Networking as you know it is dead!

(Especially in today’s economy)

In the current economy, networking is one of the most important marketing tools for professionals. Whether we are talking about Wall Street, attorneys, accountants, financial planners or any other high-end professional group, networking has been a mainstay of how they obtain referrals. Those who network well have the highest levels of referrals and enjoy the greatest success.

The same used to be true in implant practices. The better networkers who spent time focused on their referring doctors had higher referrals, higher production and higher profit. The difference between the highly successful and all the rest was more about who ceased referral marketing activities after a few years in practice and who continued the process for the long term.

Since 1985, Levin Group has had the only one-year comprehensive referral marketing program for implant doctors with complete strategy, writing and graphics support. Part of its foundation was the kind of traditional networking described above, and it has been extremely effective for nearly a quarter of a century. However, in today’s troubled economy, it has become necessary to modify implant marketing strategies. The process of networking must evolve to meet the demands of a whole new economic environment.

The facts are that implant referrals are dropping off due to GPs doing more implant procedures. The changing face of networking

Networking can be described as meeting people in hopes of increasing the amount of business you do with them. In the case of implant networking, it has traditionally been about meeting referral sources and encouraging them to refer to your practice. This strategy has been effective, but this kind of networking needs to be augmented. The future of strong implant practices is not about traditional networking as you’ve always understood it.

First off, let’s stop thinking about how to network and more about who is in the networks themselves. Networks refer to groups of people with whom you interact on a regular basis and have developed extremely strong relationships. The question is, just how strong are your networks? In all likelihood, they are not as strong as they should be. Since Levin Group works with hundreds of implant doctors engaged in referral marketing on an annual basis, we can categorically state that the gap between highly successful implant practices and those that ‘get by’ is widening due to the diversity of networks (or lack thereof).

Networks mean more to your practice than friendships alone

It is a sad truth that many referring doctors view implant practices as commodities. In other words, many referring doctors are not as concerned with who they refer to because they feel that most implant doctors have relatively equal skills. Valid or not, this is how many decisions are being made. Traditionally, many referring doctors send patients based on numerous factors including location, fees, age of the implant practice, etc. In the past, this approach was sufficient to generate referrals to an implant practice, and most implant doctors made a reasonable or excellent living. But, things are changing.
Why Levin Group has used a weighted value points system with clients for the last 25 years. It ensures that implant doctors do not simply gravitate to referring doctors who are friends, but also build relationships with an entire network.

Deliberate relationships
You have probably heard of the six degrees of separation. It refers to the idea that you are within six contacts of anyone on the entire planet. It’s an eye-opening concept. For example, let’s say the contact person in question is the president of the United States. You probably know somebody who knows somebody, etc. … and by the sixth connection, somebody has met the president of the United States. The same idea is easily applied to referring dentists in your community.

Highly successful implant doctors know that there is no higher priority for practice success than growing their base of referring doctors. These doctors have developed robust networks to interact with these doctors on a regular basis to develop relationships. Whether it is through dental, personal, community or family activities, they have recognised that the key to growth revolves around powerful networks.

Think about it this way. You have a good friend who is a general dentist. He sends you all of his referrals because he knows you are a good friend. You do not realise it, but also build relationships to maintain referrals? These implant doctors would love to begin creating a network. That is powerful networking, with patient referral is a key to growth.

Periostat® contains 30mg doxycycline, a sub-antimicrobial dose. Periostat® treated twice daily as support to SRP, inhibits the collagenases that attack weak tooth attachment structures and thus halts and can even reverse the disease process. 

**PERIODONTAL DISEASE? WHAT HAVE YOUR PATIENTS GOT TO LOSE?**

CRONIC PERIODONTAL DISEASE?

**Indications:**
- Supra-gingival scaling and root planing, with oral hygiene instruction, carried out by a healthcare professional.
- DentaCare®
- Periostat® is indicated as an adjunct to supragingival and sub-gingival scaling in the treatment of adult periodontitis.
- Periostat® is indicated as an adjunct to sub-gingival scaling and root planing for the treatment of adult periodontitis.
- Periostat® is indicated in the treatment of patients with gingival hyperplasia as an adjunct to surgery.

**Dosage and Administration:**
- Periostat® is taken twice daily as a support to SRP.
- Swallow whole with at least 100ml of fluid, in an upright position. Take for at least 2 hours after doing anything else. Doxycycline may potentiate the effect of anticoagulants of the oral contraceptive type. Avoid concurrent administration of doxycycline and isotretinoin, as there is the possibility of potentiation between the drugs to cause reversible pressure on the intracranial cavity (pseudotumour cerebri). As bacteriostatic drugs may induce the liver enzymes and thereby decrease the half-life of the following drugs, their half-life may be increased: paracetamol, probenecid, tetracyclines and oral contraceptives.  

**Co-administration of co-trimoxazole, metronidazole and tetracyclines with doxycycline can result in the formation of sorbitol, which is an osmotically active substance.**

**Contraindications:**
- Periostat® is contraindicated in patients with a history of or predisposition to oral candidosis, hepatic impairment or to those receiving potentially hepatotoxic drugs and medication in an upright sitting or standing position. Periostat therapy may result in nausea, vomiting and diarrhoea.

**Caution:**
- Use with caution in patients with a history of or predisposition to oral candidosis, hepatic impairment or to those receiving potentially hepatotoxic drugs.

**Adverse Events:**
- Headache, arthralgia, rhinitis, sinusitis, pharyngitis, cough, nasopharyngitis, pharyngitis, rhinitis, sinusitis, and sinusitis.
- Muscle aches, arthralgia, myalgia, and polyarthralgia.
- Gastro-intestinal: diarrhoea, constipation, flatulence, dyspepsia, abdominal pain, and gastritis.
- Skin: photosensitivity, rash, urticaria, angioneurotic oedema, and erythema multiforme.
- Oral mucosa: glossitis, dysphagia, enterocolitis and inflammatory lesions with monilial overgrowth.
- Dermatological: pruritus, erythema, and urticaria.
- Renal: an apparent increase in blood urea.
- Anaphylaxis, anaphylactoid purpura, pericarditis, urticaria and angioneurotic oedema.
- Hypersensitivity reactions: thrombocytopenia, neutropenia, haemolytic anaemia, eosinophilia and porphyria.
- Musculoskeletal: an apparent dose related increase in blood urea.
- Haematological: leucopenia, neutropenia, lymphopenia, eosinophilia.
- Due to the potential anticoagulant properties of doxycycline, it is advisable to discontinue the use of doxycycline in patients who are receiving anticoagulant therapy or in patients with a history of or predisposition to oral candidosis, hepatic impairment or to those receiving potentially hepatotoxic drugs.

**Precautions:**
- Do not administer Periostat® to patients with severe hepatic impairment or to those receiving potentially hepatotoxic drugs.
- Periostat® contains 20mg doxycycline, a sub-antimicrobial dose.
Using the theory behind six degrees of separation, Levin Group has created and is using a new concept called Deliberate Relationships™ successfully in implant marketing programs, and it is having tremendous benefit for its client practices. Traditional networking often ends with one contact. Like six degrees of separation, we are talking about reaching far past that first connection. With Deliberate Relationships, you have to identify individuals beyond your initial network, initiate a relationship and then enhance that relationship until that individual begins to refer to your practice on an almost or completely exclusive basis. This new concept is working extremely well.

Deliberate Relationships start by identifying key offices with whom you would like to work. The concept is based on using your networks to develop a relationship with these offices and then cultivating that relationship. The objective: turn them into valuable referral sources. However, do not be fooled into believing that all of this can be done without any effort on the implant doctor’s part. To build and maintain networks, people need to know you, be in contact with you and develop a relationship. Today more than ever before, networks will become a key factor in the success of implant practices.

Conclusion

In the past, traditional networking was sufficient to build and maintain a practice. An implant doctor would enter practice and develop key relationships. These relationships would sustain the doctor throughout his or her career. This is no longer the case. Networking as typically practiced is no longer the most effective way to engage in referral-based marketing.

Building extended networks is an almost guaranteed method of increasing referrals to your practice. It requires at least 15 strategies functioning all the time and carried out by a professional relations coordinator. In addition, the implant doctor will need to evaluate where networks can be built and maintained. Levin Group has clients today that will actually take a group of referring doctors on trips to continuing education, take them fishing in different parts of the world, invite them into business networks that focus on topics of interest, etc. Networks are the logical next phase of referral-based marketing and one that we have proven is extremely effective.

Dr. Roger P. Levin
Dr. Roger P. Levin is founder and chief executive officer of Levin Group, Inc., a dental practice management consulting firm that provides a comprehensive suite of lifetime services to its clients and partners. Since 1985, Levin Group has embraced one single mission — to improve the lives of dentists.

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