### **IMPLANT PRACTICE**

## THOMMEN Medical



# SUCCESS REPORT

from Thommen Medical and Levin Group



Welcome to Issue #11 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 how to address staffing shortages, and problems with patients.





# The Specialty Practice Staffing Shortage

#### By Roger P. Levin, DDS

I recently had the privilege of presenting a webinar for the American Dental Association entitled: Trends that Will Affect Dentistry's Future. In the presentation, I conveyed that the first and largest trend that will influence practice performance is the challenge of staffing. Levin Group believes that staffing will be the single greatest challenge facing all of dentistry for the next 5 to 10 years. For the first time, we are seeing specialty practices that actually have to lower their production because they cannot staff properly.

There are a few obvious sources that can be attributed to the staffing shortage. First, the pandemic created a scenario where some staff members didn't return after the shutdown. Second, approximately 2 million women have left the workforce over the last 12 months. Third, unemployment benefits have remained traditionally higher than in the past. You must also keep in mind that specialty practices compete with all other types of dental practices, including general dentists, for trained and skilled staff.

Another major factor that is impeding the hiring of new team members is the acceleration of technology. The days of hiring a restaurant server or bank teller with a great personality, and then training them for a position in your practice, have ended. Specialty practices have become increasingly technologically advanced. These individuals often don't have the training or background to rapidly transition into a specialty practice. If they do, the learning curve is longer than in the past.

Unfortunately, there is no magic solution for this situation. Specialty practices that want to tackle this issue must put in the work to devise and design a staffing plan (and a backup plan) right away. Your plan could include hiring protocols, selected recruiting sites, ads written for every position, signing bonuses, clearly defined interviewing techniques, managing reference checks, and ongoing incentive plans for longevity. These are a few of the key elements that smart practices are using today to attract and retain team members. Remember, even if your practice currently has no staffing issues, it may in the future.

It will also be important to explain to every potential candidate how the practice will help give them a true purpose, create a fun environment for their work life, and work with them to manage any personal issues that require their time and attention. I'm not advocating these steps because they are the ideal, but because practices that don't look at creating a positive supportive environment for staff members may find themselves dealing with a shortage.

Another important concept that Levin Group recommends is the cross-training of team members. If you only have one insurance coordinator, you should start training another person at the front desk and have them file 20% of the claims. The 80%-20% concept works like this: one person will handle the main job 80% of the time, but to keep everyone fresh and ready another person will handle the job 20% of the time. An analogy for this would be a football team. If they are winning by a large margin, they bring in the backup quarterback and second-string players in many positions for the last part of the game to give them game experience. This way, if a starter ever becomes injured, the backup player has some time and experience playing in actual games. Evaluate your practice for all functions, especially the critical ones, and determine whether you have a backup and if they're using their skills periodically to remain sharp in case they need to step into the full position.

As a final note, another benefit of cross-training is if you need to move a front desk person into a different critical position or task, it's always easier to hire someone to answer the phones, learn the basic software and front desk functions. Being able to shift staff to different positions is the backup plan for many practices.

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

visit www.levingroup.com or email rlevin@levingroup.com.



# Make Sure You Get There First

#### By Roger P. Levin, DDS

At some point in a career, every specialist will have a problem with a patient from a referring office. Over the years we have seen many ways of handling this situation, but only one gives you the best chance of not damaging the referral relationship or disappointing the referring doctor. When a patient problem occurs, and it is left unaddressed, it often leaves the referring doctor in a difficult situation. Ultimately, because they have no information other than from the patient, they blame the specialist office for causing the problem.

Before we continue, let me backtrack and explain a philosophy that we have observed for the last 37 years of working with referral marketing clients of Levin Group. We believe that the number one desire of referring doctors is to have the patient return with no problems. You may think that what they are seeking is the highest quality of care, amazing customer service, convenient appointments, or participation with insurance plans that are used by patients. All of these are important, but they are not #1. What referring doctors want most is to get their patients returned problem free. If the patient is happy, the referring doctor is happy. No referring doctor wants to hear about problems back in their office after they took the step to provide the referral, as this makes them partly responsible for the satisfaction of the patient.

When there is a problem with a patient, the key is for the specialist to communicate with the referring doctor first. We have seen cases where the specialty practice ignores the situation and then loses referrals or the referral source. We have seen cases where the patient complained to the general dentist first and then the specialist became involved after being contacted by the general dentist. We have also seen cases where the specialist merely sent an email mentioning the situation, which is a weak form of communication regarding a patient problem. In fact, these are all inadequate responses.

The best situation is to set up a phone call as soon as possible with the referring doctor. This isn't fun nor enjoyable, but it's essential. If there is a problem with an implant case, the referring doctor needs to know right away. This has nothing to do with whether anything was done right or wrong because some situations are simply unavoidable. What it has to do with is communicating before the patient gets to the referring doctor.

As an example, one of our clients is a very large implant provider. Periodically there will be an implant case that either doesn't work as expected, needs additional treatment, or an implant that needs to be replaced down the road. The specialist has already educated his referral base that if there is a problem, he will take care of it and all they have to do is contact him and he will work it out with the patient. He will replace implants at no cost even 10 or more years later. He will absorb fees that weren't expected, provide other services that need to be provided, and basically do whatever it takes to keep patients happy and protect the relationship between the patient and the referring practice. So, in this case when there is a problem, there is no problem. He has explained this to all his referral sources upfront and then lives up to the expectation that he has created. This has helped to grow his practice significantly. What he periodically loses in time or money is minor compared to what he would lose if he lost a referral source.

Anytime you even suspect there could be a problem, don't wait! Get to the referring doctor first and make sure you let them know that you're aware of the situation, are willing to work through it, and have the ultimate goal of satisfying the patient.

#### **ROGER P. LEVIN, DDS**

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.



