Implant Game Changers

A *Whitepaper Series* By Roger P. Levin, DDS

Implant Game Changers is a monthly whitepaper on an important implant practice management topic. It provides you with a quick and easy way to understand a specific business challenge and how to translate the solution into higher production and profit, greater efficiency, more implant patients, lower stress and greater personal satisfaction.

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The Real Role of the Treatment Coordinator in a Surgical Practice

Before we jump into the topic of case acceptance, I would like to state a fundamental principal that every surgical practice should follow: your practice needs to have excellent, efficient, and up-to-date systems that allow you to achieve the objective of increasing production and referrals every year. Why? Because your success in practice over the course of a career will be directly proportional to the quality of your systems.

I recently received a phone call from a surgeon whose practice had declined by 7%. He was concerned, not panicked, but had no idea why this was happening. He had not reviewed the referral list, average production per referral, or case acceptance. It turned out his referrals were fine, but his case acceptance/starts diminished for one major reason. He had hired a new treatment coordinator (TC) to present most of the consultations and patients were turned off by the TC. Clearly, he had no idea this was happening, and he did not discover this until we met other staff members who mentioned that some patients were making comments before leaving the practice about the TC and their experience.

I mention this, not to be critical, but to reinforce the point that systems are essential.

The Case of the Ineffective TC

This is not the first time we have seen a practice go from higher level start rates to a drop off when a new TC is put in place. In the case above, some of the blame should be placed on the fact that she was brought in as an inexperienced TC, no references were checked, and she was never trained. We ask lots of questions when we meet new practices and when we probed this practice, we found that there was no TC system, no model or process, and no scripting. It didn't take much for us to quickly realize that this was a failure waiting to happen. There are some TCs who are natural communicators, but they are rare. Most great TCs are built over time with training, mentoring, and reinforcement.

To be fair, most surgeons aren't automatically blessed with outstanding skills in case presentation either. However, they do have what we call "doctor power." This means that being the surgeon gives them a level of respect and trust almost immediately. If nothing dispels this trust, patients are happy to pay attention, consider options, and often move forward.

The same is not true for a TC. He or she is not a surgeon and unless they develop verbal communication, human psychology and motivation, and high energy that creates trust, they will not achieve the level of the surgeons. Furthermore, a trained TC can allow a surgeon to have enough extra time for production so that the practice can increase 20% in production and profitability in a truly brief period.

Training the TC

The first step in onboarding a new TC is basic training. Basic training means laying out the ideal model for the ideal treatment presentation. We know that patients are widely variable in their needs, concerns, financial capability, and even available time. If you had the perfect patient who can afford treatment this is the ideal. If you had the perfect patient who can afford treatment, wants treatment, has time for treatment, but still wants to make sure it's the right choice, how would you approach that patient? Keep in mind that what a surgeon does in presenting cases is not necessarily the right model for a TC. Surgeons have that instant trust and can move faster and say less without developing as many parent or patient questions or objections. Conversely, the TC process should automatically incorporate the questions that are most likely to

be asked:

- What is the ideal treatment?
- Why is this the ideal treatment?
- What are my other options?
- Am I going to be able to afford this?
- Will it hurt?
- How many appointments will I need?
- How long will it take to finish?
- What will I look like when I finish?
- How much is it?
- How can I pay for it?
- How much time will it take per appointment?

These questions all need to be wrapped up into scripting that's delivered in a positive upbeat manner that allows the TC to present treatment with an expectation that the patient will accept. This happens typically when treatment is presented in a positive, caring and compassionate manner and deals with as many of the questions as possible upfront. The TC must also give the patient a chance to participate in the conversation.

It Needs to Be a Conversation

One of the major shifts in recommendations that we are making at Levin Group is to begin to transform case presentations in the case conversations. This applies to both surgeons and the TC. We are seeing a gentle shift that is taking place in how patients want to understand their options and make decisions. Conversations are enhancing case acceptance/starts at a rapid rate. There are certain principles of conversation and here are three to be considered:

1. The patient must participate in at least 50% of the conversation. If the patient participates, they become engaged and often talk themselves into treatment, but if they are in a situation where they spend 10 or more minutes listening to an explanation, they tend to formulate more questions and objections than they might if they are engaged all along the way.

2. Ask the patient questions. This is a reversal of the normal order where you give explanations and patients ask questions. If you ask patients questions regarding their interest, how they heard about the practice, do they know other people that have had similar treatment, etc. you will find that the consult advances very quickly toward the right decision and the right decision, of course, is a start!

3. Ask for feedback. Digging in and going deeper by asking a patient for their impressions of what you have explained and what they are hearing gives them a chance to give you feedback and even repeat back what they have heard. In most cases when people repeat what they have heard it means they are focused, paying attention and most likely to accept the recommendation. We have noticed that when they repeat what they have heard they are reinforcing the benefits of the position.

Finally, as a quick bonus to this concept, try to always give three benefits with every recommended service. Most people can not handle five or six benefits. Three is enough. Create value for the treatment and explain how the child or adult patient will have an improved quality of oral and overall life.

It is essential to train TCs to have conversations. Many do not have previous sales experience and do not understand that the role is not simply explaining to a patient what they should have done. It is about building a relationship that leads to trust, that leads to value, that leads to a desire to have treatment. This happens by developing a model of how you create a start, the standard initial questions that you ask to get to know them on a personal level, the standard initial questions that you ask to understand their dental experience and background and then engaging them in the same educational process described above. When TCs approach patients as if they are having a conversation using the above descriptions, they find a much higher start rate.

Pretend You Just Met This Patient and Are Sitting Next to Them on An Airplane

We've all had the experience of meeting someone on an airplane and engaging in a robust, if not surprisingly interesting, conversation. I personally fly a lot to get to live lectures all over the United States and internationally and in general I prefer to settle into my airplane seat and do my work undisturbed. Occasionally I have an "aggressive" seatmate who wants to talk and in many cases I found these conversations to be extremely interesting and my seatmate to be

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interesting as well. I can think of many wonderful conversations I've had simply by allowing my seatmate to engage me in conversation.

This is a wonderful example for TCs. Have the model and have the scripting ready. Know your questions and know how you're going to build a relationship that builds trust, but think of the patient as a seatmate who wants to talk. The patient may not talk initially because they think they are supposed to listen. However, if you engage them in conversation like an airplane seatmate who wants to talk, you will have far better results than if you simply shoot out explanations and hope they perceive enough value to accept treatment.

TCs Need to be like Chameleons

Now that we've talked about models and conversations, there's one other aspect that should be considered and that is the high degree of variation amongst parents and patients. The TC must be able to quickly adapt to the patient based on age, personality, perceived financial capability and many other factors. The bank president will require a different approach than the 35-year-old stay at home mother who is carefully evaluating her options and worried about the fee. Each of these situations will present a slightly different approach.

Once again, using the above example, the fee-concerned mom may want to talk about many things including her life (just like an airplane seatmate) and unless she can do so, will simply not become comfortable going through with complex or expensive treatment. The bank president, used to making major decisions all the time, is much more likely to simply arrive at a yes or a no and yes will happen if the bank president is quickly convinced that the recommendation is the right choice.

We are in a new world of human behavior in many ways since the pandemic of 2020. Many people have a different attitude about how and where they spend money, what they want to know and how they want to be treated. The Internet alone has given consumers tremendous research power even if some of that research contains inaccurate information.

Summary

TCs can save surgeons tremendous amounts of time. Levin Group estimates that you can increase production by 20% or more by putting in place a highly skilled TC that is able to maintain high start rates. There are dynamic shifts taking place for TCs who need to be trained and mentored. We have now learned that having a full conversation rather than strictly an initial presentation will increase start rates and is much more desired by many patients today. Following the guidelines and recommendations in this white paper will help every surgical practice to improve case acceptance and overall practice performance. This will help to achieve the objective of increasing practice production every year by having leading edge and highly relevant systems.

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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.

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