

## Competition 101

### Niche Finding

In the business world we see and hear the term *niche*, defined by Webster\* as an activity for which a person or thing is best suited. Backing up, the great thinkers in philosophy began with who are we, and then they worked on the where and the how of our "fit" -- in other words, finding our niche. We continually do this as individuals, as families, as office staffs, as organizations and as companies. In actuality -- we have been trying to find the right niche for our specialty all the years of its existence. Rightly so!

We shouldn't have much trouble with this, but we do! For one thing, we initially trained as general dentists, but later changed to our specialty status, adding knowledge and skills with extra training. It is difficult to think that we carved out a smaller niche for ourselves by getting extra training, especially after we worked so hard to become proficient in all of the disciplines of general dentistry. But we did!

A second overriding problem in finding a niche in dentistry is the umbrella of ethics or bioethics that covers our every activity in patient treatment. The value system we work with says that we must "do good." Good for the person

(patient) and good as that patient fits into society. This shouldn't give us much trouble either, if our training taught us to come up with the best and most suitable treatment that can be devised for the conditions our patients bring to us. In selecting that chosen treatment, however, we must make ethical choices -- do no treatment beyond that which is needed; do no treatment that satisfies the provider's needs rather than the patient's; do no treatment that causes harm rather than eliminates ill; do no treatment that is beyond that proven by evidence based research; insure that the referring dentist is informed and consulted for non-specialty treatments. Luckily, it seems the more complicated the diagnostic problems, the easier the solutions become from the ethical standpoint. Certainly, the more complicated the diagnosis, the greater the need for clean cut solutions from the specialist! After all, that's what all of those treatment planning seminars were about -- right?□

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In our niche finding let's get away from dentistry for a minute and look at how businesses and professions attack the problem of finding their place.

Business Examples. First, if the business is to

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\* Webster's Ninth Collegiate Dictionary © 1984 by Merriam-Webster Inc.

succeed, it must quickly realize that it cannot remain static. It must continually gauge itself as measured by other businesses. It must measure quickly and often, and change its strategy often in order to keep up with the competition. The business must continually compete.

United Airlines is a current good example of competitive actions in business. They have recently discovered that 6% of all travelers, the "top" traveler segment (those executives that enjoy comfort and recognition most with little consideration to ticket price) produce a whopping 37% of airline revenue. Because these are the big revenue producers United wants more of them. To that end United has recently changed its slogan from "the Friendly Skies" to "Rising." In trying to beat its competition, United's "high flyers" don't stand in line, they use special telephone numbers, are noticed when they arrive at gate, they are escorted by airline personnel, and they get respect. Yes, they pay higher fares. United knows these high-end segment travelers need and want these special services and the high flyers will pay for them!□

**Examples in medicine.** How is medicine finding its place in a competitive world?

Managed health care is not only competitive, it's hyper-competitive. It's plan against plan; private hospital against public hospital!

Bellevue Hospital in New York City is a good example of defining the competition and finding a new niche. At Bellevue, Medicaid mothers-to-

be are soaked in a soothing Jacuzzi, dried with monogrammed towels, held in the well-appointed Tulip Suite, birthed in the luxurious birth center, and given the use of a cellular telephone throughout. For what reasons? In order to beat the competition! Beating it to the Medicaid patient, and finally beating the competition by enrolling that same mother in the Bellevue managed care plan. We are seeing a good example of the competition being defined and a rapid adjustment into a "new niche."□

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### **Prosthodontics, the specialty and competition**

Just what does all of this have to do with the specialty of prosthodontics?

This is what: Before we go further in "marketing ourselves" as specialists we should understand the basic principles of competition and correctly apply them. Yes, as a group, we will have to measure differently, we will have to measure more often and we will have to change our strategy dramatically and often. The specialty of prosthodontics can ignore competition, but it cannot avoid competing. We are continually competing. We must now begin to understand the ground rules of competition!

**Four types of competition**, well cited by Dr. David W. Chambers in an American College of Dentists' Leadership Series article\* are:

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\* Competition, David A. Chambers, EdM, MBA, PhD, FACD, Journal of the American College of Dentists, Summer, 1997, pages 41-43.

Pure  
Collaborative  
Market Share  
Market Growth

► **Pure Competition.** Recent winter Olympic events are a good current example of this type of competition. There are fixed rules and prizes; and enforcers (referees) make sure each competitor is playing within the set guidelines. If A wins, B loses. There is little or no application of this concept in dentistry.

► **Collaborative Competition.** Competing parties cooperate - giving up their independent goals. The return to each is greater than if they followed their independent objectives.

Mistakenly, prosthodontics has tried to practice this type of competition for years. Mistakenly, we have determined that the percentage of the population requiring prosthetic replacement is static. We have decided that the specialist will share that population segment with the general dentist. The general dentist gains because they will become more proficient as the specialty researches, teaches and develops. The specialty gains because they will be treating some few complications the generalist can't manage. Mistakenly, the patients think that the specialist and the generalist do the same treatments, only assuming that the specialists do them a little better. The patients are uniformed and happy to play along.

As Dr. Chambers points out, the salient characteristic of collaborative competition is secondary disputes. Uniting the generalist and

the specialist in the same organization will not eliminate the basic fallacies of cooperating collaboratively; and it will not eliminate the basic turf war that has existed since the inception of the specialty.

► **Market Share Competition.** All of dentistry has worked at this successfully over the years. Here we are competing with forces outside of dentistry (new cars, computers, clothes, vacations, health clubs.) Dentistry's proven reputation says that a dollar spent in dental health care is well worth it! The public will allocate increasing numbers of dollars to dental health care because dentists have the qualities and values the public likes. We compete for the public's dollar, and so far we have gotten our fair share. We do so well that other competitors now want to muscle in -- hence the arrival of: a) managed care, and b) practices grouped and managed by investors who can turn a profit through volume business practices.

► **Market Growth Competition.** This type of competition is the answer to the specialist's prayers. This is United Airlines' "Rising", Bellevue's birthing center, and orthodontic's adult ortho. This is the prosthodontist's niche!

Our occlusion analyses and reformations, TMD treatments, prosth/ perio rehabilitations, implant supported prostheses of all types, maxillofacial reconstructions with prostheses aren't just doing the same things better! They are meeting more of the need. These special treatments not just increasing the share of the pie, they are

increasing the size of the pie. They definitely add value for every dollar spent!

What must become emphatically clear is that the specialist in prosthodontics does not do the same treatment that the generalist does!

For each dollar spent, the patient will receive a uniquely different diagnosis, treatment plan, and achievement of outcome. The results will be an unnoticeable, pleasing natural appearance, a function that is totally physiologic, and a measurable diminution of future breakdown, unless caused by disease or gross patient neglect. We as specialists in prosthodontics have added these values for every dollar spent. We as specialists in prosthodontics can and will serve the needs of the patient with missing oral tissues in a unique and singularly different way. No one else is trained or has the skills to do the same treatments. And we will serve the needs of patients with missing tissues that cannot be restored further by surgery in a uniquely different manner. No one else is trained or has the skills to achieve the same results. Repeat -- no one else is trained or has the skills to achieve the same results! □

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#### Conclusions and actions (niche enhancement)

1. The specialty must continually assess itself as a competitor. This is best done in and by the specialty organization, the American College of Prosthodontists. The ACP should direct itself toward *Market Growth Competition*, not only

when, but especially when developing and paying for "marketing" strategies.

2. *Collaborative competition* has not improved the specialty. When the specialty doesn't gain a foothold, the public at large suffers. Emphasizing here, the ACP Code of Ethics clearly states that prosthodontists "should be careful not to offend nor disparage their general dentist colleagues." As has been said before, time and time again, it is a primary obligation of the specialty to positively nurture the discipline. At the same time, it should be stated whenever and wherever possible exactly what it is that a specialist does do that a general dentist can't do.

3. The American Board of Prosthodontics should be challenged by every trained individual. The Boards are not just "nice to have." The credentials that go with Diplomate status offer proof in many ways that the specialty singularly holds competencies and skills not held by any others. Increasing numbers of Diplomates should quickly reach crisis status, and all who can influence it should put their every effort to it!

4. The ACP should institute a convocation at its annual session. The conferring of Fellowship, recognizing special individuals for special honors, using the opportunity to publicly restate its Aims and Purposes, and being able to recognize in many ways those private practitioners who serve the public so well can best be done publically in convocation.

ACP - "Let's Just Do It!"

## Competition 101, Continued

### The Corporate

#### Mission • Purpose • Aim • Goals • Objectives

For?? -- the corporation (or organization) of course. Who are we as specialists and where are we going and what will we do to mutually benefit ourselves and how will we divide our tasks as a group and when do we expect to finish these particular sets of tasks??

The answers lie in The American College of Prosthodontists' carefully stated Aim and Purposes statements (Article III, 1997 Bylaws.)

Further, goals and objectives have been advanced by the organization several times (at least three.) These goals and objectives, professionally developed, have been very instrumental in guiding the College and turning it in to a national power in dentistry. The College's visions, clearly stated in the goals and objectives, are definitely corporate and certainly are meant to benefit both the specialty and the patient requiring prosthodontic treatment. Now the College is working on the:

#### The Corporate Message

With commercial assistance the College's public and professional relations committee is now defining a "message for prosthodontics." The announcement for the 1998 Annual Session of the College was sending a message to "prosthodontists, general dentists, students, lab technicians [sic], dental assistants and hygienists." The glossy ten page prospectus of the meeting used the word **specialty** twice, and in neither instance was a message promoting the specialty clearly sent. It is almost as if the yearly gathering of our specialty has to be watered down in order to achieve maximum attendance by any and all associated groups. The meeting then becomes just like all other dental meetings -- a meeting for the profession in general and all allied associated groups.

Conversely it might be greatly to the specialty's benefit if the message, bought and paid for with College member dues, defined a clear marketing theme sent by the specialty to the public. The message sent, not by prosthodontics, but by the specialty! The message sent, not for prosthodontics, but to the public!

Marketing themes are universally used in the corporate, commercial world. We see them everyday in every media. A great exercise is to recognize them and then in your mind develop one for your own specialty or your specialty practice. How does this exercise go? First observe some of the more common messages sent by great companies with which we are familiar. Their themes are usually short and the message identifying -- some are:

*The New York Stock Exchange* -- The world puts its stock  
in us.

*Chevrolet Trucks* -- Like a rock.

*United Airlines* -- Rising.

*General Electric* -- We bring good things to life.

*Saturn* -- A different kind of company; a different kind of car.

*Hertz* -- Exactly.

*Coca Cola* -- Always.

*American Express* -- Do more.

*Continental Airlines* -- Work hard; fly right.

*Microsoft* -- Where do you want to go today.

*Toyota* -- Everyday.

With those themes and messages in mind what is a succinct message that our specialty can send?

#### *Prosthodontics, a dental specialty*

-- specialty treatments for special people.

-- learned innovations, continual training  
the special approach for the most complicated problems

-- because we can, we do.

-- the special problem, the special treatment.

-- solutions beyond; thoroughness beyond.

-- restoring function, appearance, health  
answers through special training.

-- bringing dentistry together with special treatment.

-- we plan excellence;  
we deliver optimum specialty treatment;  
we build confidence.

Can you think of more? Now is the time for the members, all members, to come up with their own theme! Relay it to the ACP's public and professional relations committee. If you want, send it to this newsletter's address and we'll send it on to the Central Office for you. Let's become involved in this College of ours. Let's let them know that "the specialty speaks."

**"The Specialty Speaks!"**

Hmmm -- Not a bad newsletter theme! □