

IMPLANT PRACTICE SUCCESS REPORT

from Thommen Medical and Levin Group



Welcome to Issue #10 of ***The Implant Practice Success Report***, a monthly newsletter on implant practice success. Levin Group and Thommen Medical are very pleased to provide business education to you and your teams. Each month, ***The Implant Practice Success Report*** will feature leading edge education for managing, marketing, and maintaining a robust and successful implant practice.

In this issue we focus on implementing systems and reactivating referring doctors.

Lather, Rinse, Repeat

By Roger P. Levin, DDS

Lather, rinse, repeat is a funny expression that is used to basically say, “Do it the same way over and over and over.” You do it the same way because it works, and that is how practice systems should be created and followed.

The goal is to establish systems for every aspect of practice operations. The best specialty practices simply have the best systems. The systems are created, tested, measured and then upgraded. Systems have many measurements that help you determine the level of performance, but those measurements are basically useless if the system isn't documented and taught to the team.

The essence of business is creating systems that allow you to lather, rinse, and repeat. There are always exceptions, but the exceptions should be few such that most situations are covered by practice systems. Whether it involves answering a patient phone call, scheduling the patient, presenting treatment to a patient, or even follow up, a system should be in place. Every team member should know the systems that they are responsible for and follow them over and over and over.

You also need to apply measurements to your systems. For example, Levin Group consultants have identified 25 key performance indicators that we track with clients every month regarding management and operations. These 25 indicators will reveal the performance of the practice for that

month and year-to-date. This creates insight into how the systems are working or if they are being followed. We often have new clients come to us who tell us they were operating extremely well, and that their practice was calm, smooth, and enjoyable. Then, for some reason, things started to become more chaotic. Often, we find that it is the failure to follow the systems that creates the chaos. By reestablishing and improving systems, a practice can quickly move back to operating extremely well, and having a calm, smooth and enjoyable environment. If systems are well designed, almost any team member can be trained to perform at a higher level. The essence of training is giving the team systems and asking them to learn and follow them.

So, what is a system? A system is nothing more than a series of steps to be followed the same way, every time. There are steps for how to answer the phone, deal with new patients, carry out a referral marketing program, present treatment, collect money, handle dental insurance, and follow up with patients and referring offices. There are 25 systems in most specialty practices—12 major and 13 moderate to minor. It takes 12 to 18 months to implement the major systems, teach the team, and have them become experts in following them. When practices do this, in almost every case, their key performance indicators or targets will improve.

How To Reactivate a Former Referring Doctor

By Roger P. Levin, DDS

Every year we receive inquiries from specialists about what to do regarding a referring doctor who has decreased referrals. Typically, these are top referral sources and the fact that they have decreased in their referrals is why it is noticed and of concern.

Every month practices should be tracking the total number of referrals from every referring doctor as well as calculating what percentage of your patients are coming from each referring doctor. This will enable you to rank them in priority order. In just a few minutes, it's easy to scan the list and

determine if anyone has decreased referrals by 15% or more. Certainly, one month is not an indicator of a problem or issue, but because referrals are so important to the success of specialty practices, any doctors who decreases in referrals by 15% or more in a month should receive a higher level of referral marketing-based attention. There may not be any serious problem brewing at this point, but by enhancing the referral marketing attention to that referring doctor, the relationship is advanced and maintained.

By reviewing referring doctor data monthly, it will become

apparent if any referring doctor has decreased referrals for three or more months in a row. This is a red flag, and you must determine the reason why. It could be a natural event, but often a 90-day decrease in referrals of 15% or more would indicate that it needs special attention. In a large corporation, a “troubled account” would be moved to a special accounts representative to ensure that the customer relationship is brought back to the right level. Our advice for specialty practices is to reach out to the referring doctor and have a conversation. Ask them if everything is going well, if patients are happy and if there is anything else the practice can do to make it easier to refer.

One of our recent clients followed our advice on reaching out to a referring doctor and was informed that the front desk person in their practice had consistently irritated the front desk person in the referring office. Referring doctors will give up the specialist before they will give up their own front desk staff. Although this situation had not reached a boiling point, there was concern and the referring doctor had started sending some referrals to another specialty practice. Once our client understood the issue, he assured the referring doctor it would be taken care of, and a process was put in place to provide the highest level of customer service. We also encouraged the specialist to follow up with the referring doctor in 30 days to confirm things had improved and ask the referring doctor to inform them immediately if there were any more issues.

If the downward trend continues, then it will be necessary to directly address the referring doctor. This can be done in a very positive way, although it’s something that most people would like to avoid. The easiest way to handle this is to get together with the referring doctor, bring referral reports, and explain the concern in a positive and non-defensive way. Example scripting could include:

“Bill, I want you to know how much I appreciate working with your office and love your patients. You are an excellent dentist, but we have noticed a significant decline in the number of referrals over the last X months. I have the referral reports here and they clearly indicate something is wrong. I would really appreciate it if you would share what it is so we can work to improve it.”

This approach, with the addition of the referral reports, prevents the referring doctor from simply saying that they send you everything that they have. You are also asking them to help you improve your practice rather than putting them on the defensive of having to criticize your practice or enter into a negative conversation. Regardless of what is said, the most important objective is to solve the problem and be very careful not to become defensive or uncomfortable. View this as a learning opportunity to improve the practice and work with a referrer to streamline the process in their best interest.

Nobody wants to deal with an unhappy situation. However, referrals from top referral sources are so important that simply not noticing, not reviewing the monthly data on referrals, not reaching out if something isn’t quite right and not confronting the referring doctor when you know there’s a problem is a critical mistake. The strategies above won’t work every time. Sometimes the situation is already too far gone. However, most of the time the relationship can be reactivated. The issues could range from simply not paying enough attention to a referral source while a competitor is gradually building their own relationship, to a specific problem that is taking place. Either way, the goal is to solve the problem and improve your practice.

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