

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 closing the gap on patients who call but never schedule, as well as look at the power of reaching out to touch your colleagues at referring offices.

Understanding Inter-Disciplinary Dentistry

By Roger P. Levin, DDS

Many specialty procedures are referred to as inter-disciplinary simply because they are referred by another practice. The truth is, that in most cases there's very little need for communication. The specialist does the referred treatment and sends the patient back to the referring practice. This works extremely well, but it's not necessarily inter-disciplinary dentistry.

Dental implants, beyond the routine cases, do call for inter-disciplinary care and it is also a wonderful opportunity to enhance relationships, improve patient treatment and ensure a smooth process. The reason this is the case with implants is that frequently the referring practice cannot know what is expected in the restorative phase until the specialist has completed a diagnosis and treatment plan.

Specialists lose referral sources on a regular basis simply because of confusion in an implant case. The same confusion that can lead to a more challenging restorative result (or even worse, failure to maximize the highest level of care) can also damage the interpersonal relationship between the referring office and the specialist. We have advocated for many years that the number one factor that referring doctors want from specialist is "no problems".

We recommend a simple three-category approach to interpersonal communication with referring offices.

Category #1

If the case is standard or routine, then simply acknowledge that and send the appropriate email or letter to the referring practice. Always invite them to contact the specialty practice with any questions, concerns or comments.

Category #2

If the case appears to be within the scope of the referring office to restore, but it's not standard routine, a phone call at minimum should be generated to discuss the case after the appropriate clinical report by email or letter is sent. This ensures that the referring practice understands the basis of the surgical treatment plan and what will be required to restore the case. The referring practice can then be prepared, order any necessary components and feel comfortable and confident in the restorative phase of implant dentistry for that individual patient.

Category #3

If the specialty practice feels that this particular case may be new or challenging for the restorative practice, it should take the steps of communicating with the referring doctor, discussing the case to determine if they feel comfortable taking on this case and then accessing any necessary resources that can be of help. This is the category where relationships are most likely to experience stress. If the restorative doctor finds that they cannot handle the case and had no expectation of the difficulty factor, they may either stop referring cases of that nature or stop referring completely. In addition, patient care could be compromised if the restorative practice is not prepared or supported in the restoration of that case.

The pragmatic approach to inter-disciplinary care is often ignored as cases are simply sent back-and-forth between referring practices and specialists. Analyzing the three categories above gives the specialist a simple way to understand the level of communication that will be necessary, and the benefit of all parties involved.

The Power of Live Touch

By Roger P. Levin, DDS

Referral marketing is a very complex area. The complexity includes having a minimum of 15 strategies for referring doctors, rotating those strategies on a consistent basis, designing new creative innovative strategies that are relevant to the current time, training a part-time or full-time professional relations coordinator, tracking data and information, and acting quickly when circumstances change.

Having said that, there is one action you can take right now that isn't complex. Stop relying solely on digital communication for your outreach or touch points with referring doctors. Texting and email are certainly a good part of a referral marketing and communications program and to a large degree they must be used, especially during the pandemic. However, they'll never replace live human contact. Live human contact comes in the form of phone calls, virtual platforms, and in-person meetings. By bringing back more life touches you'll have a powerful opportunity to enhance your relationships.

In every human contact you either add or subtract from a relationship. Keep this in mind, think of it often, and look for opportunities to reach out and touch you referring doctors.

One of the best reasons to contact referrers is to reinforce that a case went extremely well.

Implant cases can be a great example of a reason to simply reach out and let your referring doctor know how well the case went and how much you appreciate their referral. Every time you tell referring doctors how well the case went, you reinforce the excellence, commitment to care, and customer service you provide for their patients. Keep in mind that all referring doctors want is "no problems". There's no better way to show that you consistently take care of their patients without problems than to periodically contact them to let them know how well a case went. Perhaps this isn't applicable to the simple cases, although I would argue that at times it is appropriate. You can certainly select interesting, unique, or unusual cases to use as a reason for live contact.

Even though we have more ways to communicate than ever before, we live in a disconnected world. Texting and email is convenient, but it's no substitute for live contact. Live contact has been part of our world and will continue to be.

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Roger P. Levin, DDS is the CEO and Founder of Levin Group, a leading practice management consulting firm that has worked with over 30,000 practices to increase production. A recognized expert on dental practice management and marketing, he has written 67 books and over 4,000 articles and regularly presents seminars in the U.S. and around the world.

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