

# IMPLANT PRACTICE SUCCESS REPORT

from Thommen Medical and Levin Group



Welcome to ***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 team. 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 handling an unhappy patient (everyone's least favorite topic) and providing some guidelines for networking to build relationships and referrals.

# How Do You Handle the Unhappy Patient?

By Roger P. Levin, DDS

Every surgical practice has experienced “the less-than-happy patient.” Our first reaction is defensiveness. The patient must be wrong because we are the experts, we did an excellent job, and we’ve done this for thousands of patients before. What is wrong with this person? While conventional wisdom may lead to the conclusion that there’s something wrong with this patient, we still must deal with it and here are three reasons why:

- 1. An unhappy patient may tell many other people.** There was an adage that says that an unhappy customer can tell 10 to 20 other people about their negative experience. With today’s technology, they can tell 10 to 20,000 people. It’s extremely easy for people to write negative reviews on social media if they become angry enough.
- 2. The patient may not be the primary customer.** The primary customer may be the referring doctor. When the patient goes back and makes negative comments about a surgeon or surgical practice, no one from the surgical practice will be there to defend themselves. Therefore, defensiveness doesn’t work when a referral relationship is in place.
- 3. It just isn’t worth the headache of dealing with an unhappy patient.** Resolving it positively is usually the much easier route.

## So how do you resolve it positively?

You actually can come to a positive resolution in 99% of the cases. As I’ve already stated, our first reaction to patient problems is often to assume that the patient must be wrong. However, instead of blaming the patient you should focus on the complaint. In some cases, it may not be about the clinical treatment. In fact,

it could be about other issues, including having to wait for the appointment, their treatment at the front desk, or conflicts with their understanding of their insurance coverage.

Once you understand the complaint, then you can come up with three possible solutions. You could decide to retreat the case, refund the money, or call the patient to see how you can help. Next, you should prioritize the solutions in the order of what is most likely to resolve the problem. In our experience, most unhappy patients aren’t seeking a refund. They just want someone to talk to them, apologize, give them extra attention, or do something that makes it better.

For example, we recently had a surgeon who had an implant patient lose a screw and the front desk staff person told the patient that there would be a fee to replace it. The patient became terribly upset and went back to the general dentist to complain about how she was treated. Once it was understood that this was the basis of a complaint, the specialist determined that the price of a screw wasn’t worth the loss of a referral relationship. This situation was easily resolved by replacing the screw at no charge.

If you’re thinking that this doesn’t seem fair, you must understand that fair isn’t part of this equation. People aren’t fair, people are just people. It may help you to think of the price of the screw as a marketing investment in the referral relationship. It also keeps the patient happy, avoids any type of negative anger expressed on social media, and ends the situation.

Your main goal in any experience that is negative is to end it positively. By having three options you will be able to create a positive solution that leaves everybody feeling that you listened, understood, and cared. This is what most people want and when it happens, most people are reasonable.

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## ROGER P. LEVIN, DDS

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# Are You Uncomfortable Networking?

By Roger P. Levin, DDS

After having had the privilege of working with thousands of surgical practices since 1985, we've observed many trends and natural tendencies in specialist referral marketing behavior. When these are identified it creates an opportunity to overcome certain inhibitions regarding referral marketing. We frequently see practices that have over 95% of their referrals coming from referring practices and it's essential to continue to cultivate these relationships and add new relationships through connection and networking. But it can also create some level of inhibition.

Some surgeons are uncomfortable with pursuing relationships with referring doctors because of the ulterior motive of getting referrals. One way to overcome this discomfort is to begin to view relationships with referring doctors as equal exchanges. The surgeon can meet with referring doctors or potential new referring doctors and bring a clinical case. This is a recommendation that we have made for over 20 years. It is not simply getting together with a doctor and expecting that referrals will come.

But what will work today is more of an equal exchange. Of course, the referring doctor offers significant production which cannot be equally reciprocated by the surgeon. Yes, surgeons do have patients that sometimes ask for a referral to a general dentist, but never at the rate of general dentists referring to surgical practices.

Given this scenario, the surgeon should take significant steps to reduce networking from a purely ulterior motive to more of an equal relationship. Here are three suggestions you can implement almost immediately that will change your thinking, create much higher levels of comfort, and help build relationships with doctors for reasons other than simply getting referrals:

**1. Always bring a clinical case and begin to think of yourself as a teacher.** You are not trying to convert your general dentists into surgeons and certainly aren't motivated to help them perform more surgical cases. However, some general practices perform a small to medium number of cases each year and have the potential to still refer significant production to the surgical practice. By either showing an interest in a case purely for interest or even teaching a referring doctor something that might help them with the cases they perform anyway, the surgeon becomes an educator and is seen in higher regard.

**2. Explain to referring doctors that the surgical practice is an extension of their office.** Don't think of the practice as an independent entity, but one that is there to serve as an outpost of the referring practices. Some surgeons feel very defensive about this concept as they believe their practice is an independent business. However, it is an excellent and positive strategy to think of the practice as an extension of the referring doctors' practices. Referring doctors view this concept as a wonderful understanding between the two practices.

**3. Build relationships purely for the relationship.** Rather than focusing and wondering whether a referring doctor will provide referrals, focus on simply taking an interest in the referring doctor. Relationships are built by getting to know each other, discovering commonalities, and understanding how to help each other. Relationships are also built by the frequency of contact using many different referral marketing strategies. Taking the time to simply build a wide variety of relationships virtually guarantees you'll increase referrals. You may not know which referring doctor or practice will be the one that turns on or increases their referrals, but it will definitely happen if you build enough relationships. Plus, relationship building can be fun.

Referral marketing is a science, and it works almost every time. However, it could be a lot more fun and enjoyable when it is not completely focused on an ulterior motive. Beginning to embody the three recommendations above will go a long way toward creating positive relationships, enjoying the networking process, designing the annual referral marketing strategic plan with deadlines, and actually having fun as you inevitably increase referrals and practice production.

To contact Dr. Levin or to join the 40,000 dental professionals who receive his Practice Production Tip of the Day,

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