IMPLANT PRACTICE
SUCCESS REPORT

from Thommen Medical and Levin Group

Welcome to Issue #14 of ***The Implant Practice Success Report***, a monthly newsletter on implant practice success. Levin Group and Thommen Medical are very pleased to provide business education 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 practice revenue and dealing with the unhappy referring doctor.

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Add 6 Figures to Your Practice Revenue

By Roger P. Levin, DDS

An important goal of any practice is to increase revenue every year. The good news is that there are many ways to add revenue to a surgical practice. One of the areas that may (or may not) be measured by a surgical practice, is the close rate on potential implant patients. In good economic times, the close rate is higher than when times aren't as good. Even in good economic times, most practices can easily add six figures to practice revenue by increasing the close rate even by a small amount.

This all comes back to the implant treatment coordinator (ITC) system. Success in any business is directly proportional to the quality of the systems. Your practice may have plateaued at a certain level because outdated or inefficient systems are now holding it back instead of creating expansion. The ITC system is one of the most important systems for helping propel practice revenue forward. Here are 3 powerful suggestions that will improve your ITC systems immediately.

1. **Design scripting for every part of the ITC consult.** There are many practices that have frequent ITC consults throughout the day, but they often never document or create scripting around the process. At Levin Group, we teach a scripting process that has been designed to psychologically motivate a patient to accept implant treatment. Implant treatment is one of the highest quality-of-life enhancements that can be provided for a patient, so scripting should focus on helping a patient become motivated to accept treatment that is in their best interest. Scripting is a critical element that forces you to stop relying on the natural personality of the ITC and start relying on proven psychology and systems to increase close rates.

   Remember, scripting must be positive. To that end, Levin Group teaches a concept called "Power Words." Power Words are words that create energy and convey a positive, trustworthy message. Power Words include words like great, wonderful, terrific, fantastic, beautiful, delighted, and love. Saying to a patient that they will "love having implants" is a much more powerful statement than simply explaining how implants replace natural teeth. Using power words throughout the script will automatically create more patient interest, enthusiasm, and engagement.

2. **Have scripted answers to frequently asked questions.** There are about 6 to 8 questions that patients repeatedly ask. These questions should have already been addressed in the ITC presentation, but they may come back up as questions again. Simply offering off-the-cuff or robotic answers is not nearly as powerful as having psychologically designed scripting for the most frequently asked questions. For example, start by thanking the patient for the question or telling them that they have just asked a great question. This allows the ITC, in a sense, to embrace the patient and become an advisor rather than a salesperson.

3. **Follow up.** There will be an increasing number of patients who have a high interest in implant treatment, but will not decide while they are in the surgical practice. We believe and advise that the major part of the ITC's role lies within practice presentations and follow-up after the patient has left the practice. We teach a concept of one-week follow up where the ITC becomes a liaison and friend of the patient by helping them navigate any challenges regarding implant treatment. Follow-up alone will dramatically increase implant close rates as more and more people need to go home and consult with spouses, check work schedules, confirm financial capability, do more research on the Internet, or talk to friends and family. The ITC, who has true expertise in the benefits of implant dentistry, needs to be the continuity for the patient both in and out of the office.

The ITC process should be clearly defined with detail around the presentation and accompanying scripts. Practices that improve their ITC presentation can easily add six figures of revenue and achieve the goal of increasing practice revenue every year.

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Dealing With an Unhappy Referring Doctor

By Roger P. Levin, DDS

The following scenario is based on a true story about the third largest referring doctor to a surgical practice:

We received a phone call from a specialist who had a very angry referring doctor. The referring doctor had a patient call the specialty practice so that they could be seen immediately for a temporary component part, as part of their implant treatment. Unfortunately, the surgeon was booked with four straight major surgeries and the front desk person told the patient that they could not see her until the next day and that the replacement would be $126.

The referring doctor became so angry when he heard back from the patient that he actually went to the specialty practice, entered the surgical suite of the surgeon, and told the surgeon to call him when he was done so they could discuss the issue.

The surgeon was furious, but still calm enough to call his consultant (Levin Group) and ask for advice on to how to handle the situation. Levin Group's approach for unhappy referring doctors is normally to wait 24 hours and let that doctor cool off. However, this referring doctor had already called twice in the afternoon to talk to the surgeon, and we felt waiting 24 hours might simply fuel the referring doctor's anger further. Here was our advice:

- If you cannot get together in person with the referring doctor, place a call in the early evening.
- Tell the referring doctor you're sorry that there was any issue, and you would like to understand their view further. Then just let the referring doctor talk. We told the surgeon that although it would not be easy, they should not interrupt the referring doctor under any circumstances. In this case, the referring doctor talked for nearly 30 minutes. He was angry and disappointed.
- We had advised the surgeon that the referring doctor clearly wanted the power to get a patient into the practice at any time and felt that as a major supporter (he believed he was this practice's number one referral source) he had a right to get anything he wanted.
- We advised the surgeon that his response should be positive and apologetic. Further, he should convey that he understood what the referring doctor was saying and would work with his team to ensure that patients always received excellent customer service. He should then tell the referring doctor that in the event of a situation where a patient needs to be seen immediately, the referring doctor should contact him directly. This way, the surgeon can determine the best way to take care of the patient as quickly as possible.
- The referring dentist wanted the front desk person in the surgical practice to be fired, and we anticipated this and helped craft a response. After it was brought up, the surgeon explained that he was not going to fire the front desk person, but he would work with her on her future interactions with the referring doctor's practice. This seemed to mollify the referring doctor and the call ended on a positive note.
- We also recommended the surgeon have an in-person meeting with the referring doctor within the next two weeks, preferably in a restaurant. This would allow for any further comments and to reestablish and reinforce a positive relationship.

At this point you may be thinking that the surgeon should have simply terminated the relationship with the referring doctor. We believe that while that solution seems easier, it would have been a mistake. This referring doctor had been referring steadily for 20 years without incident. He clearly had a bad day and possibly was receiving undue pressure from the patient. Something set him off and you should expect this to happen with every referring doctor eventually. The difference is that many of them would simply stop referring.

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Was the referring doctor wrong to embarrass the surgical staff and surgeon? Absolutely. But it's always better to rectify a strong relationship than to let it die. If this happened a second or third time, then a different approach would need to be taken. The front desk person in the surgical practice had originally handled the situation properly regarding the level of care that the patient needed. Having their treatment performed the next day would have been fine, but not in the mind of the patient who clearly went back to the referring doctor extremely unhappy. Whatever the circumstances, this event should be viewed as an opportunity to retain a very high-level referral source and strengthen the relationship by letting the referring doctor know that he should contact the surgeon directly in these extreme situations.

Keep in mind, we are not defending the referring doctor. From an interpersonal relations and patient care standpoint, the referring doctor was dead wrong. From the standpoint of a 20-year referral relationship and wanting to maintain a positive financial future, the surgical practice did the right thing.

The main goal of this real-life situation is for you to be able to prepare yourself and your team for when it happens to you.

ROGER P. LEVIN, DDS

Roger P. Levin, DDS is the CEO and Founder of Levin Group, a leading practice management consulting firm that has worked with over 30,000 practices to increase production. A recognized expert on dental practice management and marketing, he has written 67 books and over 4,000 articles and regularly presents seminars in the U.S. and around the world.

To contact Dr. Levin or to join the 40,000 dental professionals who receive his *Practice Production Tip of the Day*, visit www.levingroup.com or email rlevin@levingroup.com.