Specialists: Here are the secrets to the general dentist’s heart. Follow the steps below and your chances of unending loyalty and devotion, not to mention minions hanging out at your office on Fridays, will increase substantially.

We, as general dentists, must provide the best service for our patients to attract more business. You, as specialists, have to impress both the patient and the referring dentist to be financially successful. I have always been quite happy with the level of expertise and academic abilities of specialists with whom I have worked. Patients have rarely complained of the treatment. Except, of course, the standard, “Why do I get charged $900 for a root canal that took only 45 minutes?” My reply, “I can do it for the same price and take an hour and a half. Which would you prefer?” I have, however, experienced very different levels of communication with specialists—some much more effective than others. General dentists depend on you—the specialist—to help them provide the best course of continuing dental health for their patients.

Adopting the following communication pearls should ensure that the needs of both the referring doctor and the specialist are met:

1. Both the general dentist and specialist need to work together to make sure the patient is psychologically prepared for the specialist. You, as the specialist, can assist with professional practice brochures, detailing the ambiance and personnel of your practice. A web site can assist the patient with information about where to go. A web site can also be the patient’s guide to your office, including any changes from your original plan and any further work you find necessary for the general dentist to perform. A phone call isn’t sufficient. Calls work well for consultations during the treatment phase, yet they do not meet the proper legal and ethical standards for the primary care dentist’s permanent records. I rarely have had problems with this area. Yes, a handwritten note on a final radiograph sheet by your endodontist is sufficient. And, alternatively, numerous written communications are necessary for an orthognathic surgery/orthodontic/cosmetic case.

2. Your staff must be able to “close the deal” financially with the patient. This may involve more than one consult with advanced cases; all parties, including the patient and the referring dentist, have a stake in the work being completed. Next month I will comment in detail about “closing the deal.”

3. You must have effective and ongoing communication with the referring doctor throughout the treatment cycle. This requires at least the following:

   • Always let the referring doctor know that the patient has seen you for an initial exam. Don’t forget the “thank you.” It is especially important to report any patients that fail to keep appointments, as the referring dentist can easily lose track of the patient for any continuing care. Many specialists miss this step—it is critical. We GP’s need to know within a short period of time, not six months later at recall, whether the patient made contact.

   • Inform the referring doctor, in writing for complex cases, of your treatment plan and ask for any additional input from the doctor. For example, the general dentist may have information that the specialist does not regarding previous positive or negative results the patient has had with the proposed treatment. He also may know of special physical conditions, such as back pain or TMJ issues that haven’t been addressed. Also, any major treatment changes from the initial proposal of the referring doctor may impact future treatment that the referring doctor may have planned.

   • After treatment, always provide a full written report, including any changes from your original plan and any further work you find necessary for the general dentist to perform. A phone call isn’t sufficient. Calls work well for consultations during the treatment phase, yet they do not meet the proper legal and ethical standards for the primary care dentist’s permanent records. I rarely have had problems with this area. Yes, a handwritten note on a final radiograph sheet by your endodontist is sufficient. And, alternatively, numerous written communications are necessary for an orthognathic surgery/orthodontic/cosmetic case.

   • Send the patient back for final examination on any involved case to the referring doctor. Most patients are excited—yes, they do get excited, and will seek the general dentist’s approval of your nice work and their great cooperation. This follow-up visit is a chance for a win/win/win for patient/specialist/general dentist. I found it a huge practice builder and confidence raiser for my general practice. I loved it when the specialist showed off great work!

Another communication pearl is to ask referring doctors to come and watch your procedures, garden variety or exotic. An amazing percentage will, and once they do, they are pretty much referral sources for life, unless you continually forget Part 3, paragraph 3 above.

Yes, I’ve “fired”—not continued to refer—numerous times, and it was always for one of two reasons: lack of a timely follow-up report, or receiving a complex treatment plan via phone call only.
To Dental Specialists---What Every General Dentist Really Wants

Service is king in our profession, and communication is necessary 8/4 or 8/5. Thankfully, not 24/7. Next month I will comment in detail on “closing the deal.”

Copy write Douglas Carlsen 2006.
