



REFERRAL REPORT

SPEAR®

Developing and Maintaining
Strong Referral Relationships



Introduction

Over the years, traditional lines between specialist and general practitioner have been blurred. It's easy to perceive a growing disconnect, though at Spear Education we see a synergy developing every day.

As an educational institution focused on helping clinicians achieve Great Dentistry, Spear has always embraced an interdisciplinary model of treatment, and that philosophy is reflected in Spear Study Clubs.

With limited research available, Spear saw the need to go beyond conjecture and develop a fact-based assessment of the specialist-general practitioner dynamic.

A research study conducted by BMC Oral Health found that, as a group, general dentists provide a comprehensive range of procedures. However, the procedures they choose to keep rather than refer to a specialist are not strongly correlated to any one factor.

Essentially, the study indicated that while general dentists provide a range of services, the choice to take on traditional specialist procedures (rather than referring them out) boils down to individual choices made by individual general practitioners. So what leads a clinician to make those choices?

While there will always be obvious factors that may affect referrals, such as population density and access to specialist care (for example: if the dental practice is in a small town and the nearest endodontist is a two-hour drive, the general dentist will likely do more root canal procedures), the rest seems to have a lot to do with the quality of the relationship to the specialist.

Interestingly, a study published in the *Journal of Endodontics* determined, “the perception that endodontists are **partners in patient care** and endodontic services are worth the cost was strongly related to the likelihood of referring.”

Over years of working with dentists as they grow their practices and build referral relationships, we've seen these relationships grow and become incredibly beneficial.

In order to better understand what it means to be “**partners in patient care,**” we interviewed successful interdisciplinary teams currently engaged in strong referral relationships to find out how they got to where they are, what they need in order to maintain a healthy relationship and what their pain points were prior to building their relationships. While every doctor we interviewed had their own unique story, we found several themes that were consistent from clinician to clinician.

What specialists need to partner in patient care

In our interviews, we found several themes amongst the specialists regarding what they needed out of a referral relationship in order to ultimately produce better patient outcomes. Not surprisingly, the most critical aspect was open and clear communication in both directions. This was deemed essential for building trust and setting the stage for a positive collaborative relationship.

Another shared sentiment was the specialist's frustration over having to make restorative treatment planning decisions for the case when there was a lack of clear direction from their referring doctor. They felt this did not always produce the ideal outcome for the patient, and it was always better when there was a shared vision for the outcome of the case.

Along the same lines, another common source of misalignment is having clinical observations and/or diagnoses that are not present in the clinical documentation when the patient is present in the specialist's office. If specialists aren't getting accurate or complete info right off the bat, this not only negatively impacts patient care, but strains the ongoing referral relationship. So what have specialists who have built strong relationships done to overcome these issues and enhance their care?

The most common answer was simply reviewing clinical cases with their referring doctors with a systematic treatment planning framework. They referenced how in the Spear Study Club meetings, specialists and general practitioners were able to troubleshoot a lot of communication errors in a "simulated environment" by reviewing cases from Spear clinicians in the study club modules.

There is greater opportunity to learn collaboratively when no one in the room has an emotional connection to the case. Each party is able to better understand how the other parties would approach a similar case, creating a shared vision for treatment. By the time they begin collaborating on cases together, they tend to fall into the same rhythm that they had practiced in study club.

Specialists also need referral relationships to be focused on comprehensive dentistry for better overall results and more viable treatment planning. Ultimately, the specialists need a partnership that will help them achieve their goals on a personal, practice-wide and patient-specific level.

One oral surgeon said he measured success through two major markers: increased outcomes and decreased stress. If a referral relationship can help accomplish those two things, it's already highly satisfactory.

For these same reasons, sharing philosophies on dentistry and treatment is critical for a healthy referral relationship. This is an important starting point for establishing a relationship built on trust in each other's technical abilities as well as the partner's ability to make the patients' transitions from dentist to dentist as smooth as possible. In other words, shared philosophies are a major key to solving the problems of poor communication and ill-prepared treatment notes.

Another oral surgeon credited his study club — which he leads — with the establishment of strong referral relationships that allow for open, successful and smooth treatment planning between partners.

He expressed gratitude for the opportunity to grow and learn together and the way it facilitated better patient satisfaction and understanding by providing a streamlined treatment plan with clear, fast dentist-to-dentist and dentist-to-patient communication. He equated a successful referral relationship to a "well-oiled machine" in which every person knows their exact role and what they can expect from the others.



What general practitioners need to partner in patient care

It's not uncommon for a general practitioner to come into a Spear Study Club having never been part of a strong interdisciplinary team. With so many options for continuing education, we began by trying to understand what led them to choose Spear's small group interdisciplinary model over alternatives.

The answers were remarkably similar:

- They feel they're not offering their patients the best possible care.
- They're not clinically aligned with their specialist referrals.
- They're confused as to how to go about building stronger relationships with specialists.
- They feel isolated and alone.

Many general practitioners mentioned that, prior to Spear Study Club, they often found themselves feeling forced to work with a given referral simply because they did not know who else to refer to. We found that the root of their discontent was the fact that no relationship had been established with the specialist prior to the referral taking place.

This lack of trust seemed to lead into a separate issue of “finger-pointing” — the concept of unhealthy referrer relationships consisting of too much time being spent placing blame on what wasn't there or what wasn't done correctly rather than focusing on the patient. Obviously, this was mostly a problem when something unexpected happened during the course of treatment; but when there was an established relationship based on a shared clinical understanding, this problem seemed to evaporate.

In all our interviews, the general practitioners were strongly focused on providing better care for patients while also experiencing more satisfaction in their own career, and we saw an almost identical sentiment among the specialists interviewed. The general practitioners tended to aspire specifically to do less single-tooth dentistry and take on more “fun”, complex cases.

From a financial perspective, the goal for both was simply to be more profitable while still delivering exceptional care and maintaining a healthy work-life balance.

Once they established the relationship, both specialists and general practitioners suggested they had come to rely on their partners to help them achieve their goals.



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Improve your clinical expertise and discuss growing practice profitability with a small group of peers.

LEAD A CLUB OR **JOIN A CLUB**

What can specialist partners do to help general practitioners?

One thing we asked in the interviews was specifically, what would a general practitioner want in a **partner for patient care**? The overwhelming answer was open, patient-centered communication. A strong referral relationship driven by a common treatment planning philosophy led to more well-coordinated care and exceptional outcomes. Both the general practitioner and specialist interviews commented on the trust that was built due to having a common treatment planning framework.

Moreover, the general practitioners stated they not only needed help doing what they can't do alone, but learning new ways to approach cases that may have been intimidating before.

Using similar language and having a clear framework for evaluating patients meant both parties could achieve in a five-minute phone call what previously might have taken multiple emails and calls to accomplish. It was universally agreed upon that this led to higher patient satisfaction and better results.

In addition, doctors found this increased clinical understanding also led to an overall better interpersonal relationship between referring doctors and that patients noticed the difference.

It could be something as simple as setting expectations about how long it takes to get an appointment with a specialist. The patient has a very different experience when going for a consultation for an implant if the patient is told, "I am going to refer you to my periodontist. Just so you know, she is the best, which is why I am referring you to her. That means it may take a little while to get you scheduled, but it is well worth the wait."

This way, the expected wait is viewed as a positive thing as opposed to the patients calling in cold and being put off by a one-month wait. If both offices trust one another, the patient will feel well cared for, which enhances everything from case acceptance to compliance with aftercare.

At the end of the day, specialists and general practitioners may have slightly different day-to-day goals when it comes to their cases, but their overarching goals are the same — better outcomes, greater patient satisfaction and greater overall satisfaction with their career.

Essentially, a general practitioner wants a specialist referrer with:

- **Open dialogue:** clear communication between the general practitioner and the specialist and between the doctor and the patient will ensure better treatment.
- **Similar treatment philosophy:** a common framework and language for treating patients is essential.
- **Focus on patient care above all else:** it's crucial that both general practitioner and specialist say they did the best thing for the patient every time.
- **Team mentality:** it's not that one part of the case went well; it's about the whole treatment being successful.



When and why are these referral relationships working?

What exactly does it take to make this well-oiled machine? What do the strongest and most lasting referral relationships have in common?

Two general practitioners we spoke with expressed the same exact sentiment that one simply cannot practice on an island. At the core of any successful referral relationship is the recognition of just how necessary that relationship is and how critical interdisciplinary care is to ensuring patients receive the best treatment possible.

But realizing the importance of interdisciplinary care is just the beginning. These relationships also need a strong sense of openness and approachability. Beyond just being easy to talk to, both specialists and general practitioners must come equipped with a desire to learn from each other and work together to solve problems on even the most challenging cases.

A thirst for learning and growing one's skill set, coupled with a commitment to open communication, is what allows treatment to truly succeed on an interdisciplinary level in a way that benefits patients and doctors.

In short, referral relationships work when:

- They foster better outcomes for patients. Happy patients are lifelong patients who refer more patients into the general practitioner's office, which in turn leads to more referrals to the specialist's office.
- They streamline the treatment process to make it as efficient and effective as possible. As communication is streamlined, both sides spend less time coordinating and more time treating patients.
- They satisfy the needs of both specialist and general practitioner. To do this, both sides must clearly understand what the other needs.
- Both partners are committed to seeing each other grow and learn. They know that by focusing on each other's growth they will ultimately get more patients to say yes to larger cases, benefiting both partners in the relationship and ultimately helping patients achieve goals they may not have known were possible.

But that still doesn't answer the question of why a referral relationship reaches this point in the first place. What is the one thing tying all these qualities together, the one thing that oils the machine so that it can run at its greatest capacity?

Communication.

In all the interviews we did, the common thread was that a referral relationship simply won't work without smooth, honest and detailed communication.

Communication must be founded on a solidified perception and understanding that general practitioners and specialists are partners when it comes to patient care. It starts with communicating and understanding the value of referring. But, in part, this can only be proven through experience.

It seems that anyone can take steps to build and improve their relationships given they find a way to do these things:

1. Find a common treatment planning philosophy so that everyone looks at a patient through a similar lens.
2. Find a non-threatening venue to walk through cases that you have no emotional investment in to help the group grow in mutual understanding.
3. Be prepared to give as much as is received.
4. Foster a commitment to open communication and accountability.
5. Above all, remember to be partners in patient outcomes.

Strong referral relationships can make your career and practice drastically more efficient and successful. With Spear Study Club, those relationships have a place to reach their strongest level, fueled by hands-on learning, online deep dives and structured open discussions. Spear Study Clubs are markedly different in terms of construct and resources as compared to other programs, which is why our interviewees have found such dramatic success during their time here.

Are Your Referral Relationships As Strong And Healthy As Possible?

Talk to a Study Club Advisor to learn how Spear can help.

CONTACT AN ADVISOR