



**MGE Power Client  
Livestream!**  
*With Sabri & Jeff  
Blumberg*

**Phasing Away From  
Chairside!**

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**Phasing Out?**

- a) More free time, time with family,
- b) More time to focus on procedures you want to do,
- c) More time to pursue other opportunities (e.g., additional locations, other business opportunities),
- d) Just because...

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**Three Basic Models**

- 1. Sales/Production Doctor Model,
- 2. Traditional Associate/Partner Model, and the
- 3. "Pod" Model.

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## Sales/Production Model

1. Works best in LARGE practices with limited locations (1-2).
2. **Needs:**
  - Clinically capable associates (fast, high quality).
  - Consistent, high patient flow (NP & Recall).

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## Sales/Production Model

2. **Needs (continued):**
  - 1-2+ TX coordinators (depending on volume).
  - Stable Organizational Structure.
3. **Associate Compensation:** Percentage or per diem plus override percentage/amount. Can't exceed 24% overall.

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## Sales/Production Model

4. **Phase Out Plan:**
  - Transition to Sales doctor, keeping high end procedures you have affinity for.
  - Phase out by handing over these procedures to Production doctors as Sales commitments increase.
  - Severe overhead control implemented - don't waste \$.
  - Train one of the doctors as a Sales doctor (possible equity) to operate alongside you.
  - Potentially, phase over to this doctor (possibly bring up additional Sales doctor) to move off the line.
  - Ensure you have an established "hat" with relation to the practice to avoid problems.

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## Traditional Model

1. Can work with newer or more experienced doctors (depending on how you want to structure).
2. They see and sell their own patients.
3. Frees up owner/doctor for more involved procedures.
4. May handle procedures you don't want to do (e.g., Endo, kids, etc.).

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## Traditional Model

5. Can work in a small or large practice, or in additional locations (should look to equity in this case).
6. **Needs:**
  - Volume adequate to keep them (and you) busy,
  - Stable organization structure,
  - Associate must be able to sell,
  - Established Sales Line,
  - Future agreements/plans.

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## Traditional Model

6. **Associate Compensation:** Percentage or a per diem plus override percentage/amount. **Should not exceed 30%** (or collections or adjusted production - prefer collections). Adjust based on guaranteed salary/compensation. Pay less if guaranteeing a considerable base salary.

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## Traditional Model

### 7. Phase Out Plan:

- Equity for top Associate (or doctor working in second location).
- Bring in additional Associate(s) to replace primary associate's production (as he or she replaces yours).
- Severe overhead control implemented - don't waste \$.
- Ensure you have an established "hat" with relation to the practice to avoid problems.
- Ideally, retire excessive practice debt prior to full phase out.

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## "Pod" Model

1. A hybrid of the Traditional Associate model.
2. Essentially, you're forming production "Pods" within the practice, consisting of A Doctor, TX Coordinator and Hygienist(s), that work as one production "unit."
3. As the office grows, the model is replicated. Most likely beginning with Hygienist.

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## "Pod" Model

4. "Pods" operate as a "practice within the practice."
5. Other practice functions & positions (OM, Scheduling, etc.), are centralized. Although Scheduler assignment may be added to a "Pod," if the volume is justified.

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## "Pod" Model

6. **Associate Compensation:** Similar to the **Traditional Model**, Percentage or a per diem plus override percentage/amount. **Should not exceed 30%** (or collections or adjusted production – prefer collections). Adjust based on guaranteed salary/compensation. Pay less if guaranteeing a considerable base salary.

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## Pod Model

8. **Needs:**
- Adequate volume to support a "Pod," most NPs may end up on doctor schedule prior to adding another Hygienist to Pod. Although – too many hygienists in Pod will necessitate a new Pod (depending on volume).
  - Stable Organizational Structure.
  - Pod doctor **MUST** be able to sell.

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## Pod Model

9. **Phase Out Plan:**
- Create first Pod, get it operational and productive.
  - Determine required volume of Pods needed (based on overhead), to maintain acceptable profitability.
  - Depending on your planned future involvement, potentially have top Associate buy in. The more involved you are in the practice, the less important this is.
  - Ensure you have an established "hat" with relation to the practice to avoid problems.

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