ahold of the book and one day they say, "Hey, the president of Mississippi State wants to see you." And I am drilling on a patient and I am like, "What?" You know, I didn't think, I thought them meant like the local chapter guy. But anyway I got through my root canal or whatever, I go to the break room, and there is, sure enough, the whole president of Mississippi State University. He shakes my hand and says, "Hey, I read your book. I am so proud that alumni like you have done things like this. I want to feature you in a spread in our alumni magazine." And along with that came an invitation to speak to the engineering college entrepreneurship program, which is something I bet you would like. You know, it is not just engineering kids, but anyone who is really interested in entrepreneurship can be in this master's level program. So I get to go and I actually got to speak. There is some _____. So like, I am speaking on a stage literally, Howard, where I took Psychology 101, I took Intro to Western Civ on the same stage and I am up there lecturing for an hour. It was the coolest thing in the world. I mean, I will never forget it. But the name of the dean was literally Dean Martin. So Dean Martin invited me, took me around all day. And after I got through speaking I am going back to the car and he is walking me back. He said, "You know, Chris," he said, "It is really amazing the way you took those lean management principles and applied them to dentistry." And I said, "What do you mean lean management, dean?" And he said, "Have you not studied lean management? Everything you said is pretty much lean management." And I said, "Dean, I really don't know what lean management is." He said, "Well Chris, let me tell you. I wondered why you were using such strange terminology. But everything that you said fit into all of the lean management principles that we teach in our engineering schools." So he said, "You really need to go learn it." So I went to Amazon and I bought a bunch of books. Like, if you go to Amazon right now, you can get a book basically on lean management value streams for healthcare even. I mean, there is tons of info. But the bottom line is that years ago, I mean some fields say Benjamin Franklin invented lean management or waste stopping principles. Some people say Eli Whitney. But the truth of the matter is Henry Ford, you know, Henry Ford took it to the next level. I mean, when he made a way to make a ton of cars fast, he created all of these systems. And then something very interesting happened. I have got all of these props, Howard. I have got to use them. So World War II happens, right? So in Japan we have got, you know, World War II happens. My grandpa and a lot of other people go over to Japan on ships like this and they were really good, right, at conquering Japan. But in the process of conquering Japan, they destroyed the infrastructure. And so it was so bad that General McArthur called back to the States and he is like, "Look, I can't get this country reorganized if we don't have better infrastructure. I need somebody over here to help these people get Japan back to at least where we can start building it back." So the United

States came over and my grandpa was still there I guess, because I have got these in my possession. Have you ever seen this right here, Howard?

Howard Farran: Wow. I have not ever seen that.

Chris Griffin: I have got a bunch of Japanese currency that is in English. I mean, give me a break. So I guess Americans were over there rebuilding and we had English money in Japan. But anyway, a guy named Edward Deming gets over there and you know all about him I know, right?

Howard Farran: Exactly.

Chris Griffin: Yeah, so he comes over and he is known for statistics, which I love statistics. I mean, if you saw the walls in my office that burned down, I had a room that was covered in statistics. But he gets over there and he transitions not only from statistics, but he gets them to learning all of these other management principles and the Japanese take to that like nobody's business. They take all of these lean principles that Henry Ford develops, Deming brings in, and they just take them to the Nth degree, man. The guy, one of his pupils was a guy that started Sony. All of his influence has influenced Toyota. I mean, basically every company that is big from over there, you know, have this influence. And so I really got interested in studying it. And as we studied it, it helped us not only with our practice to stop all of the blockades or as the Japanese would say, the neku, right? But also any offices that we work with and help try to get more efficient and leaner. And so we have just taken it from there. So that is where I got, that is my background and that is what we love doing and just streamlining stuff, making it more efficient, helping our practice and then also we do work with some other practices even though, like you say, nobody really wants to hear the truth.

Howard Farran: So looking at just the average dental office, what is the low-hanging fruit of how they could be more lean? Adopting lean management for just your average dentist in America?

Chris Griffin: Well, you know, here is one thing I like to do. So let's say we have a dentist and his staff here. Now I don't travel all over the country. I bring them in here, because this is where I am comfortable. So we will sit down at a big table and I like to say, "Okay, we are going to start with a process map and we are going to start with assuming that you don't have a patient. There is a pool of patients out here. There has got to be some mechanism for you to get a person interested out of the pool of patients. Then that person has to have a mechanism to be attracted to your office, to contact your office. Once they have contacted your office, there is a process. I want to see everything that patient sees from the moment they drive to your office, pull up in the parking lot, walk in the front door, talk to the person at the front desk. How they are treated, everything that happens to them, how they are received by the assistant, how they are taken to the back, how they are talked to for the first consult. You know, what happens with x-rays, what happens with a diagnosis? How do you present the financials? How do you present the case acceptance? Once that is done, how quickly can you transition into dentistry? A lot of low-hanging fruit, honestly people leave same-day dentistry on the table every single day in every practice and it is almost always just because it is not because the clinical dentistry skills are slow, it is almost always because they just don't have the proper systems to make it happen fast enough. We want to know what happens to the patient as they walk out the door, behind the

scenes, financial arrangements like getting the insurance information, figuring out exactly how the insurance, you know, the flow back there goes. I mean, there are so many parts to it. And what will happen, Howard, is we will start out and it is not long into the process before we start getting the dental team to start talking and the dental team knows everything that goes on, right? The dentist acts like they probably just heard it for the first time sitting there. But they knew it; they just didn't want to let themselves believe some of these problems they were having. And so before you know it man, you have got, I don't know, a page full of action plans and hopefully by the end of the day they have got 15, 20, 30 action plans with actionable processes and deadlines and people responsible and ways to monitor. Because, you know another thing, Howard, that I have noticed, you go to a seminar, your seminar or you do a consulting day or you do a consultant whatever. You have these great ideas of things to do. You may even have enough sense to set a plan and set a deadline and set a person responsible. But then a lot of dentists just sort of fall down on monitoring that. So they will say, "Okay, that is done. I am going to go back to drilling for eight hours a day and going to the house and playing golf." And that is fine, but then six months later, you didn't have a way of effectively monitoring and seeing of the stuff actually got done. And so I think that the biggest low-hanging fruit for anybody is just your flow in your office. If it were more efficient, it would allow you to do more dentistry. And also another not quite so low-hanging fruit, because it involves some interaction with team members, communication. I mean, I don't know what your experience is, but my experience is that most offices have a tough time talking to the doctor and talking to each other. The front office, back office may have some friction, but you know, people generally just don't communicate well with each other. And if you can help that, it is a tough one, but if you can help, I mean, it just makes everything better.

Howard Farran: So back to staff communication, does your office start with a morning huddle? Does your office staff wear walkie-talkies? How often do you have staff meetings? Talk about staff communication.

Chris Griffin: Okay, great. So, you know, hey this is me. Now I am not saying do this or whatever. I am in the Deep South, you have got to remember. We all are very conservative, have a similar upbringing. Every morning when we get together the whole team, whether it is seven people like it was in the temporary office or 14 people or whatever, we get around our big table in the meeting room and we have the whole team, we have a morning prayer together. I know it is controversial, but we do it. We have a morning prayer. Everybody, you know, if they have something they want to put on the prayer list or whatever. And so then I say an opening prayer for the day, just like you would get in a ballgame or in Congress. Do they still do that in Congress?

Howard Farran: Yes, they do. They do. They have a Congress _____.

Chris Griffin: So we do that every day. And then most of the team breaks away and goes to their station. But we do though, however, have team leaders in every department. So we have a clinical team leader and we have a clerical team leader, which represents all of the front office activities, and we have a financial team leader, which, you know, she does insurance and collection, stuff like that. And so they stay behind and we have a sheet. You could call it a huddle sheet or you could call it a daily meeting sheet, whatever. But it has key statistics that I like to know, the previous day's production, the

previous day's collection, where we stand in the month, stuff like that. And you know, postoperative treatment calls. I like to know how everybody is doing from the previous day. And we go through that sheet and we start the morning prayer at ten till.

Howard Farran: Ten till what?

Chris Griffin: Ten till eight.

Howard Farran: Okay.

Chris Griffin: Unless it is a seven o'clock day. We do seven on Wednesdays. Ten till eight and we are usually through with that huddle sheet by eight o'clock straight up. Then I am able to, well let's see, I have got this I will show you. In my office I have these just boards that I have started using. Have you ever seen one of these? It is like a whiteboard. Now this is an old model, but it is a whiteboard and it tells me pretty much where to go. So it is the priorities. So I get through with the meeting, I go and I look for number one on this board. And now this board in my office is broadcast throughout the office. I have video on it and it broadcasts to about seven or eight monitors. And so wherever that board tells me to go, I just go. And after the meeting, I am no longer management Dr. Griffen, the CEO guy. I am worker number one, primary provider Dr. Griffin for the next eight hours and then at the end of the day I am likely to go back to doing some managerial responsibilities, but I feel very strongly that during the eight hour work day you are seeing patients. It is really impossible for you to effectively make good management decisions. I think that you just need to be the doctor and focus on your patients and do your management stuff before and after and also on days off.

Howard Farran: Okay, so do you have an office manager? Is she one of these clinical, clerical, financial team leaders?

Chris Griffin: You know, listen. I am not besmirching office managers. I don't like the term, just because some offices I see a person is declared the office manager, it is almost always a front office person. And so if it is always a front office person, they don't always see the perspective of the clinical staff. So we have team leaders for the departments and we do not have one office manager per say. It can work that way, we do...

Howard Farran: So your office isn't, I think the Catholic Church is the easiest example. So you have a pope, cardinals, bishops, priests. So the dentist would be the pope. And so you don't have an office manager who is ahead of the clinical director or the clerical director of finance? So you basically go from crissing the pope to then three arch bishops, cardinals of clinical, clerical, financial?

Chris Griffin: Right.

Howard Farran: And then each one of those, you said you have 14 employees?

Chris Griffin: We are building it back up. We had 14 before the fire. We are down to seven and now we are adding slowly. I don't even know.

Howard Farran: And so those three people each probably have, so clinical team leader probably has five people under them? So each one of those probably has five employees or something like that?

Chris Griffin: Right. Almost every dentist we present this concept to, they always want to make a hygienist the clinical team leader. Now, do you think that...? I mean, I don't know. It is my experience that making a hygienist the clinical team leader for everybody in the clinical department is usually a bad idea.

Howard Farran: Why do you say that?

Chris Griffin: Well, because, you know the hygienist, when we do personality testing they almost always grade out to a person who likes a lot of stability, doesn't like change and you know, they are great at what they do, but they have a tough psychological mindset to manage people.

Howard Farran: And that is why they don't do well on production. I firmly believe if all else you put them on production and they have a bad day and they are extremely stressed. They have their bills to pay and their car payment and their house payment and their rent and mortgaged equipment. And on a good day, that doesn't override the bad day. And I also think the hygienists have a low variance where if I have my morning cancel or I have a bad morning, no-shows or whatever, I can get an emergency afternoon that needs a root canal buildup and crown, so I do 3,000 in the emergency room to make up for anything that happened. So I agree. Hygienists on average prefer stability over incentives and risk and all of that. And we pay ours hourly. So who is usually your clinical team leader? And dental assistant?

Chris Griffin: It is, my head clinical assistant is my clinical team leader. By the way, I can't say enough about her. She is amazing. She was born in Mexico City. She immigrated to California early in life and somehow through pure luck or however she ended up in Mississippi and I found her. And she is, I frequently think that she is probably the smartest person in the building, including me. But I am tickled to death that we have got her. She probably could be an office manager, because I mean, she is level-headed enough. But I think that she is fine just where she is.

Howard Farran: Yeah, same here. The first bookkeeper I ever hired, it was like I think \$12 an hour. And now she is the president of my company. I mean, I could never be as smart as Laurie. I mean, she just dwarfs me in all management. So explain to everyone listening what is the difference between clerical and financial? Financial, is that treatment plan coordinator?

Chris Griffin: Howard, it is a gray area. I mean, so you have got to draw the line somewhere. So in my office my clerical team leader, her number is production if that makes sense, and everything that goes with it. Scheduling, financial arrangements, case acceptance, case presentation.

Howard Farran: Is clerical?

Chris Griffin: My financial coordinator, really you could call her a collections manager if you wanted to use a different term. But she is in charge of the collection number. So she is in charge of the insurance,

getting the checks in and running people down that owe on their bill. But really, we have got a good system where we rarely have to run anybody down for money. But that is really her job.

Howard Farran: Okay, so you said clerical was scheduling.

Chris Griffin: Yes.

Howard Farran: Okay, now you have lectured for the scheduling institute.

Chris Griffin: I actually, Jay _____ and I developed a course together called Assistant You back years ago, I don't even remember how long. And I did for over a year lecture and I taught the class after we developed it. I wrote the material and I lectured it for about a year and a half. But I haven't been with them for several years now.

Howard Farran: Could you ever put that, now you have a course on DentalTown. Talk about that course.

Chris Griffin: Oh, High Velocity Dentistry.

Howard Farran: Yeah.

Chris Griffin: Really, High Velocity Dentistry, basically...

Howard Farran: How long ago did you put that course up there?

Chris Griffin: Oh, that was before the fire. So that came out in January of last year I guess, January 2013. And, you know, I was really proud. I was told by your guys, you have been putting in your magazine for a while it was the highest ranked.

Howard Farran: Yeah, it was amazing.

Chris Griffin: I appreciate that. It was really just a course where I took that process where you go from not having any patients to walking through the whole process, them out the door that I just described. We just basically did that in a one hour video.

Howard Farran: Yeah, and I hope, can we ever get some more of those from you? I mean, I think you are amazing.

Chris Griffin: I have got more time since the new office. Let me tell you, I would not wish on anyone to have to rebuild an office from scratch. And I am such a hands-on, gotta have it my way guy. Howard, I found the building I wanted, I drew it out myself. I had enough engineering background, I drew the original plan myself. Then I just had an architect run it through and then I was on site every day. I actually did some of the carpentry. And I have been involved in every aspect and it was very taxing. But now that is over and so maybe. Maybe I could get you another one.

Howard Farran: Now you are in Ripley, Mississippi? And how big is that town?

Chris Griffin: It is, well, it was 6,500 people five years ago and now it is 5,500 people.

Howard Farran: Yeah, and you know what, I have to tell all of our podcast viewers, I have a huge bias. I am from Kansas and in my little city, friends of mine Dan Carney and his wife Beverly started Pizza Hut and got to 2,800 locations. Another guy in our church started Godfather's Pizza, the Shaw family. Sam Walton started in Bentonville, Arkansas. And what I am a firm believer in is that the businesses that were started in towns of over a million, they could piss off so many customers and they had so many customers left. And the real value in business models always comes from small, rural areas, because when you are in a town of 5,500 you can't just have policies that make people really, really mad and what to strangle you. And in Phoenix, Arizona, I mean, I can't even go a week without an unsolicited comment from someone about what they want to do to the local Cox Cable monopoly on Cable Vision and their customer service or the government or this or that. I seriously believe that guys like us from small town areas understand that. If you piss off Mrs. Jones and she is going to bad mouth you for 40 years in a town of 5,000 the rest of your life and it was over something that, you know. My dad, I mean, we didn't even have contracts back then. Their partners were on handshakes. There was not even a legal document. And I also believe that two-thirds of the dentists in America graduate and go to the 117 towns over 100,000 and then only one-third goes to where the other half of America lives, in 19,022 towns. And every time I find a kid that is just crushing it, he is always in a town of 5,000. But no one wants to live there. So how far are you from the big city?

Chris Griffin: Oh, Howard, you have got to drive 45 minutes to Tupelo, Ellis' birthplace to go to the movies. You have got to drive an hour to Memphis to do anything really good, which is, you know we are in the middle of nowhere. I always say you pretty much gotta be from here to want to come back. But I am, so I love it.

Howard Farran: But I take exception to that, because these dentists will not want to go to your town, but they will go sign up for the Navy and go sit in the middle of the ocean in an aircraft carrier. You say you are 45 minutes from the movie. They are 5,000 miles from a docking base. And they will go sit out there for four years. And I am like, "What is wrong with rural America?" And we are also seeing big trends where, you know, we always think of the Fortune 500. I always think of the Russell 2,000. And a lot of these companies are realizing that the rates they are paying for employees and parking in San Francisco and now they are driving an hour into these small towns all over California where they go to the First Street and Main and can buy a boarded up building for nothing and all of the employees there have half the stress, half the cost, half the everything. So give them a pitch about why these 5,000 graduates should look at rural America and not Manhattan.

Chris Griffin: Well first off, let me just say that I am more than happy for you young guys not to come to Ripley, because I actually have 11,000 patient charts in a town of 5,500, so I tickled to death. I am more than happy to figure out the capacity constraints for out here. But everywhere else, including my sons if they ever were to go into dentistry. I mean, why would you? I mean, look, it is just harder. Listen, I coach dentists around the country. If I talk to a guy from L.A. or New York or Chicago, I mean, they are dying man. They are dying. But the guys in southeast Indiana or northeast Tennessee or Arkansas are killing it. Because you can come in, now listen, I will also say this, Howard. Now maybe not everybody

has got this gregarious personality that you have got, I don't know. But if you are kind of a rear end of people, maybe a small town is not for you. Because like I say, every decision that you make has got to be run through the filter of this person right here is kin to 25 people in my practice and two of my employees, right? And my wife, how mad is my wife going to get because her aunt is a kindergarten teacher with my kid at school, okay? So you have to be really, really a people pleaser in a small town. But I was very shy and everything and then, you know, after a couple or three years, you get over it.

Howard Farran: But that is the deal. When you go into a dental office and, you know, these dentists that get 25 new patients a month and if a hygienist works 40 hours a week, 50 weeks a year, she works 2,000 hours a year. So she could only see 1,000 people twice a year. And then you look at the model of say 25 new patients a month, so what is 1,000 divided by 25? How many months would that be? Do you know off the top of your head?

Chris Griffin: 1,000 divided by 25 would be 40.

Howard Farran: Yeah, so every 40 months they should have another hygienist. And 40 months is just what, three years? And then you come back to that practice, three, six, nine, twelve, fifteen years and they don't even have a 40 hour week hygienist. They have a three day a week hygienist, because every time someone comes in the front door, someone is going out the back door. And I am here in Arizona where they put this huge dam on a very little river, the Colorado River, I mean through the desert there is not much water there. But that water is backed up for miles because they shut the door. And practices like you where you have to think this stuff out like, "Oh my gosh, that teacher, she is a kindergarten teacher and blah, blah." When you put on that small-town atmosphere hat and you worry more about closing the back door instead of blowout marketing trying to get people in the front door, you build the million dollar practice. It is not about new patients. It is about retention. And the reason we have been crushing it all the way through the recession is because I opened in 1987 and now at least every single day I have a patient that I remember their mom carrying them in the office in a bassinet 25 years ago and now that little girl is carrying a little girl in in a bassinet. And I just, I mean, it is just crazy. The other day this girl brought in and I am looking at this baby and said, "God, that looks just like you when your momma carried you in in 1987 and now you are carrying in a baby." So that is how we grow. It is all word of mouth. It is all patient retention. It starts with employee retention. So what are your thoughts on employee retention? How important is that in a small town?

Chris Griffin: Employee retention? Yeah, I mean, okay so it is very important. Now I will tell you that I have had to let go three people in 16 years of working. And it is painful, because each time, I mean one person I went to church with, Howard. I went to church with her, her brother was the chief of police. And I had to let her go, so that was painful. And I didn't want to. But the situation dictated it. But you have to be careful in your hiring, because you cannot haphazardly fire people in a small town. But here is the good news. So I was thinking also back to the efficiency...

Howard Farran: I want to draw one thing on that deal that you said that was very profound. The reason you have to fire so many people is because you haphazardly hire people. But then these dentists they have these favorite sports teams and your favorite sports team spends more time picking over a new

player on a new draft. I mean, look at the NFL when they are doing a draft pick. I mean, how serious is that new hire decision? And then a dentist, when he needs an assistant, he will run an ad in the newspaper or on Craigslist, get two applications and hire one of the two. Could you imagine if an NFL football team did that? You know, oh we need a quarterback. Oh, two showed up, we hired the second guy.

Chris Griffin: That is right.

Howard Farran: I mean, they might spend a year on that decision.

Chris Griffin: Well, that is what we are doing. Right now we are hiring currently, but we have a serious process where I don't even see the people until they have been vetted a couple of times by my team leaders. Then I come in, then I say which ones I would like to give a personality profile and job skills test to, right? So then we do all of that and there have been a couple that I just wanted to hire real bad and then their job skills and personality test comes back and it is just not a good fit. So we pass, because I have learned, you know, the wrong way that if you hire someone just because you like them, chances are it is going to blow up in your face.

Howard Farran: And you just said something very profound. Are you the only man in your office?

Chris Griffin: I am.

Howard Farran: Yeah, and I want to tell some of the dentists out there. I just saw some interesting research again. I have seen this research every five to ten years my whole life. You know, they start off with Desmond Morris who first noticed that female monkeys and apes talk five times for every one time the man talks. That the female monkeys and apes will interact, play with, talk, touch, whatever five other monkeys and apes every time the man does. And they came out of the University of Chicago, an economist just came out of the deal and said the average man in America is at 2,300 words spoken a day, average American female 7,500 words a day. And I seriously believe, maybe this sounds sexist, but on a deep level I firmly believe that what you just said is profound, that you have your staff vet them out. If females are going to work with females, let the females find out if they gel, if they have chemistry, if they play well in the sandbox, if they treat other people like they want to be treated, you know, if they problem solve together. And too many times a man will interview a woman and she will have a nice personality, big and bubbly, and say, "Oh, I love this lady." And then they will hire that poor lady and throw her into a sandbox with five other women who might decide in five minutes they don't like her now and they are never going to like her. And so vetting them out in a female workplace, you are exactly right. I want to be the last person that signs off on a new employee.

Chris Griffin: Yeah, well what difference does it makes it I like them if they have to be an effective team member with all of the other ladies in the office? So really.

Howard Farran: And then I want you to touch on something else. You know, so many dentists are controlling. They just don't like to delegate. I mean, a lot of them won't even let their assistant pack a quarter, make a temporary. Like a CEREC machine, I mean, look at the craziness of a CEREC machine.

Before CEREC, the dentist would take a polyvinyl, polyether impression, send it to a lab where he couldn't pick the lab tech out of a police lineup and they would make the entire crown and then bring it back in and he would cement it. And now you have the CEREC and you said, "Okay, you are the doctor. You numbed, you prepped. It is ready. So can your assistant in the operatory scan it?" "No, I should do that, only me." "Can she design it?" "No, only me." "Can she mill it?" "No, only me." And then he is in there in the operatory for an hour and a half. It is like, so why can guys like you and me delegate so much to our management team and our staff and why do you think other dentists, their number one enemy is the man in the mirror and they won't delegate to other people?

Chris Griffin: That is a good question. You know, you brought up the CEREC. Now I am a late CEREC bloomer. So I just got mine, you know, a couple of years ago after years of cajoling from Sam Puri. You know, he was a professor of mine at UT. And since then, I saw his great success with it, but I still just thought, "You know, I am in a small town. I am just going to keep doing PFMs." But then I finally saw the light, and I love that thing by the way. It is a wonderful toy. I love it. But here is how my CEREC goes, Howard. Prep, take a video of the part of the tooth that I prepped and then try on the little porcelain crown. If it fits, hand it back to my assistant, put the permanent in. Everything else, I really have forgotten how it works. I don't even remember. I mean, what difference does it make? So look, if you have got – I mean I am sure – would Henry Ford or Deming, would they say the same thing? Let's take a look at everything that has to happen during a given work day or whatever procedure. Let's look at it. Now, what has to be done by you as the dentist? Alright, let's pull that aside and let's try to make that as efficient as possible. But we are okay if we just kind of leave that alone. Now, every single thing that doesn't have to be done by the dentist, how about we get a person in there who is not making \$250 an hour like the dentist or whatever that you can pay to do a really good job and, you know, probably a nicer person than you are anyway. The women, if it is a woman, they like to talk. I will back you up on that. I recently got my AT&T.com online thing and I checked it and last month I sent, let's see, 70 texts, which is a lot I think. And my wife sent 1,700. So hey, I believe you.

Howard Farran: They are hardwired to talk.

Chris Griffin: So let them do what they can do best and do all of the stuff that you don't have to do and then your expensive per hour thing, you can be doing very productive things. Like this picture, you know, I have got normally five things going on at one time. Well, that is because I am required to do my thing on each of those five things and I let everyone else in the office facilitate the entire experience of the procedure. So I guess maybe one time, and I think me too, everybody, but let's say you did something and your assistant did a bad temporary and the temporary came off. The patient came in and they got ticked off at you. Maybe they went to another dentist. Maybe it was a big ordeal. Maybe it was terrible and you think it was probably because you delegated the temporary to the assistant. Okay, well how many hundreds or thousands of temporaries have been okay and you are going to let that one bad experience sort of cloud every single procedure for the rest of your career until you are 70? I mean, come on.

Howard Farran: And that is called emotional anchoring. I have noticed that every time a dentist complains about insurance. He always says Delta. And then when you are in the office you say, "Well,

show me the form.” And it is never Delta, it is like Connecticut General. They just associate that insurance is Delta, so whenever an insurance company doesn’t pay, it was Delta. It is emotionally anchoring. And I want to say one thing. If Deming’s, what was it, his 14 management principles or 12?

Chris Griffin: He had 14.

Howard Farran: Yeah, 14. Okay, I got it right. I want to say one thing about the CEREC though that I was impressed with. I wouldn’t say I was a late bloomer. Sameer Puri is a friend of mine. He lives up the street from me. He was in my office last week giving my assistants pointers and I really feel sorry for Sameer. We were doing an Ironman together and he hit a pothole and fell off and busted his clavicle in half and a bunch of ribs. But he is healing up good. But the thing that I like about Deming is quality control. So I had CEREC One in ’87. It was horrible. And then finally a decade later I said, “Okay, I will get CEREC Two.” That was horrible. And so now I am a newcomer to CEREC Three Omnicam and love it. So I am a newcomer with CEREC, but I was doing CEREC One when Sameer was in grammar school. But the thing I like about CEREC the most is the patient likes same-day crowns, no doubt about it. They like tooth-colored, no doubt about it. What I like about it is I practiced about a year before I learned to wear loupes, you know, and with three and a half loupes I see everything so much better. But what I love about CEREC is when you are done with that prep, to scan it and now you are seeing it on a screen on a computer monitor. And I mean, when you start seeing your preps, that is about – you are an engineer – what is that, 30 to 40 times larger when you see it on a screen like that? Wouldn’t you say it is 30 or 40 times? I mean, I don’t know.

Chris Griffin: _____ .

Howard Farran: Yeah, and it has made me be completely OCD on I don’t even want to look at that prep until I have smoothed the bur with smooth diamonds. The cylinder end cutting smoother, you know, hit it with a Sof-Lex disc, round everything, polish everything. I mean, so now I spend about as much time polishing up and cleaning up the prep than I did initially prepping the prep, which back in the old days with the PFM, you know, no matter what you send to the lab, they _____ di-spacer. And CAD/CAM doesn’t use di-spacer. I mean, that is one tight fit. So yeah, it really has increased my quality. I think more about my preps now. When I used to see dentists going to that lavishness on PFMs, I thought they were just kind of overkill or kind of too much art and not enough science or reality and everything. And now with CEREC, I am just a true believer.

Chris Griffin: It is weird though, I have to say, now not that this is a CEREC discussion, but it is weird to me how good those things fit. I mean, I guess it is all of the steps in the PFM. You have got the stone and everything else. But I mean, I think CEREC fits better than anything I have ever even attempted in dentistry.

Howard Farran: And I was talking to my good buddy Mike Ditolla, another Ironman dentist, and what he was saying was that with, you know, when humans pour up the model at Glidewell, and Glidewell is the biggest lab in the world. I mean, they make 5% of all of the crowns in America. One out of every 20 crowns is made by Glidewell. But when humans pour it up in a model and trim the die and do the whole thing by hand, they run about a six out of 100 remake. But when we email in the optical scan from your

oral scanner, no matter what brand it is, and then a machine builds the die and then CAD/CAM sends it back, it is only one out of 100 remake. So that is basically, you know, five out of 100 remakes gone.

Chris Griffin: It is amazing. It is amazing technology.

Howard Farran: Yeah, so the small thing your eye can see is 50 microns, and that computer can see a micron. So hey, I am down to 12 minutes. So give us some more low-hanging fruit. What would you tell the dentist, he is in a town of 5,000 just like you? His town is going nowhere. They had one big factory, it closed years ago. Your city contracted by 1,000. So what do you tell that dentist? I just talked to a guy the other day; he said you know, the same thing as you. Your town was 6,000 and went to 5,000. He is in Ohio. His town was 6,000 and they closed down one factory and 24 months later his town is down 1,000. He is like, "Should I move? Should I stay? Should I stay or should I go?" Wasn't there a song written about that by The Clash? So rock the casbah and tell these dentists what do you do in a small town when it is contracting?

Chris Griffin: Well, I can tell you what I did, Howard. And whether or not it is smart or not, you do what you feel good about. But around 2005, the economy was still good, right? In 2005 it was rocking and rolling. I was having personal problems here because of me trying to do, let's just say, and LDI type practice in Ripley, Mississippi. I mean, yeah, I am good at doing veneers, but nobody wanted it. And I would try to shove it down their throat and I just wasn't going anywhere. So about 2005 I decided, "Well, let's just step back for a minute and let's be realistic. What do you have in your town? You have some big factories," one of which had 500 that did close, Howard, in my town. But you know, we have some big factories going and, you know, people, school teachers, stuff like that, families. And I said, "What would they need? What would they like?" And most of them would like regular cleanings maybe and, you know, conservative dentistry. You know, extractions, crowns, fillings, things like that. And so at the time that I was trying to do the advanced service practice, I was terrible, terrible at extractions. So it seemed weird, because I am in Mississippi where you could make a living off of just pulling teeth, right? So I was terrible at it. So I said, "Okay, how can I get better at this one skill which I am terrible at which obviously people would like? I can quit sending so many people to the oral surgeon. Of course, I would quit getting hams at Christmas." But I went on a dental mission trip to Mexico and I spent a week in a hut, about a 100 degree concrete hut with people waiting out under a lemon tree just lined up for miles. I forget how many hundreds of people we saw. And at the end of the week, I weighed 20 pounds less and I was a heck of a lot better at pulling teeth. And so I got my skills better at that. I tried to figure out how to trim the fat on everything else so we could do, instead of doing a single \$1,500 crown, back in 2005 my objective was, well reckon we could do three \$500 crowns in the same amount of time if we really thought about it. So I got my skills up in that area. Then, and by the way Howard, you know while I was trying to go through this transition and get my skills up, we hung out for a little while down in Houston, Texas. You know, I presented the first lecture I ever did, a Scott Perkins lecture in Houston, Texas. Now can I tell off on you for a minute something that, you know, it is not off-colored, but you know. I wouldn't do it anyway.

Howard Farran: Hey, I love to be teased and poked fun of. Jerome Smith was with us at that course, remember?

Chris Griffin: Jerome, oh I love Jerome.

Howard Farran: That was a great course. There were so many Townies.

Chris Griffin: Jerome, Marshall Smith, I am totally name dropping, but I am a young guy, right?

Howard Farran: It was all Townies. It was awesome. We all knew each other.

Chris Griffin: I was like 12 years younger than I am now. I probably looked like I was 18 at the time. And Scott and I had done a demonstration of dissolution times. I actually did an experiment, dissolution time of turkey and different concentrations of sodium hydrochloride, right? Totally boring. So I am like, "Howard Farran is in the audience." Because I am like, "Holy cow, I just listened to the 30 Day MBA. This guy is like, my hero, and he is on the front row." And I am like, "I am so nervous." And so I get up there, five minutes into it, I look over and Howard is doing this right here... Totally out. Fifteen minutes into it Howard, you started snoring. You were like, doing that right there. And so I am heartbroken. I am like, "Oh, I am so terrible. My lecture is so boring. I put my hero to sleep." And so then I get through my hour, I somehow fight through it. Other people managed to stay awake. I am done. I am pretty much without any fanfare leaving the little stage area. Howard, you woke up, snapped to attention, stood up and gave me a standing ovation and did this right here and got everybody in the crowd to stand up and give me a standing ovation and probably if you hadn't done that and given me that kind of, you know, feeling of okay, this is pretty cool, I might have given up lecturing and probably would not have gone on and done as much as I have. So thank you for doing that.

Howard Farran: And I don't even know what happened the night before. I was probably out in the bars with those guys until the wee hours of the morning.

Chris Griffin: You and I, we went to the party. You know, everybody went to this party. You and I left early, caught a cab back to the hotel and we were probably in bed, you know, we were in bed by nine or ten o'clock. Everybody else, no telling when they went to bed, you know. So we were good that night. We were not bad guys.

Howard Farran: Have you heard from Scott Perkins lately?

Chris Griffin: You know, every couple of years he will send me an email or something. I had a client who hired me who had hired him a year ago to come in and help them with some stuff, some clinical training. But you know, I don't communicate with him. I wish I did. I really like Scott and I miss him.

Howard Farran: So do I. If you have got contact information, fix us up. I would love to see him again.

Chris Griffin: Okay.

Howard Farran: That was a great time. So now we are down to six minutes. So give them another steak and potatoes, what they can do for their practice.

Chris Griffin: Okay, I am going back to my story. So I am in 2005 and I say, "What can I do?" right? So at the time, I was the devil on this because I had gone around. I actually picked out seven or eight dentists

and I traveled all over the country and I just spent the day with them. I picked their brains, Vince Monticello, Gary Cameron, Roy Smith, Wayne Mortensen in Louisville, Bob Westerman in Baton Rouge. I mean, I forget how many people. But I went around to a lot of places. And I brought home just this cash of ideas. And so one thing that I realized was I can't really do a high-volume style practice or high capacity practice unless I have got patients to do it on. I have got to test this model. Does it work? I don't know. And so some of them at that time with great success had done a free exam, free x-ray type offering. And you know how it is, especially in the South. Oh, it is so bad. I mean, it is anti, I felt terrible, but I ran it anyway. By the way, the state board ended up calling me several times and they never found any wrongdoing, but you know, somebody turned me in. So hey, get over that guys. If you are going to ever succeed, you have got to get over being scared of the other dentists turning you into the board if you didn't do anything wrong. So anyway, I ran the ad and for about a year Howard, we did 150 new patients a month. I don't want to do that many now. That was all marketing patients. Now we just do pretty much all direct referrals. But we did, we just got all of these patients in here and I was able to practice my model and we just treated them right, you know? We just made sure for that two year period, I was on point man. I made sure everything was just tip top shape. We collected them, we got our hygiene bursting at the seams. And I quit being such a heavy-handed presenter. I have people options. Now it is a very every day thing for me to say to someone that comes in with a toothache, first thing I do is I say, "Hey, you just tell me the truth. Would you like to fix this or would you like to pull this?" You know, if they say they want to pull it, I try just a little bit to talk them out of it. But I am just very soft-handed with my presentations and most of the time, people want to fix their tooth. Then the next step is, you know, they always want to know can I afford it. So then the next step is always, well let's see if we can figure out a way that we can get this done, you know? And so then it is time for my clerical team leader to come in and present financials. But I got a big old base, right? And then I treated them right, closed the back door, and now, man, I could get away with 30 or 40 new patients a month and we are still killing it because I have got this huge patient base. If I need to run a special, I don't run it to the general public. Man, I segment out my internal house list of people and we send specials to them. I don't do external marketing hardly at all anymore.

Howard Farran: Okay Chris, I have only got you for three more minutes. So it is a young kid five years out of school. What skill sets are they learning? You mentioned you did ortho. Do you place implants? Do you do CAD/CAM? Tell us the clinical dentistry things.

Chris Griffin: Okay, if you are in a small town you are either going to do one or two things. If you want to have a big old office, you probably need to do a lot. But you can't learn it all at once. I did ortho first, you know, learned ortho.

Howard Farran: From who?

Chris Griffin: I did Bob Gerety for 400 hours, but then since then I have done, you know, 20 hours here, 20 hours there. I of course do any kind of braces, extractions, I got good at that on my own by doing the mission work. Implants, I learned implants from a guy named Brady Frank. He actually came to Ripley because I wouldn't go to Oregon. He came to Ripley because he was so determined to teach me. And so now we do implants. Howard, I don't know of anything I don't do, honestly. I hate doing hard pedo.

I refer out hard pedo. Now, I probably could make a lot of money if I did more hard pedo, but I just personally hate it. So that is the one thing I refer out. Everything else we do.

Howard Farran: And that is a very common man thing. Even though I had four boys in 60 months and they are the pride of my life, Aaron, Greg, Ryan and Zach, when a three-year-old kid starts crying, my resting heart pulse is 140 and I would rather live under a bridge in a box than deal with a three year old. But one thing I think is going to hurt that profession, pediatric dentistry, is when I was a freshman in dental school, the senior class had one woman. And last year's graduating class was 45% women and I have been in those schools. I have never met a women in dental school once that told me, "Oh no, I am going to refer all of the kids." So I think the women and the maternal instincts is going to put massive downwards pressures on pediatric dentistry, because I think 20 years from now, half of these dentists are going to be women and they won't have a problem with a three year old. But a man, most men are kind of hard-wired. I would rather take impacted upside-down wisdom teeth than a three-year-old kid crying and wanted to suck his thumb. I mean, I just like, wow. So let's see. And I want to say one thing about the missionary work, I want to close down on that missionary dentistry thing you said. A lot of dentists listening to this podcast, they think they have got big problems. They think they are stressed out. You learned how to pull teeth on a missionary dentistry. We have a common friend, Jerome Smith. He is the one who turned me on to missionary dentistry 25 years ago in Chiapas, Mexico. We have gone to _____ Mexico. Last month I did an orphanage in Tanzania, Africa. And gosh darn, in Mexico as we were sitting there, you know, having a beer at nine o'clock at night, ten o'clock at night, getting ready to go to bed, the line standing up for the next morning was already 100 people. And I remember sitting there on the porch in the rain, this massive rain pour, and those moms had walked for miles holding their babies. And they stood there all night in the rain for just the chance of seeing some American missionary dentist. And so dentists, if you think that your world is falling apart, you need a reality check. You need to get the hell out of the United States of American and go hit the rest of the world and count your blessings. And it is a great place to learn extractions. Aaron Garg is doing it in the Dominican Republic with implant courses. They are springing up in Brazil where dentists are afraid to do a sinus lift or place an implant or whatever and they go out there in the deep Dominican Republic, Brazil and Mexico where an average dentist can sink 40 or 50 implants in a week and they come back and it is like, oh yeah, that is no big deal. But hey, Chris. You are amazing. Can they still get ahold of you? What is your contact? Are you still going with the capacityacademy.com?

Chris Griffen: Yes, my website is bcapacityacademy.com. I wish it were shorter, but that is what it is. And just Chris Griffen, chrisgriffen@bcapacityacademy.com. If you need me, I will sure enough try to help you.

Howard Farran: And Chris, thanks for keeping it real. Thank you for all you do, not only for dentistry, but for DentalTown and your practice. I just think you are the real deal. I love you, man. Thank you for sharing an hour with everyone.

Chris Griffen: Howard, thank you also and man, like I said, if it weren't for you I wouldn't be doing this today. So I appreciate you a ton.

Howard Farran: You are too kind. Have a rockin' hot day.

Chris Griffin: Alright, you too, Howard. We will see you.

Howard Farran: Bye.