

IMPLANT PRACTICE SUCCESS REPORT

from Thommen Medical and Levin Group



Welcome to Issue #9 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 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 chaotic systems and building relationships with referring doctors.

The Journey from Chaos to Systems

By Roger P. Levin, DDS

At Levin Group, we frequently receive phone calls from specialty practices that feel they are chaotic and in need of some level of structure. They believe that their efficiency, production, profit and income are all being negatively affected by the chaos. The interesting thing about these calls is that they range from start-ups to those in their 30th or 40th year, and they all think they have an abnormal problem. One that needs to be fixed.

They are *correct* in feeling that chaos is an indication of inefficiency which lowers production, profit, and income, but they are *incorrect* in thinking it is abnormal. In fact, chaos is a normal part of the growth and development of any business. As a member of various CEO organizations, I've had the opportunity to meet CEOs from many different types of businesses. Guess what? These really good CEOs go through periods of chaos as well.

Chaos is normal. What is not normal is to experience chaos for long periods of time and not doing anything about it. Chaos is an indicator that something has changed and it's time to get it together. By "get it together" I mean implementing a new level of systems that will allow the practice to become more organized and efficient, be able to improve performance and bring back the fun and satisfaction. It also creates a far better patient experience.

So how do you measure chaos? Consider these common indicators:

- If growth is slowing down or there is a trend toward fewer referrals, less procedures, lower practice production or profit, then chaos is most likely increasing.
- If the level of staff friction, complaints, frustrations, etc. is rising, then it is likely that chaos is increasing.
- If there are a higher number of problems in the practice with patients or referring doctors, it's likely that chaos is increasing.
- If overall income is declining or flat, it's likely the chaos is increasing.

In the early stages, increasing chaos often goes unnoticed. As chaos increases, most doctors can actually feel it. You don't measure it by one day or even one week, but if month after month issues seem to be present or increasing, it's a clear indicator that something is wrong and needs to be addressed.

Keep in mind that "busyness" can be a major factor in creating chaos. Just think back to the first few months after practices re-opened from the COVID-19 shutdown. It was a chaotic frenzy despite the fact that production was good.

The best way to reduce or eliminate chaos is to implement new systems. Sometimes it is as simple as upgrading only one or two systems. For example, you may need a new mathematically designed schedule to maximize production and profit because the practice has broken through to a new level, while the schedule is still designed for the old level.

In other cases, the practice needs a total overhaul of all business systems. Scheduling, the new patient experience, case presentation, treatment coordinator training, collections, scripting, customer service and other systems must be addressed. As chaos grows, a practice tends to spring leaks in other places. No-shows, for example might increase, or case acceptance might decrease. These are clear indicators that rising chaos has spilled over into other practice areas and had a negative impact.

If you feel your practice is in a chaotic state, you must address it ASAP. Keep in mind that the solutions aren't always simple and won't resolve things overnight. Putting in the right systems with the right scripting and training, will allow the team to help the practice to perform well at its new level.

The Best Way to Build Relationships with Referring Doctors

By Roger P. Levin, DDS

Let's take a minute and step back. Thirty years ago, the only way to communicate with referring doctors was in person or by phone. Now we have added email, texting, and social media. Other vehicles are sure to emerge that are even more convenient, faster, and easier.

Personally, I love texting as it is fast, easy, and seems to get quicker responses. Those are the positives. Emails don't work quite as well simply because many dentists take a long time to check and respond to them or worse, don't even read them. However, both email and texting have revolutionized our world, communication habits, and work behaviors.

So, you're probably wondering: what is the best way to communicate with referring doctors? Well, it depends. Email is definitely appropriate for a great deal of communication including sending reports, information, or updates. Texting is a fantastic way to communicate with referring doctors for quick information, short answers, or just reaching out.

The problem is that emails or texts are not nearly as powerful as live communication either by phone or in person. You may buy into the idea that referring doctors prefer texting because it's less intrusive and faster or that referring doctors don't want to go to lunch anymore (which many don't). There will always be changes in culture, behavior, and communication new technologies and technological vehicles. Still, for the foreseeable future, at least in my opinion, phone or live communication will do more to advance a relationship than emails or texts, especially as we get back to more in person

interaction following the lockdown portion of the pandemic.

Now of course we still teach concepts like selecting three referring doctors a day to just reach out and send a text so that you touch them. In fact, we recommend sending texts three times a day, four days a week. This equals 576 contacts a year in a 48-week year, and it is powerful. But, it's still not as powerful as live communication. It takes effort to call a doctor or arrange a get-together. It takes effort to put together a dinner party or a happy hour. It takes effort to run a study club and keep it exciting and interesting. Email and text don't take much effort. In fact, we have many clients that have their staff participate in a steady email and texting campaign from the specialty practice to referring practices and referring doctors. You really can't delegate your own phone call or in-person meeting or event.

So, while it does take more effort, the rewards are worth it. Many studies show that live communication advances a relationship more than a text or an email. Of course, texting and email will continue to be part of our world; however, they shouldn't be used to simply replace live communication because it is easier and more convenient.

I recommend that practices get to work now on setting up a program every year for a certain number of phone calls and creating a plan for post-pandemic live interactions. Specialists who do this will have a significant competitive advantage.

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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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