

An interview with Professor Gerhard F. Riegl on success factors for dental offices

Finding the right patients

German dentists do not always have much of a grasp on marketing. Part of the reason is their professional statute that prohibits advertising, but also the usual tightrope walk between ethical principles and the need to make a profit, plus the reimbursement principle that applies to much of Germany's healthcare system. EDI Journal spoke with Gerhard F. Riegl, Augsburg, about factors that determine the success of a dental office. Riegl is professor for marketing at the Faculty of Business at the Augsburg University of Applied Sciences and has been following the healthcare market and its protagonists for more than 25 years.

Professor Riegl, you have followed up your book "Dental Office – Centre of Excellence" with a new book entitled "Success Factors for Dental Offices". What is Riegl's power marketing textbook all about?

In a few words, it is about how knowledgeable dentists become successful managers – and this includes economic success. Good dentists should not complain about the mediocre performance of their colleagues nor wait for hopeless bunglers to disappear from the market. Rather, they should demonstrate that they themselves are ready to face and outperform any competition in terms of knowledge, organization and, especially, good customer service. This book is a book about ideas and the future and looks at dentists' public image. This public image translates into goodwill, something that the field as a whole and all dentists can benefit from.

The next step is to create a systematic master plan for the dental office. The objective has been to show how to find the right patients for one's own office, today and tomorrow; how to successfully deal with these patients on an interpersonal level using the full range of professional tools available; and how to achieve patient loyalty in a natural, authentic way. We call this dental compliance coaching.

You have surveyed patients at 11-year intervals and evaluated the results at your institute. How does this work, and where do you get your patients from?

Our institute performs continuous systematic qualitative analyses for dental customers based on patient research. We do not enter the dentist's premises, and we do not interfere with the day-to-day workings of the office; rather, we use professional methods to identify individual strengths and chances as well as areas that need improvement. This evaluation gives participating dentists benchmarking data, i.e. anonymous comparative data relative to other dental offices in the same region, to

inform dentists' decisions, to allow them either to determine that they are the best or that they can learn from the best. We are now doing this in eleven European countries, from Finland to Italy, and in seven languages, offering certificates for dentists and oral implantologists. Our analyses are building blocks for dental quality management, which will be mandatory from 2011 on and contribute to patient-driven value at the dental office.

Your press release states that dentists enjoy an excellent reputation with their patients and that the metrics for quality and customer satisfaction indicate results between good and very good. What is it exactly that patients appreciate?

Dentists have certain core competencies that define their image in popular perception. Factor number one is hygiene and cleanliness at the dental office, followed by a friendly dental team, treatment quality, respectful chairside manners, patient education and the overall office atmosphere.

With so much light, can there be any shadow?

Well, 47 per cent of all dental patients are not perfectly satisfied with their dentist's overall performance, i.e. they do not always assign the highest marks. According to the results of our research, patients still criticize their dentists' websites (if any), inappropriate presentation of the price-performance ratio of the different treatments, waiting times, patient education brochures, administrative issues, dental prevention, cooperation of their dentists with specialists and the availability and timing of appointments.

A modern adage says that you don't change hairdressers and you don't change dentists. Can you prove that the second part of this adage is right?

We have found that this used to be the case, because 40 per cent of the older patients are still seeing their



Professor
Gerhard F. Riegl

very first dentist. By contrast, this is the case for only 23 per cent of the less than 30-year-olds. On average, patients will have been with their current dentists for 5.7 years. But the sustainable dentistry of the future will require even more sustainable patient loyalty.

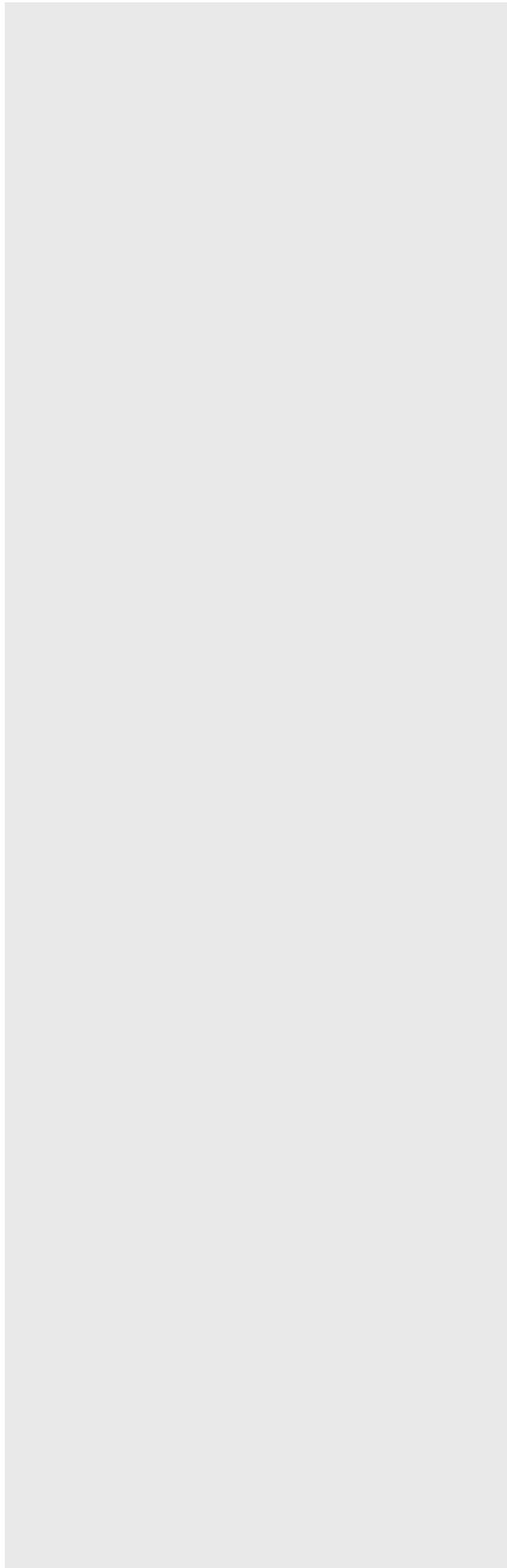
To what extent do patients consult the Internet or advertisements in choosing their dentists?

We must differentiate between choosing the family dentist and choosing an implantological specialist. It is true that about 25 per cent of our patients use the Internet as one of their sources of information on dental topics or issues. But only 1 per cent of the patients resort to the Internet for finding their family dentist; for younger patients, the corresponding figure is 2 per cent. With oral implantologists, the share of patients who have visited the clinic's website to familiarize themselves with the treatment provider is 11 per cent. It was found that information about dental offices on the web is mostly used for self-assurance, for identification, for confirmation of one's own views or to get information about things already experienced in vivo – not so much for selecting or comparing treatment providers.

Patients increasingly use web portals to rate their dentists. A single negative rating can in principle stain your online reputation forever. In your book you state that new office strategies are required, including which you call "exit management". What do you mean by that?

Looking at the so-called patient rating portals on the web, we see a well-known fact re-materialize: In principle, any dentist can treat any patient, but no dentist can be the best dentist for all patients. If you want to be a dentist who is true to principle, authentic and credible in your patient relations, you will need to have the courage to say no if necessary and to refuse further involvement where the psychological circumstances offer no path towards a satisfactory solution. This means that patient relationships that are detrimental to the dentist and office – even though the dentist has done nothing wrong – will have to be terminated diplomatically before it is too late. We describe behavioural strategies for severing ties with patients while at the same time offering assistance in finding a dentist who is more likely to meet their specific needs.

You have done some research on the referral behaviour of 3,000 family dentists and found that 29 per cent of all dentists now perform implant procedures themselves, while the rest collaborate with oral and maxillofacial surgeons or oral implantologists; yet family dentists state that only 22 per cent of their patients choose their oral implantologist themselves.



How does that fit in with the image of a new generation of patients who use the Internet to obtain the information they need?

Never before have patients had access to as much health information as today, and this is as true of the dental field as of any other. However, this multifaceted, heterogeneous, sometimes contradictory data “haze” has not resulted in faster or more autonomous decisions; rather, a common result is information overload. Experience has shown that the more patients know, the more they appreciate that they know too little. Realization of this fact results in a desire for counsellors, pilots, navigators – preferably in a face-to-face setting. We are therefore witnessing a trend toward recommendation marketing and word-of-mouth recommendations. For dental patients, the family dentist continues to be their by far most important guide.

Even though 90 per cent of all patients in Germany are covered by statutory health insurance and therefore should not have to worry too much about the cost of the treatment, more and more patients need advice on cost and financing issues. Is this because statutory health insurance does not cover all treatment options, or do today’s patients want to be informed of the cost of the treatment as a matter of principle?

The dental field has played a pioneering role when it comes to patients accepting responsibility for their own health. Only 5 per cent of the patients covered by statutory health insurance believe that the standard treatment they have coverage for is sufficient for their specific case. Today, dental patients require much more information about cost and financing than about issues related to the treatment itself. For example, 21 per cent require more information about co-payments for implants, 18 per cent about co-payments for laboratory costs, 20 per cent about instal-

ment options, 22 per cent require assurance that their restorations will be fabricated by a German laboratory led by a master dental technician and 49 per cent require detailed specification about what is reimbursable and what is not. A full 80 per cent wants to discuss cost openly and up front.

The trend would indicate that the dentist-patient relationship is becoming more rational. However, this must not result in the dentist taking on the role of a salesperson. Dentists should be the patients’ consultants and trustees, not a mere provider of services. Confusing the patient role defined by the standards of social interactions with the customer role defined by the standards of market interactions is not permissible. Patients want their dentists to treat them better than any customer would be treated.

So what do the results of this study tell us about who is the ideal dentist for most patients?

Our patient surveys increasingly indicate that patients want dentists to understand and appreciate them, in an atmosphere of honesty, kindness and friendship. Patients want to get a sense of partnership and security when visiting their dentists. They want to feel safe. Dentists capable of creating this type of atmosphere relieve anxiety, build confidence and qualify for their intended role as benevolent patient guides. The ideal dentist does not specialize in implants, dental prevention or endodontics. The ideal dentist specializes in people and helps patients behave as they always wanted to behave when it comes to oral hygiene and dental health. Ultimately, the issue is whether the dentist is capable not only of performing good dental treatment, but also of soothing and calming the patient’s soul.

Professor Riegl, thank you very much for this insightful interview.

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Professor Gerhard F. Riegl

Gerhard F. Riegl, Dr rer pol, is Professor for Marketing at the Augsburg University of Applied Sciences, Faculty of Business. He is a university teacher in the field of international market management and the founder and Scientific Director of the Health Care Management Institute in Augsburg. He has been conducting research on patients and referrers for 34 years, resulting in pioneering publications, e.g. the German-language monograph “The Dental Office as a Centre of Excellence”, on marketing activities by dentists, physicians and hospitals.

As a trailblazer of dental marketing in Germany and one of the leading health management trainers, *Riegl* has overseen more than 40,000 evaluations of dentists by patients treated at 700 different dental offices. He is held to be one of the leading health management trainers in Germany. *Riegl* is the author and publisher of the first major image and marketing study; he has authored more than 300 articles in other publications on health care marketing and conducts national and international research projects on dental and health care marketing. He works with chambers and dentists, professional associations and dental working groups in Germany on issues related to quality management, marketing and human-research management. The German newsmagazine *Focus* has described *Riegl* as one of the most eminent experts on hospital management and medical quality assurance.