PRACTICE PRODUCTION WHITEPAPER SERIES By Roger P. Levin, DDS

THE IMPACT OF THE IMPLANT TREATMENT COORDINATOR



www.levingroupimplant.com

10 New Plant Court, Owings Mills, MD 21117 • 3410 E. University Drive, Suite 100, Phoenix, AZ 85034

The Implant Treatment Coordinator

By Roger P. Levin, DDS 🛑 🔵 🛑 🔵 🛑 🔵 🔵

Introduction

Implant dentistry is one of the fastest expanding fields in the dental profession today. And this expansion could not be coming at a better time. A growing implant practice allows for further investment into the practice, excellent income for the doctor and team and a successful, sustainable career. One person is largely responsible for this to happen—the Implant Treatment Coordinator.

By freeing up doctor time, the Implant Treatment Coordinator (ITC) increases implant surgeon doctor production time by at least 20% per year, which can translate into a profitability increase of more than 30%. Without an ITC in place, the majority of specialty practices will place less than 200 implants per year, per doctor (with the larger practices far below this number on a per doctor basis).

Responsibilities of the ITC

The ITC keeps both the surgical and the restorative practices involved and informed about implant recommendations, patient consultations, and treatment status. When patients are thinking about having implants placed, it is important that they hear consistent information. If the surgeon and the restorative doctor offer conflicting information, there is less chance the case will be accepted.

Think of the ITC as the implant consultant for both offices. This position enables both the surgical and restorative practices the ability to ensure greater case acceptance through patient education, relationship-building and enhanced case presentation.

The ITC is accountable for the following tasks:

1. Handling All Communication

Most of the communication between the restorative and surgical practices should be handled by the ITC. Responsibilities include tracking all case presentation efforts, answering patients' questions, presenting patient financing options, documenting case acceptance, scheduling patient appointments, conducting follow-up phone calls and monitoring the treatment program.

Having a point person for implants ensures "the ball does not get dropped" due to miscommunication. A

knowledgeable ITC encourages cooperation between practices and with patients, which helps to boost patient acceptance of recommended treatment.

2. Controlling the Schedule

An ITC scheduling all appointments for potential implant patients is able to:

- Create a dependable point-of-contact between the two practices and the patients
- Build value for the implant treatment
- Increase patient confidence
- Eliminates miscommunication between practices

3. Educating Patients

The ITC can assist restorative doctors by educating and motivating more patients to accept implant treatment. The ITC can educate their patients about implants by providing brochures, posters, and collateral materials and acting as a resource for both doctor and patient. When patients are better informed, case presentation becomes easier and increases the likelihood of patients saying *yes* to implant treatment.

When doctors and the ITC work together as a team, patients are better educated about implant benefits and are more likely to accept recommended treatment. The ITC is a well-trained professional, not a dental practitioner. Doctors sometimes find it confusing that some patients are as interested in the ITC's opinion of treatment as their own. The fact is many patients are looking for direction and reassurance from someone who is more "like them." The dentist may be the acknowledged clinical expert, but for many patients the ITC seems like a more accessible person.

What Happens Without An ITC

We have examined what an ITC does for the practice. Now, what occurs without this vital individual in place? One result is a profound impact on practice productivity. As previously mentioned, without an ITC, practices can seldom place more than 200 a year. There are several reasons:

• Doctors run out of consult time to see patients and all new patients need to be seen within seven days or less.

By Roger P. Levin, DDS 🛑 🔵 🛑 🛑 🛑 🔵 🛑

Patient motivation is very temporary. Implant candidates should not wait to come into the office. The longer they wait to present to the practice, the more likely they will turn down implant treatment.

- Doctors cannot properly develop relationships. It is critical to educate potential referral sources. Without sufficient time, implant surgeons simply tend to abandon this process—a key reason why implant referrals decline. The ITC has the time to carefully cultivate these relationships in a way a doctor would never have time to do. The ITC can retain more current referring doctors while simultaneously developing new referral sources.
- Referring doctors often need support from implant surgeons. Simply because restorative doctors refer a case does not mean they will increase the number of referrals or even continue their involvement with dental implants. The ITC plays a critical role in synergizing the attention that can be paid to referring doctors from an education, clinical, motivational and relationship oriented scenario. One thing I always tell audiences at my implant seminars is, "If referring doctors are not hearing from you, they are not thinking of you."

Why Implant Doctors Need All Of The Help They Can Get

Too many specialty practices attempt to handle the implant practice the same way the rest of their services are handled. However, there are vast differences. In each circumstance, a skilled ITC is highly beneficial:

- 1. General dentists automatically refer certain specialty services—implants are usually not one of them. The fact remains that there are always other restorative options for GPs such as dentures and bridges. The ITC must be ready to instill the motivation for implants that may be lacking when patients present to the surgical practice.
- 2. The consultation process for dental implants is quite different. The Levin Group Data Center[™] indicates that 65% of patients will need two consults and 15% will need three. This is more time required than many doctors realize and a key reason why implant surgical practices reach their maximum capacity at around 200 implants—half of where they should be. Growing implant practices need a highly trained ITC who has enough time dedicated to the consult process for educating and motivating patients to accept treatment. The ITC is a critical staff member and one that can be part-time or full-time, but without which the implant practice will be challenged to grow.

3. Implant case presentation requires more skill than ever. Based on the spending habits of patients, the ITC now needs to be a highly trained professional with excellent interpersonal relations and sales skills. Simply having a team member that explains implant dentistry is no longer acceptable. Remember that the ITC must present more implant cases than ever—not just to those who arrive highly motivated. Presenting to already highlymotivated patients may be easier but implant practices will surely plateau by doing only that. More cases have to be presented. More patients need to be motivated to accept treatment. A skilled ITC will be able to close 95% of cases—no matter how motivated they were when they first presented to the practice.

Conclusion

The future of implant dentistry will be about patient education and motivation at an entirely new level—and it centers around the ITC.

The ITC serves many vital functions for both the surgical and restorative practices. This individual not only provides superior customer service but also eliminates miscommunication and potential bottlenecks. An ITC allows both surgeons and restorative doctors to spend less time dealing with administrative work and more time chair-side providing patient care, which is exactly where they are supposed to be.

An ITC is no longer a luxury. This individual is now vital to all implant practices. A properly trained ITC can close over 90% of all implant cases, which means they are major contributors to the future of the implant practice.



Dr. Roger P. Levin is Chairman and Chief Executive Officer of Levin Group, Inc., the leading dental practice management and marketing firm in the United States. Levin Group delivers premier comprehensive consulting solutions that result in Total Practice Success™ for dentists and specialists in the U.S. and around the world. A third-generation

dentist, Dr. Levin is one of the profession's most soughtafter speakers, bringing his Total Practice Success™ seminars to thousands of dentists, specialists and dental professionals each year.

Levin Group is headquartered in Baltimore, Maryland, and has a second location in Phoenix, Arizona. For more information on Levin Group's programs and services, visit www.levingroup.com.