



ORTHO2

Who Refers to Your Practice?

All highly successful businesses understand where their customers come from. In the case of ortho practices, there are three main sources for new patients: referrals from patients' parents, general dentists, and pediatric dentists. All are extremely important, although for some orthodontists this comes as a surprise.

I have often encountered orthodontists who would love nothing more than relying almost exclusively on patient referrals from parents. These are usually the same doctors whose production has declined year after year in the post-recession economy.

While parent referrals are important, ortho practices must remain heavily engaged in pursuing GP and pedo referrals as well. Doctor referrals are the most secure, predictable, and effective way to build ortho practices. Inconsistent referral marketing will hinder ortho practices' ability to achieve doctor referral goals. To be successful, a referral marketing program must be maintained year after year with a high level of intensity. Strategies must be selected and implemented not by the orthodontist but rather by a part-time Professional Relations Coordinator who will also modify the program as needed.

In today's ortho world, insufficient marketing will only lead to production declines. In marketing, consistency matters. It helps build stronger, more effective relationships with referring doctors and their teams. While ortho practices can be built strictly on patient referrals, those offices hit a plateau far earlier and, in the new economy, will decline significantly. In an era of sustained ortho production declines, weak or non-existent referral marketing can no longer be tolerated.

The Four Types of Referring Doctors

An essential aspect of effective referral doctor marketing is identifying the four types of referring doctors so that marketing strategies can be customized for each.

by **Dr. Roger P. Levin**

A's (Top referrers)

The real secret of ortho practice success is top referrers. In many practices, an "A" doctor can refer anywhere from \$100,000 to \$250,000 per year making a significant contribution to the production and profitability of that practice.

In fact, "A" doctors make up the top third of referrals as measured by the number of referrals and the amount of production. Referrals alone cannot be the sole measure because there are practices that will refer a large number of patients who have low rates of case acceptance.

An ortho practice requires approximately 12–15 top referrers to achieve tremendous success. These doctors are the ones with whom relationships have been built and maintained. One significant mistake orthodontists make is leaning heavily on relatively few doctors for the majority of their referrals, devoting the bulk of their attention to one or two trusted "A" doctors who are personal friends and nearly guaranteed to remain loyal referrers over the long term. The problem is the rest of their top referrers should be receiving the same level of attention.

Try this simple test. Think of a top "A" referring doctor and then answer these questions.

- What is this doctor's spouse's name?
- What are the doctor's children's names?

Now try it with a lower-level "A" referrer.

In most cases, the answers for the top "A" are obvious to the orthodontist. But the answers do not come so easily for the lower level "A." The point is that the orthodontist must make the effort to build strong referral relationships with more than just the very top referrers.

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Top referrers are critical to the long-term production and profit of the ortho practice. "A" doctors are like an annuity program. If maintained, they will continue to send strong referrals year after year. As my saying goes, "Never lose an A." In fact, some "A" doctors will be lost over time, but put into action everything possible to retain these top referrers.

I am often asked in my ortho seminars how to find or create "A" referrers. It can be difficult to determine why one office becomes a referral source while another does not. For this reason, building a referral base is a numbers game. Many practices must be approached initially to ensure that the needed number eventually emerge as referrers. When appropriate referral marketing strategies are in place—and used continuously—numerous practices will begin to refer and become "A" level practices.

B's (Frequent referrers)

"B" doctors do not refer nearly as much as the "A's" but have significant potential to do more. Converting "B's" to "A's" is a primary objective of referral marketing. In the midst of the recent recession, Levin Group added new referral marketing strategies targeted specifically at "B" doctors. By implementing these strategies, our ortho clients were able to raise many of their "B" doctors to "A" status.

This demonstrates that specialized marketing strategies can be highly effective at upgrading "B" doctors. As a preliminary to these marketing activities, the ortho practice should determine which "B" doctors have the potential to refer many more patients.

A practice that is already sending most of their referrals to you—yet still qualifies only as a "B" by your standards—should be targeted for maintenance rather than growth. On the other hand, a "B" office that has many more patients who can be referred but sends only a minority of them to your practice has tremendous upside potential. This type of "B" referrer merits greater attention. Building on the relationship that already exists, it will be possible to increase the number of referrals significantly with persistence and the right marketing strategies.

C's (Seldom referrers)

In many ways, "C" doctors are the most difficult to work with. A true "C" doctor does not support the ortho practice and rarely refers. Many "C" doctors only refer problematic patients such as those with specific insurance plans or who lack sufficient funds.

For mature ortho practices, Levin Group finds that "C" offices rarely become "A's" or "B's". "C" dentists often have some reason why they do not send referrals to your practice. They may already have a strong relationship with another ortho practice or perhaps they perceive some issue with your practice.

Even when asked, many general dentists may be reluctant to discuss why they do not refer to a specific ortho practice.

True "C's" typically remain "C's." However, it is worthwhile to test their potential before relegating them to "C" status. When Levin Group begins to work with new clients implementing a referral marketing program, we typically begin by treating what the client has identified as "C" doctors as if they were "B's." By doing this, we often discover untapped potential. Targeting these doctors with enhanced communication, education, and relationship building activities, orthodontists can convert them to "B" and sometimes even "A" referrers.

D's (Non-referrers)

There are so many situations where "D" offices are non-referrers simply because they are unaware of the ortho practice or its qualities. In many cases, they will respond to referral marketing strategies designed to make them confident enough to begin sending patients to the ortho practice. Remember, referral marketing is a relationship-building process and for a strong relationship to exist, there must be multiple contacts.

While every "D" office cannot be turned into an "A" or a "B," the potential reward warrants the effort. At my ortho seminars, I often ask, "If you targeted 10 'D' offices and were able to turn just two of them into 'A' offices, would it be worth it?" The answer is a resounding yes. As stated earlier, the value of an "A" office can be considerable.

Converting a "D" is possible, but only if a strong referral marketing program is in place. Levin Group recommends that approximately 15% of the program be geared toward the acquisition of "D" practices. The problem for many older orthodontists, unlike younger ones, is that they are not comfortable meeting and starting relationships with potential referrers. They must overcome this reluctance, or a significant amount of revenue will never be realized.

Many orthodontists go to lunch with GPs or pediatric dentists and make occasional calls, believing that they have created a fully effective marketing program. Nothing could be further from the truth.

Growing the ortho practice requires understanding who refers, how many patients they refer, and how much production the referrals represent. Given these metrics, the practice should categorize referring practices based on their level of referrals and then devise marketing strategies for each level. This systematic approach results in an ongoing, consistent, and effective referral marketing program that builds strong relationships, improves the number and quality of referrals, increases production, and secures the future success of the ortho practice. ◊

About the Author



To learn more about how to grow your ortho practice, attend Dr. Roger P. Levin's one-day seminar on July 11, 2013 in Berkeley, CA or his two-day seminar on July 19-20 in Chicago. Ask your Ortho2 Systems Consultant how you can receive an educational grant to attend either seminar free.