



# PRACTICE PRODUCTION WHITEPAPER SERIES

By Roger P. Levin, DDS 

MANAGING CHANGE  
IN IMPLANT DENTISTRY

**Levin Group** Inc.



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# MANAGING CHANGE IN IMPLANT DENTISTRY

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## Introduction

It has been said that, “Change is the only constant.” And in the world of implant dentistry, change is occurring at an unprecedented rate. Technological advances, increased competition, more GPs placing implants, a difficult economy—these are just some of the external changes affecting implant practices nationwide.

Then there are the changes that have occurred inside practices—turnover, new personnel, new procedures, new implant systems, etc. Every implant practice is different, but no practice is immune to change. It’s how you respond to and manage change that makes all the difference.

Many implant doctors reach a comfort level with their practice and hope to maintain the status quo for as long as possible. Unfortunately, doing what you’ve always done is often a recipe for a flat or declining practice. No doubt, change can be scary at times. But I have seen too many implant doctors try to hold on to outdated management systems and marketing strategies and then suffer dire consequences, including:

- Declining production
- Lost referrers
- High turnover
- High stress
- Selling the practice at a loss
- And even bankruptcy

In a provocative book, *Jumping the S-Curve: How to Beat the Growth Cycle, Get on Top, and Stay There*, authors Paul Nunes and Tim Breene use case studies of Fortune 500 companies to illustrate that very few CEOs understand when their companies are in danger of stagnation. They cite a statistic that only 7% of companies ever emerge from a plateau to achieve growth.

Fortunately, implant practices can be turned around much easier than a large company. With the right management systems, marketing strategies and leadership, implant practices can emerge from a plateau or decline and start growing again. Good leaders have to anticipate change and respond to it accordingly. Let’s look at two case studies involving “change”:

### 1. Outdated Systems

### 2. Increased Competition

## 1. Outdated Systems

The days were becoming increasingly longer and chaotic for Dr. Zach’s implant practice. He was in his mid-50s and things should be getting easier—not harder. In fact, his production had actually dropped 8% for the second year in a row, so his practice should actually be less busy and more manageable. But the opposite was true—he had less patients and more stress. A toxic combination!

Prior to the recent recession, his practice had been growing steadily between 5% and 10% for nearly a decade. The office seemed to run itself. The team took care of what they were supposed to do, leaving Dr. Zach to focus mainly on patient care. Of course, there were occasional bad days, but for the most part, things went well—patients were seen on time, they received the best care, and the team left on time every day.

Once the recession hit, more prospective patients were turning down treatment for implants and other services. Communication with referring doctors seemed to grow more complicated, with critical patient information falling between the cracks. Dr. Zach was spending more time putting out fires—patient complaints about customer service and scheduling, more questions and objections to proposed treatment, and more tense phone calls with referring doctors.

### What Went Wrong

Implant practices should update their management systems every 3–5 years. In a good economy, implant practices can get by with less-than-stellar systems. However, a recession, especially as widespread as the recent one, exposes and accentuates the inherent weaknesses of outdated systems, as Dr. Zach found out.

Scheduling, case presentation and referring doctor communication are key systems that come under tremendous pressure. If these systems are allowed to break down, the effects can be devastating, as Dr. Zach found out. He had tried a Band-Aid approach to fixing systems, but those tweaks usually created more inefficiency and higher stress.

Outdated systems can be likened to aging infrastructure. You can only patch a road so many times before it needs to be replaced. Don’t follow Dr. Zach’s example. Fortunately, with the help of Levin Group, he implemented new step-by-step systems and was able to get his practice operating smoothly and at optimal levels again. After nine months, his practice



reached his pre-recession level of monthly production. The longer implant doctors wait to replace outdated systems, the longer the recovery time!

## 2. Increased Competition

When Dr. Carla first opened her practice 12 years ago, she faced competition from another implant doctor who eventually retired. During this time, Dr. Carla went out of her way to build relationships with restorative doctors. She had regular lunches with them, sponsored occasional seminars and hosted a yearly off-site event, which was greatly appreciated by restorative doctors and their teams.

For the past seven years, Dr. Carla was the only implant practice in her area. With her practice was growing by leaps and bounds, she cut back on her marketing. She would send a gift basket to restorative doctors at the holidays, but that was the extent of her marketing.

Three years ago, two implant doctors opened near her practice. Suddenly, her implant referrals (and production) dropped 25% in three months. She had lost six restorative doctors, and more were pondering their options, as the two new implant doctors aggressively marketed their practices. Since Dr. Carla had done little to build strong relationships with her referring doctors, they felt little loyalty to her practice.

On top of that, the recession hit. A number of restorative doctors decided to place implants themselves, thereby reducing Dr. Carla's implant referrals another 10%. It was the perfect storm, and Dr. Carla wasn't sure how much more damage her practice could sustain.

### A Common Error

Many established implant surgeons make the same mistake as Dr. Carla. Once they build a referral base, they stop marketing to these doctors. And then a few years later, the day of reckoning comes—in the form of increased competition, declining referrals and decreased production.

Dr. Carla thought she had a "lock" on the referrals from her restorative doctors and that she was somehow magically protected from competition. She was wrong on both counts. Never assume that things will stay the same, especially when it comes to your referring doctors.

As an implant doctor, you depend on consistent referrals from your restorative doctors. Don't endanger practice growth by ignoring or taking your referrers for granted.

The best solution—the one Dr. Carla implemented with our help—is a structured referral marketing program with multiple,

ongoing strategies that occur throughout the year. Consistent, positive communication strengthens referral relationships and helps implant practices reach out to new dentists.

Within one year, Dr. Carla regained four referrers she lost and added four new doctors. Her increased marketing activities also allowed her to convert several infrequent referrers into top referring doctors. After one year, Dr. Carla came within 5% of matching the previous year's production, which was a major win considering she was down 25%. The next year, she achieved a 15% increase and was back on a growth trajectory.

### Conclusion

Change can happen inside and outside the practice. In the first example, management systems accrued bottlenecks and became inefficient. In the second example, competitors moved into the area and won over some of Dr. Carla's restorative doctors.

Both Dr. Zach and Dr. Carla thought things would stay the same. You can't be a passive leader. You're just asking for trouble. The best leaders actively manage their practices and embrace change. That's how you achieve the highest levels of success.



Dr. Roger Levin is a third-generation dentist and the Chairman and CEO of Levin Group, Inc., the largest dental practice consulting firm in the United States. As a leading authority on implant practice management and marketing, he has developed the

scientific systems-based consulting method that will increase implant practice production and profitability, while lowering stress.

Dr. Levin presents more than 100 seminars per year and is a keynote speaker for major dental conferences. He has authored more than 60 books and over 3,000 articles. Dr. Levin sits on the editorial board of five prominent dental publications, serves as the practice management editor of *Compendium* and is managing editor of *Dental Business Review*. Dr. Levin is also a regular contributor to the *Journal of the American Dental Association*. He has been interviewed by the *Wall Street Journal*, *New York Times* and *Time Magazine*.

Levin Group is headquartered in Baltimore, Maryland, with offices in Phoenix, Arizona, and Marseille, France. For more information on Levin Group's programs and services, visit [www.levingroupimplant.com](http://www.levingroupimplant.com).