

INTERVIEW WITH PROFESSOR GERHARD F. RIEGL

"Intelligent Market Research Makes Winners of Specialists, Patients and Referring Practitioners"

STRAUMANN RESEARCH PROJECTS ON INNOVATIVE PRACTICE STRATEGIES

Two potentially important decision partners are available to implant restoration practitioners: the referring primary care dentists and the patient concerned. In 2010 Straumann focused on these two target groups and set up the programs Center of Excellence Implantology (aimed at the patient) and Success with a Specialist Team (referring practitioner). Both projects aim to provide participating Straumann customers with new findings and a competitive edge with regard to untapped potentials, as well as innovative practice management strategies. The key elements of these programs are the appraisal and assessment of the levels of collaboration between implantologists and the referring practitioners, and how patients feel about the quality of dental practices. These practice-specific analyses (including a written consulting) were developed, supervised and evaluated by the well-known German Institut für Management in Gesundheitsdienst (Institute of Health Services Management) in Augsburg, which is headed by Prof. Dr. Gerhard F. Riegl (see page 27). Dr. Riegl's scientific institution is a guarantee for the professional analysis and data protection of all formation collected in the surveys.

Professor Riegl, the structure of the dental profession is changing. Where do you see the profession heading and what are its perspectives?

It is already foreseeable that the number of dental practices will increase at a faster rate than the numbers of patients. This means that the acquisition and retention of both patients and referring practitioners will become key factors in deciding who has the edge. In the course of the last 11 years dental practitioners have managed to increase the rate of regular visitors by 13%, especially among prophylaxis patients who go to the dentist's at least twice a year. However, this does not alter the fact that the future challenge lies in retaining these regulars and strengthening their loyalty ties. Our survey showed that younger patients are not as loyal to one dental practice as older ones are. Whereas 45% of all patients still go to their first dentist, this is only true of 23% of the under 30 year olds. There are also indications that increasing numbers of women are entering dental medicine.



What will be the effects of the increased number of female dentists?

More practicing female dentists in the profession will lead to changes in the organizational structures of ambulatory dental care, as well as in the entrepreneurial activity of dental practitioners. It could become more difficult to sell a surgery to a successor if a large number of female dentists are employed there. We will see increasing demands by female dentists for more cooperative forms of leadership, improved part-time employment models and more attractive work places in dental clinics. In Germany it is expected that by the year 2021 there will be more practicing female dentists than male dentists.

Will there be sufficient numbers of dentists to satisfy the rising demand for implant restoration treatment?

The results of our patient and referrer research show that implant restoration treatment is now becoming the first treatment of choice. Increasing numbers of primary care dentists are turning to this form of treatment; 19% of dentists under 40 plan to take up dental implant surgery. Our research also identified a number of remarkable developments in this connection. For varying reasons, some of the less complex dental implant procedures are being increasingly carried out by general dental practitioners, instead of by dental implant specialists. 39% of primary care dentists under 40 are much more interested in performing dental implant surgery in their own practice than their 40-plus colleagues (only 20%). Primary care dentists are being urged by 46% of their patients to perform dental surgery in their own practices. Only 15% would also like to consult a dental implant specialist as well.

The more dental implants a primary care dentist performs, the more cases he will find among his patients that are in need of dental implant therapy.

“Even implantologists of good reputation will become increasingly dependent on good peer referral marketing.”

These circumstances will lead to a kind of paradigm shift among highly specialized implantologists. The demands of both the referring practitioners and the cases being referred to an implantologist will become more complex. Our research into referrals showed that on average primary care dentists who perform dental implants have a 26% more critical attitude toward implantologists' performance than those that do not perform implants. This means that even implantologists of good reputation will become increasingly dependent on good peer referral marketing.

Under these changed circumstances what can implantologists do to build up strong, long-term relations with referring practices?

We know from our referral research among 3,000 primary care dentists that the key factors in peer collaboration are professional criteria such as satisfaction with the standard of surgery, competence in dealing with complications, or the low rate of complications arising in connection with dental implant surgery. But unfortunately it often happens that even the most important and essential aspects are taken for

granted, are expected, or even demanded. It is no longer a positive surprise to experience precisely the core competencies that were anticipated – they are simply assumed to be present. On the other hand, inferior performance in the field is regarded as unacceptable and can soon lead to negative repercussions. Strong, long-term relations between referring partners and specialists benefit from the fact that expectations are often exceeded. This is where good levels of collegiality and cooperation play a major role. To draw on an analogy from the world of sport, the professional competence is the Olympic qualification, so to speak; whereas it is social competence that wins the gold medal for excellent collaboration. The best way to acquire a professional reputation among peers is through newsletters, invitations and circular letters. Surveys among referring practitioners are also an effective way of making them aware of how beneficial collaboration can be. The specialist and the referrer also have to share a common philosophy and the chemistry has to be right. Specialists frequently underrate these key aspects of referral.

“Specialists often underestimate primary care dentists’ desire for information and instructive literature.”

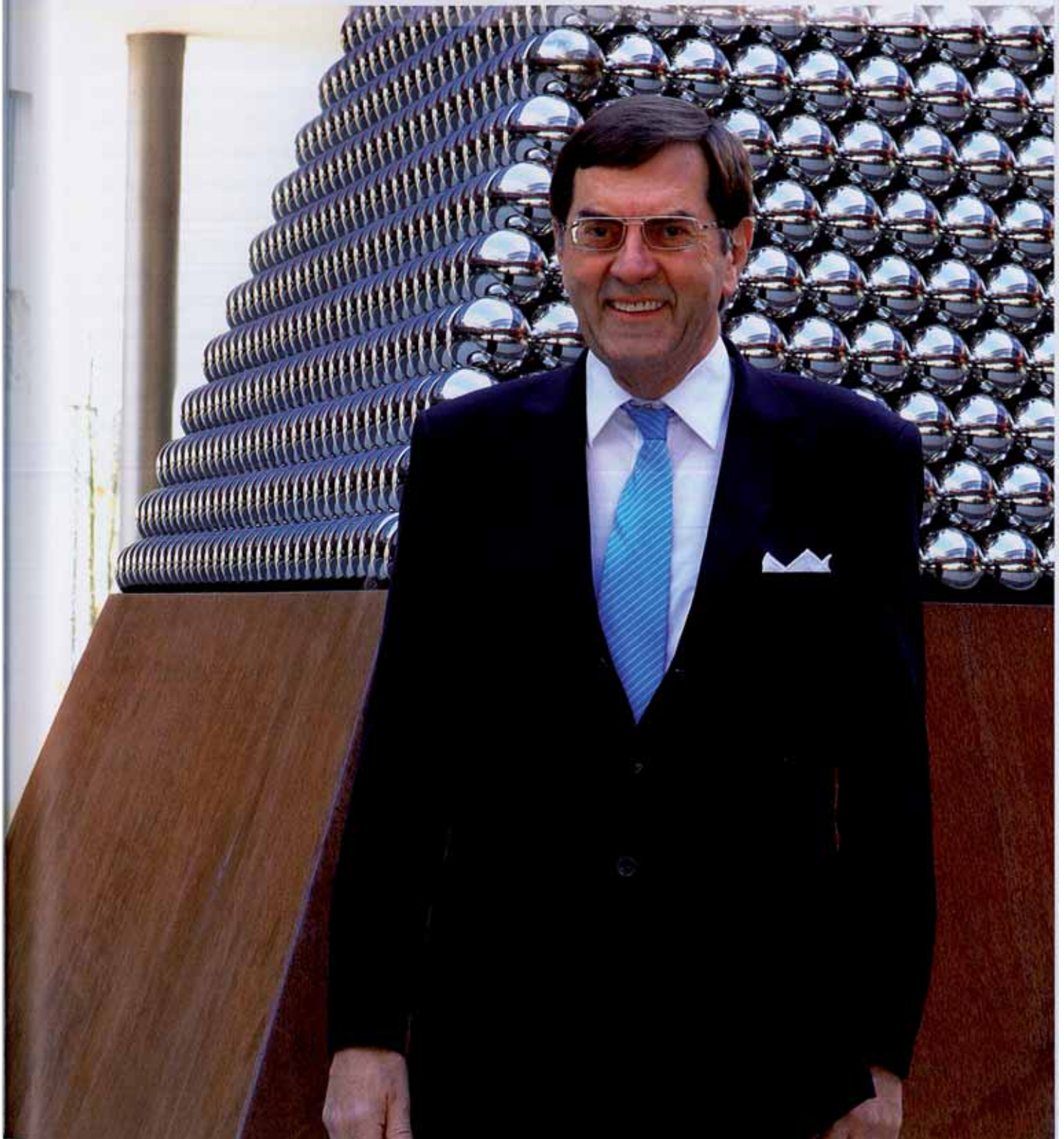
How best can specialists acquire some positive publicity?
 The only way to really convince peers in the long run is to help them convince themselves. The best way is still to provide referrers directly with the informative and instructive

literature that they find useful. Specialists often underestimate primary care dentists’ desire for information and instructive literature. The result being that referrers are highly critical of the quality of the written information put out by specialists. A diplomatic and discrete way to get some positive publicity, for example, is to conduct a survey among referrers. This is a form of regular written dialog for which we guarantee data protection. It’s an excellent way, for example, of learning what the key criteria for a referral decision are. In addition, they could also turn up cold lists, which can then also be included in the survey. Experience has shown that a person requires five impulses before actually undertaking something. A referrer survey constitutes at least one, or even two of these impulses.

“The human touch is a crucial competitive factor when it comes to the profile and distinctive features of a service.”

What are the most important aspects of a dentist’s decision to refer a patient to a certain specialist?

A total of 81% of referring practitioners consider their own interests first when deciding on an implantologist. The first of these interests is a good personal relationship with the specialist. Second, with 72% are the overall benefits for the patient of a particular implantologist – such as flexible appointments, traveling distance and patient-friendliness. In choosing, a referrer has in mind an average of 3.4 of 12 benefits associated with the chosen implantologist. A mere





7% of primary care dentists named professional competence, without consideration of further criteria, as being the reason for their decision for a specialist. One of the important benefits of collaboration for 38% of the primary care dentists is the certainty that the referred patient returns to them. Patients, on the other hand, placed great value on empathy with the dentist and the feel-good factor. As patients do not feel in a position to judge the professional and manual skills of a medical practitioner adequately, this factor is of only minor importance.

What distinctive features does a specialist have to cultivate in order to stay competitive?

For airlines the rule applies that: none of the aircraft should crash. But an airline cannot advertise with the information that none of their aircraft have crashed. Although no airlines can afford to have its planes crash, the degree of passenger satisfaction from one airline to the next is considerable. The cornerstone of specialists' professional performance must also be the provision of a first-rate service. The differences that tip the balance are location, organization, communication and service. The human touch is a crucial competitive factor when it comes to the profile and distinctive features of a service. The appearance of the specialist's practice is important, but the team and the practitioner are even more crucial; they are the core brand for all performance capabilities in connection with dental implant therapy, especially in terms of the relatively emotional relationship to referring peers.

How good are dentists and surgeons at managing the relationships you mentioned earlier?

Dentists and surgeons are typical examples for experts who are passionately involved with their profession and have a tendency to be perfectionist. The problem is that even the most proficient experts can be in command of all the skills of their profession, but they can never be the best choice for all patients. Seen from a purely psychological viewpoint, it is not possible to do what is right for everyone, and one should avoid trying to do so. This would be tantamount to denying or renouncing one's own profile. The future role of dentists and surgeons should therefore be to become even better specialists for people, not just for teeth and dental implants. The most successful doctors are those realistic enough to recognize at the right time just who their ideal clients are. There are still some significant misunderstandings associated with relationship management. For example, as far as the referring practitioner is concerned a shared philosophy between collaborating partners is 15% more important than implantologists believe it to be. Specialist, on the other hand, wrongly believe that their qualifications are four times more important for a referrer's decision than they actually are.

"The future role of dentists and surgeons is to become specialists for people, not just for teeth and dental implants."

Does that mean that 'soft' factors are the most important variables for patients and referrers?

That is not quite the case. According to our survey the hard factors or core professional competences are still top of the

priority list. If someone is not in command of and maintains the necessary professional skills, that person will not be able to survive professionally. However, most clients – both referrers and patients – are not in a position to truly judge the quality of treatment objectively, correctly and conclusively at the time it is performed. Partners tend to judge the quality of the core performance on the basis of first impressions as seen from an outside perspective. In fact, brain researchers even believe we feel before we think. According to this – in conjunction with a good fundament of professional requirements – interdisciplinary factors are particularly important as associations, guidance aids, validations and their value as self-fulfilling prophecies. The best thing about these soft factors is that they can be increased more rapidly and cost effectively than the frequently over-subscribed professional success indicators.

“Generally speaking, dentists are practice-oriented, professional introverts who carelessly underrate the potential for development and the possibilities arising from their patients or their practice environment.”

What are the possible criteria with which the heads of dental practices can compare themselves with their peers?

We have developed two ideal typical assessment process models in cooperation with an advisory panel and on the basis of many years of experience. One of these deals with the referrer's viewpoint of the collaboration process with im-

plantologists. The other model is concerned with the patient's view of procedures in dental practices and how they experience dental treatment. These best-practice models define the quantifiable indicators and benchmarks of success in that they link tangible and crucial moments of truth like beads on a chain. In this way, practitioners who participate in consortial benchmarking with comparative tests to neighboring practices can see at a glance which deciding quality features are highly valued by patients, how to learn from the mistakes of others and when to adopt which peer strategies. Having said that, it is also essential that all suggested measures actually match the style of the practice and the practitioner's own philosophy.

External gauges of satisfaction that are based on ideal practice procedures are becoming increasingly relevant for practice managers. If a practice fails as a business today this is due not to professional mistakes but rather to deficits in connection with referrer or patient relations.

How are dentists translating the impulses arising from these changing conditions?

For years now dentists have taken the role of pioneers and trendsetters in respect of system changes aimed at improving patient services. In a great many areas of practice management they have proven exemplary in their ability to accept change and adapt. Dentists now have the shortest practice waiting times with an average of only 11.7 minutes. Patients are demonstrating the desired approval of prophylaxis and practice in that 43% of them are making their next appointment when they come for treatment. Today's dental patient

expects considerably more financial information than technical information about the treatment. This is the next challenge they have to face.

Are there any obstacles that could prevent dentists from successfully expanding their field of activity?

In their practices dentists typically act like some kind of lonesome driller on a secluded drill rig. They don't really interact with clients, despite being literally within 'breathing distance' of them. Hence, dentists could make the mistake of believing that they know exactly what patients or referrers want because they are constantly in such close contact with them. However, this is a fallacy. Generally speaking, dentists are practice-oriented, professional introverts who carelessly underrate the potential for development and the possibilities arising from their patients or their practice environment. This is why written questionnaires that are well thought out and pertinent, in conjunction with comparative tests on external practices – with external neutral support if possible – can be valuable instruments for demonstrating these aspects and provide a motivational tool that has an individual, location-specific connection. In this way practice teams gain insights and comparative results that cannot be otherwise acquired but that are vital for helping them stay at the cutting edge of their field.

Did your research produce any unexpected results?

Yes, several! One of them was that practice teams do not give enough advice. Another surprise was that although years of trend research had indicated that patients found dental practices had improved and become more comfortable, we were astonished to discover that patients' standards and demands were increasing at a greater rate than practices were able to accommodate them. Despite improvements satisfaction scores were in fact on the decline; service for example was down 29% – in spite of shorter waiting times; scores for technical facilities were down 5% and the valuation of dental examinations was minus 9%. It is almost like the Olympics, you can never be sure of winning the gold medal again simply because you performed well over a four year period.

Did the study discover how dentists feel about premium and low-cost suppliers?

Even suppliers of dental implants are subject to a kind of natural law of economics. This means that premium suppliers are in a better position to provide excellent service than low-cost suppliers. The results of our research on referrers also showed an 8:2 advantage of quality over price. It is especially



effective and wise if innovative suppliers in particular, combine their high-quality products with interdisciplinary practice programs to boost their success and serve the interests of customer support.

How do you rate dental implant suppliers' implementation of findings from your benchmark initiatives?

Successful businesses have a shared secret of success. They know more about their clients than others, and understand them better than their competitors do. And these frontrunners also succeed in being inimitable, indispensable and irreplaceable for their customers. With our benchmarking initiatives for Straumann customers, surgeons and dentists have become both the contributors to and the winners of a joint market research project. The exceptional quality of these analyses and the practice counseling lies in the support given by Straumann customers to their clients in the form of the written dialog questionnaires, quality feedbacks and comparative tests. Market research is particularly intelligent if it triggers additional qualitative learning effects and desires in connection with dental implants in those being questioned. This ensures that all concerned, including patients and referrers, are the winners.

Professor Riegl, thank you for this interview.



The Institute for Health Services Management led by Prof. Dr. rer. pol. Gerhard F. Riegl

The Augsburg Institute for Health Services Management led by Professor Gerhard Riegl has at its disposal the expertise of responses from more than one million patients to questionnaires circulated in more than 10,000 practices. In the medical field alone more than 60,000 patients participated in more than 1,600 practices. Prof. Dr. Riegl's institute is therefore the leader in the field of surveys among dental patients, which makes him the ideal partner for Straumann. In Germany Prof. Dr. Riegl is regarded as the authority on quality assurance in the medical professions. He is the publisher and author of a number of major image and marketing studies for dentists and dental laboratories in the German-speaking world, such as "Zahnarztpraxis als Center of Excellence" (The dental practice as a center of excellence, 2003) and recently "Erfolgsfaktoren für die zahnärztliche Praxis" [Success factors for the dental practice, 2010].

www.prof-riegl.de