

IMPLANT PRACTICE

SUCCESS REPORT

from Thommen Medical and Levin Group



Welcome to Issue #1 of **The Implant Practice Success Report**, a monthly newsletter on implant practice success. Levin Group and Thommen Medical are very pleased to provide implant practice business information to you and your team. Each month, **The Implant Practice Success Report** will feature leading edge education for managing, marketing and maintaining a robust and successful implant practice.

In this issue we focus on an often overlooked, but critical function within the implant practice—the **Implant Treatment Coordinator**.

Three Things to Know About Today's Implant Treatment Coordinator

By Roger P. Levin, DDS

As promising as implants may be for increasing production, many surgical practices still fall short of their potential in this area. COVID-19 has certainly contributed to this, potentially making the cost of implants more daunting for financially stressed and cautious consumers. But even today, specialists must move beyond the barriers, financial and otherwise, and develop effective strategies for increasing implant production.

Perhaps the most critical step any practice can take to grow its share of implant cases is to empower its implant treatment coordinator (ITC). It takes more than merely having an ITC on staff and involving her in consults and other implant-related activities. The ITC must be properly trained to handle several crucial responsibilities.

As the management guru and business leader Thomas Watson stated, "nothing happens (in business) until a sale is made." This brilliant observation highlights that the ITC plays a key role in starting the process of implant treatment for any patient. They help "make the sale".

Three Things to Know About ITCs

According to the Levin Group Data Center, 98% of all ITCs have no sales background. However, the singular focus of the ITC position is very straightforward. It is to create a sale. If a patient accepts treatment then practice production increases. This may have been easier, even for ITC's with no sales background, prior to COVID-19. However, if we look at data from the 2008 - 2009 recession, implant surgical placements declined from an annual growth rate over 16% to under 3% for approximately four years. When organic growth rates begin to decline, the sales skills of the ITC become increasingly important.

The second thing to know about the ITC is that their role begins with the very first patient phone call – even though the ITC will most likely not be part of that conversation. Therefore, it is very important to train the front desk staff on how to build value and drive the specialty practice brand during the call. This training involves the use of exquisite and specific scripting to communicate key persuasive points to every new potential implant patient. Think of the first patient phone call as the beginning of the ITC process.

And third, it helps to think about the ITC as you would an elite athlete. Elite athletes measure everything, looking for every opportunity to improve even a small amount. In an increasingly competitive and more challenging world, ITCs can only grow and improve in their skill sets if they have some level of measurement indicating how well they are performing. ITCs, like all salespeople, have black-and-white results. Either the patient accepts treatment or does not. It is necessary that the ITC keep a daily report that reviews how many patients were presented implant dentistry, how many accepted treatment, how many rejected treatment, how many need follow up (which is often ignored by many ITCs) and how many implants were scheduled for treatment that day. It only requires about two minutes to review a daily ITC report, but it provides a wealth of information about trends and patterns in the practice.

The opportunity to help an ITC improve in both skillset and effectiveness is immense. We are entering an era where ITCs who do not understand the entire process, have not designed the proper scripting, do not measure daily, monthly and annual results will see their effectiveness decline. This is always the case when entering a challenging economic time where people must decide about how and where they want to spend their money.

Nine Steps for Creating a Powerfully Effective Implant Treatment Coordinator

By Roger P. Levin, DDS

The ITC is critically important to the success of the specialty practice. And the role may be a bit different than you think. Here are the nine steps to creating an effective implant treatment coordination process in your practice.

1. The first new patient phone call is the starting point of the ITC process. This phone call is much more than simply getting the patient scheduled and acquiring basic demographic information. It needs to be designed to create a high level of value for implants in the mind of every potential patient. The scripting should create the sense that dental implants will improve the patient's quality of life. It must also instill confidence in the ITC and the specialist. This call is the start of a relationship between the patient and the practice. In our observation, 90% of practices have not structured the first new patient phone call to achieve these critical objectives. Those that do tend to have the highest close rates of new implant patients in their specialty.

2. What makes consumers buy? What prevents a transaction from occurring? Marketers and behavioral psychologists have researched these questions exhaustively. The well-trained ITC will understand the science of motivation as it relates to implants. Unlike many other procedures—those that are need-based, or largely covered by insurance, or inexpensive—implant treatment is what marketers sometimes refer to as a “considered” purchase, i.e., one that will not occur impulsively or without serious consideration of its advantages or drawbacks. A grasp of the underlying psychological factors serves as the foundation for building a persuasive case for implants.

3. The ITC needs to act as a liaison between the patient and the practice. Her role is far more than meeting with the

patient one time. She is the individual that will educate the patient, explain the process, guide them accordingly and with support, review all financial options and help them to make a decision. The prospective implant patient must come up with a good answer to the question “Why should I get an implant rather than some other, less-expensive solution or just continuing to live with a missing tooth?” The primary job of the ITC is to supply that answer. For dental professionals, it may be obvious. But clinical facts must be translated into readily understood lifestyle benefits for the patient. The value of an implant—in terms of permanence, appearance, function, ease of care, etc.—must be presented in simple, compelling language, enhanced by sincere enthusiasm on the part of the ITC. By the time a well-skilled ITC reaches the financial aspect of the conversation, she is already viewed by the patient as an advisor who will help the patient find a way to accept implant treatment.

4. Scripting is essential and can make a tremendous difference in ITC results. It has been proven over and over that practices using the correct scripting have much higher close rates and higher satisfaction of implant patients. The ITC can benefit from having the right scripts that help them to follow a general pattern and how they communicate with potential implant patients, answer questions and objections and provide follow-up communication.

5. Though clinical details about implants tend to be confusing, boring and unconvincing for the typical patient, a certain amount of education remains important. Simple facts establish credibility and serve as springboards for the benefit statements that will motivate acceptance. The ITC should therefore be very well grounded in the clinical story behind the treatment she's presenting.

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6. Patients may believe that implants are expensive. Even if an ITC does an excellent job of emphasizing the value of having implants in order to justify the cost, the patient must ultimately pay the price. Most dental plans do not cover the placement of implants (though some may pay a portion of the cost of restoration). The financial barrier will be significant for most patients, so the ITC must be skilled at presenting payment options that make implants more affordable. A pre-payment discount may persuade some to commit. Putting the charge on a credit card will appeal to those who'd like to pay in installments over a long period of time. A special loan arranged with a reputable outside finance company represents the best answer for many implant patients. The ITC should offer all payment options to all patients rather than trying to figure out who might be interested in what.

7. In a difficult economic time, an increasing number of patients will not decide about treatment while they are in the office. They will want to check with spouses, their finances, their work schedules, etc. This means that ITCs should now view follow-up as a standard part of the implant consult. Practices that do not follow up lose far more patients than those that do. In this post-COVID environment, the most successful ITCs have learned that some patients will accept implant treatment only after the practice has presented to them two, three or even more times. When a patient really wants an implant but can't yet justify it for one reason or another, the situation calls for patience, persistence and the ability to figure out what it will take to turn "maybe" into "yes." Very often, the ITC can win acceptance with a follow-up strategy based on what she hears, observes and knows from experience with other patients.

8. A successful consult marks the beginning of an intensive new stage in a patient's relationship with one or more doctors. Only a doctor can provide the clinical care, but all communication about that care... doctor to patient, practice to patient, doctor to doctor, practice to practice... should be coordinated by the ITC. Strong, supportive relationships among all parties will benefit everyone. The patient experience will improve, professional services will be better coordinated if more than one practice is involved in the case, mutual respect will grow, and referrals from both patients and doctors will increase.

9. Though all aspects of a presentation are critical, closing stands out, in part because both the ITC and the doctor must play their roles well in successfully finalizing the selling process. Though the doctor carries more authority in the conversation, the ITC takes responsibility for orchestrating the close and achieving the desired result (which should be acceptance in 90% of cases). She must recognize the moment when closing can begin, based on what she has heard and observed, and control the doctor's participation. She must also recognize when the patient will not commit, no matter what is said or done at the consult and begin planning to follow up.

An effective treatment coordinator is an essential element of every successful implant practice. Simply assigning a team member the job of presenting and closing implant cases is not enough. The practice must also provide the ITC comprehensive training in sales and communications as well as business systems and measurement tools if it expects to see a 90%+ implant case acceptance rate.