

Enhancing Inter-Practice Referrals

The basis for productive inter-practice referrals is a positive attitude about interacting with your referring dentists, combined with systems that support that attitude. This positive attitude should include:

- That while in your care you will provide their patients with exceptional treatment and service.
- That you will support each other's treatment through ongoing oral and written communications.
- That you will refer their patients to other dental professionals according to their wishes.

Your PCD Communications

PCD (Primary Care Dentists) referrals are all based on a continual flow of information between the orthodontic and dental practices. This flow can be just informal letters and treatment request forms or much, much more. It includes personal contact through telephone calls, messages and personal contact between your team and the dentist's team and between the orthodontist's and PCD's families.

The Flow of Written Communications to the Dentist starts with Pre-Start communications, including:

- A referral from the dentist to your practice, either orally or in writing, requesting an orthodontic exam/consult. A *referral slip* works best.
- Your TC keeping a list of all of that PCD's patients.
- Your TC making an appointment for the patient with their PCD or with other specialists while at the new-patient exam if required and sending the PCD a notification of that referral
- The doctor/TC sending the PCD a Post Exam/Consult Notification of the patient's specific problems and treatment requirements, along with a personal note that bonds your practice with theirs.
- If there are multiple problems, requiring other referrals to an oral surgeon, periodontist, etc., the doctor works with the PCD and others as a team to resolve all of the patient's dental problems. This promotes discussions with the PCD and maybe even a visit or luncheon.

It continues with Active Treatment Communications:

- The clinical team sends a Patient Review Report (typically halfway through Tx) to update the PCD on the patient's treatment.
- The receptionist calls the PCD's receptionist to make an appointment for a routine cleaning, etc., while the patient is at the review visit.
- For problems during active treatment:
 - If there are any serious problems with the patient's treatment, the doctor calls the PCD or sends a letter indicating to problem and what I being done about it.
 - The doctor contacts the PCD when anything happens that may reflect on the relationship between the PCD, patient and orthodontist.

It ends with Retention Treatment Communications:

- The doctor initiates an End of Active Tx Notification/Tx-Request to the PCD, indicating the results of active treatment, whether anything is required of the PCD (cosmetic bonding, crowns, cleaning, etc.). And if so, the receptionist calls the PCD's receptionist to make those appointments.
- You send the PCD a "Before/After" facial photo of the finished case for that PCD to give to the patient. And/or, the PCD is sent a before/after combined patient photo for his/her files.
- The PCD is sent an "End of Retention Tx Notification" indicating the results of retention treatment and the relationship you will have with the patient if any from then on.
- The patient is referred back to the PCD for any required treatment and the receptionist calls the PCD's office and makes an appointment while the patient is still in the office.

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Get to Know the Dentist Better, Personally

Not all orthodontists are comfortable with meeting referring dentists or starting a personal relationship with them. But, if you are the kind of person who enjoys it, it is a great way to interact with referring dentists and to get their referrals.

The best referring dentists are always your friends. The reason they refer to you is because they feel comfortable with you and your service; thus, you should encourage a friendly relationship with as many of your PCD's as possible. If you can't be friends, at least be in relationship and remove any issues between you if they exist.

Friends do not have to see each other all the time, all they have to do is enjoy each other's company when they do. Friends also have the attitude mentioned above.

If naturally suited or if you like meeting with referring dentists consider the following:

- Make yourself visible by taking dentists to lunch or meet them in their practices.
- Lunches are better than dinner meetings, which cut into family time, but dinners are acceptable when they involve your spouses.
- Do this for a different dentist at least once a month.
- If you feel uncomfortable just meeting as friends, use difficult or problem cases as a reason for a luncheon or meeting.
- Use the "PCD Referral Preference System" as a reason for the meeting (see below).
- In general, each meeting with a dentist should be an up-tempo experience for both of you.
- If possible, use your socializer personality style and keep the meeting positive.
- If the PCD gets into a negative discussion, turn it around and try to see the better side of it, or get onto another subject that the dentist likes to talk about (family, hobbies, personal sports, etc.).
- Never talk about *your* problems and try to avoid any discussion of theirs, unless forced to listen, in which case make your comments positive and uplifting.
- Take any positive opportunity to interact with that dentist and support what they support:
 - Clubs (Rotary, country, special interest, etc.)
 - CO-Sponsor/Coach Teams (Sports, etc.)
 - Non-Controversial Dental-Political Committees/Projects.

Your Team should know the Dentist's Team, Personally

Have your team get to know the other dental practice teams.

- Have your team and theirs call each other on a day-to-day basis for patient scheduling, using each other's first names.
- When your team calls a practice, always use the first name of the person called after announcing your name and practice.
- If you are in the same building or complex as a referring dentist, have your team deliver your weekly communications to their office personally and chitchat a minute or two with the dental team members, as long as it doesn't interfere with their work.
- Encourage your team to join and attend local dental auxiliary functions and interact with the other dentist's team members. Tell them to be positive in what they say and never bring up negative comments about anything. Have your team compliment the other person's work and service.

Invite the dentist's team to your office for a buffet lunch & learn, to get to know each other and to have them learn more about orthodontic treatment and your exceptional services:

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- Keep an alphabetical listing of the dental practices and their team positions and names on the PCD Referral Preference forms. Use their social media information as needed.
- The orthodontist should personally invite the dentist's team to the office for a luncheon. The PCD is invited but need not attend; typically a personal friend PCD attends. If the PCD does attend it is best that the doctors lunch separately from your teams to give the teams a chance to act more naturally and bond.
- Have one luncheon every month or so for a different dentist's team.
- Give them a tour of the office, explaining in chronological order how the patient goes through orthodontic treatment in the office.
- Have a simple, but tasteful, luncheon of about one hour. Have your team get to know their team and their interests.
- Make them feel comfortable and make it a fun time for all.
- Take candid photos at the luncheon and send one album to them and keep one on hand to refer to at other practices luncheons (they will recognize others in the photos).
- Thank them for coming to the luncheon and make plans to see each other again in the near future (for lunch, parties, sports events, dental meetings, etc.).
- For practices that you will have luncheons with a second or third time, have the teams meet at a restaurant without the doctors present for a less inhibited, more natural experience.

PCD Referral Preference System (have your TC set this up and control it)

The Orthodontic Practice, other specialty dental practices and the PCD work together to provide complete dental care for the patient. Legally speaking, the patient is always under the care of the PCD and even though the patient is referred to a registered specialist in dentistry, the PCD is still legally and morally accountable for the patient's overall dental care. Thus, when your treatment plan includes the work of other specialists it is best to make sure that the patient is sent to a specialist the PCD prefers.

Too many orthodontists have lost a prime referring PCD because the orthodontist referred the patient to a specialist for treatment that the PCD had planned to do himself or that the PCD had planned to refer to some other specialist. The PCD relies on the judgment of the orthodontist to determine what additional treatment must be done during orthodontic treatment. But, if there is no firm understanding of who to refer that treatment to, the patient may end up at the wrong specialist and the PCD may stop sending patients to the orthodontist. The PCD Referral Preference System was designed to avoid this.

One of the objectives of the PCD Referral Preference System is to build up trust between the PCD's practice and yours. The PCD must know that when he/she refers a patient to you that they will not only get quality orthodontic treatment, but they will also be referred back to the PCD when required or referred to specific specialists.

Your PCD Referral Listing:

- Make a list of all of the dentists in your area and divide it into the following categories:
 - Your best referring dentists.
 - Dentists who refer a few patients.
 - Non-referring dentists whose patients you are treating; especially family members you treat.
 - Non-referring dentists who's patients you don't treat.
- Next to each name on the list, list the number of patients *directly* referred to you this year, last year and the year before. If possible, also list the number of that PCD's patients that were *indirectly* referred to you (i.e., the dentist did not directly tell the patient to go to you, but somebody else did).

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- Concentrate on your best referrers first, then on referrers who send you a few patients and then on Non-referrers. Ignore the non-referrers whose patients you don't treat, especially if they want you to send their patients to a low quality specialist.
- If there is a new PCD in town you should plan to meet him/her immediately and use the "PCD Referral Preference form" as a reason for contacting them. Age-wise, if you have a younger associate have them set up a relationship with the younger PCD's, or female associated with female PCD's.
- The most important thing you want to emphasize is that:
 - You want to make sure they get all the work they want to do and that whatever they don't want to do is referred to the specialist of their choice.
- If you have a in-person meetings (at the office, restaurant, etc.):
 - Try to have it in their office so that they can feel safer and so that they can look up the data.
 - Make it a convenient time for the PCD: the end of their treatment day or on a non-patient office-work day is best.
 - Taking PCD's to lunch is acceptable if you make it as a matter of fact and not give them the feeling that they are being bought-off.
 - Just make sure that they never get the feeling of being bought-off or that you are asking for patients. The purpose of the program is to set the basis for dealing with your *mutual* patients.
- If you have an over-the-phone discussion (typical if he is a distance away at a satellite office), make sure your cover letter, previously sent with the preference form (see below) gives the right impression.
 - When discussing what patients to referred-out and which specialist to refer to; also mention that you will also send the PCD a copy of the treatment request for every referral you make.

Obtaining the PCD Referral Preference form data:

Use the procedure below for obtaining the referral preference data. Tell him/her that if desired that they could have a copy of the completed form.

- Fill in as much of the data on the preference form as possible before meeting the PCD to save time. Use the PCD's website to obtain as much data as possible.
- Give the PCD a copy of the partially completed form to refer to and ask him/her to review the data already obtained and make any corrections as you proceed through the form including:
 - Associates data and any applicable notes
 - Practice offices data and any applicable notes
- The rest of this data may be a little touchy and they may want to provide it. Try to get them to understand that the better you understand their practice the better you can serve their patients.
 - The reason for obtaining the Receptionist's name is that you want to know whom to call to set up an appointment to get the patient back to them as soon as possible for their routine cleanings or for reconstructive work.
 - The reason for knowing the Hygienist's name is to know whom to work with, to keep the Pt's oral hygiene at its best, (you might refer to the program for establishing better contact with the PCD's hygienist to help her better serve your mutual patients).
 - The reasons for knowing the assistant's or office manager's names are to know whom to contact for numerous reasons as the situations arise.
 - The BLANK lines are for others, who work there, to be contacted for various reasons.
 - Basically, you would like to know whom to contact to help the patient's treatment along, without having to bother the PCD for minor things that his great staff can handle. The number of years for each staff member tells you whom the key people are who will always be there to work with, but they might not want to provide that data, which is OK.

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- The Dr's. Interests are obtained so that you can send them magazine articles, gifts, etc., or go to functions (sports, theater, etc.) with that PCD.
- The spouse's and children's names and birthdays (month/Day) are obtained because you enjoy sending them birthday cards. If you already met the PCD's family, make it a point to know the spouse and children's names and have them already filled-in, which makes the PCD feel you care enough about him and his family to remember them.

Extraction And Oral Surgery Data

- This data is obtained in the same manner as with the old forms. Check-off the treatment the PCD does himself and fill in the names of the specialists he wants you to refer to if he doesn't do the work. Make any NOTES necessary for a better understanding.
- To make sure you understand how much CONTROL the PCD wants over referrals to other specialists, either CROSS OFF the "Refer ALL Surgical..." OR the "Automatically Refer ..." boxes. If a mixed bag of Automatic and Send-Back Referrals, note on the "Self, Refer To Dr." line to send the patient back to the PCD first.
- For General Anesthesia, note whether the PCD wants to see the Pt. or whether to just refer them to the surgeon of the PCD's choice.
- NOTE: If the Pt. wants to go to, or if you want to send the patient to, a specialist who is NOT the preference of the PCD, send the patient back to the PCD for referral to the specialist, if the PCD sends you patients; if the PCD does NOT send you patients, send the patient to whomever you or the patient prefers.
- Indicate whether the PCD wants duplicates or originals of the X-rays for the treatment he will do.
- Obtain the **EXTRACTIONS, RESTORATIONS, PERIODONTICS** and **ENDODONTICS** Data, which is self-explanatory, although the "REMOVE:" in the restorations section is there to tell the PCD that you are willing to do the removals, if he requires it. The PCD will probably rarely ask, but it is good for him to know that you are willing.
- Obtain **The FOLLOWING SERVICES...** Data:
 - Indicate whether they are Willing or Not Willing to accept new patients for these services. They may be phasing-out the services or may be too busy to accept new patients (probably NOT the case, but it makes them feel good to ask).
 - Check-off the services they want to perform and make any notes required. Fill-in any other services not noted. If you hit a sore point, gloss over it and go to the next one after he finishes telling you why he dislikes it ... agree with him.

Other Practice Data

- You should already have that PCD's patient's age mix, etc., data. It should be as accurate as possible but don't overdo the accuracy (being within 10% to 20% accuracy is OK).
- Note whether or not they want you to call them before you send them a treatment request, six-month progress report (for their Prophy & Exam) or letter about problems in treatment. Show them a copy of all the forms you will be sending them and explain their use.

Finalizing The Meeting With The PCD

- Make any notes on the back of the copy of the form required to better understand the relationship.
- Give the PCD your Referral Pads, business cards, etc., and show him how to use it.
- Give them copies of the letters and forms you will be sending them about their patients if needed.
- End on a positive note of better care for their patients through these informed communications.
- When you get back to your office, give the copy of the form to your T.C. or whomever, and have them type up a final 'Primary Care Dentist Referral Preferences' with the data you collected and send the PCD a copy if desired.

PCD Referral Preference Form, Cover Letter

To:

Date:

Dear :

Enter a personal note here if possible.

I hope all is going well and that you, your family and your dental team are having a happy, prosperous year.

In our continued effort to improve our communication and better treat your patients, I am enclosing this Primary Care Dentist Referral Preference form. This form has a lot of information on it, some of which you may want to share and some of which you may consider private. In any case, this information is only for our mutual purposes and will be kept private.

The initial data on the form is to help us better know you and your practice's team. It will be helpful when we need to refer new patients to you or refer your patients back to you for treatment. We like to get to know our referring practice's team and to send well-wishing birthday and other cards to them.

Our main concern though, is to make sure that all of your patients that are in treatment in our practice are referred back to you for the treatment you prefer to do. Our second concern is that we send your patients to the specialist of your choice instead of just any specialist. If you want all the patients referred immediately back to you for you to refer out to a specialist, we will be happy to send you a treatment request and have you refer them out. If you would like us to refer your patient directly to the specialist of your choice, we will send you a copy of the Treatment Request so that you are aware of every one of that referral.

I will be calling you in a few days to set up a time to talk over the phone so I can obtain the data you wish to give me. If you prefer, I will be happy to meet you at your office at a time convenient to you to obtain the data in person. Or, if you would like to join me for lunch, I will be happy to set up a mutually convenient time. If none of this is convenient for you, please complete the form and mail it back to me in the enclosed self-addressed stamped envelope.

In order to help us identify orthodontic problems at any age, especially where timely interceptive treatment and growth will improve the result of the orthodontic treatment, we will provide your patients with an initial screening, without charge, as a professional courtesy to you.

With Best Regards,

Dr. William Wirebender

Enclosure