



# Implant Game Changers

***A White Paper Series By Roger P. Levin, DDS***

Implant Game Changers is a monthly whitepaper on an important implant practice management topic. It provides you 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.

# Insights for the Implant Treatment Coordinator

Many implant-based practices don't realize the nuances related to the job of the implant treatment coordinator (ITC). The ITC has tremendous ability to increase practice production and profit through implant case acceptance. Many specialists are under the belief that they have very high case acceptance. However, there might be large gaps to which they are unaware. These can include the number of patients that never make an appointment for an implant consult, patients who call the practice and don't schedule, patients who schedule and don't accept treatment, and patients who cancel after appearing to accept recommended implant treatment. There are other factors as well and this white paper will focus on some of the subtle areas that we refer to at Levin Group as being "invisible." These are the areas that don't get noticed, improved, measured and are generally ignored simply due to a lack of awareness. It is also notable that many specialty practices have performed well up until the COVID-19 pandemic and even in 2020. However, practices should be aware that when a business is busy, performing well, and/or growing, many daily opportunities for improvement are missed.

## Understanding the Role of the ITC

If you asked them, almost every specialist would tell you that they understand the role of the ITC. Yet, when we interview new specialty clients on this very question, we receive a wide range of answers and they're not very accurate. What we rarely hear is that one of the roles of the ITC is to continually improve implant case acceptance and the entire new implant patient experience. There may be several reasons for this. First, the ITC may not be seen as important or critical to the case acceptance process. Secondly, no one may have thought to direct the ITC to continually track all areas of implant case acceptance and search for ways to improve them. Third, the ITC may have had extremely limited training in their job as a salesperson and lack the motivation to continually find new ways to increase sales. According to the Levin Group Data Center, 98% of ITCs have no previous sales experience. Finally, the ITC may not be respected at a level that is equal to her position. ITCs have a major role in overall specialty practice implant production, total production, total profit ability, and doctor income.

Given these scenarios, which at first many specialists may deny, it becomes evident that the ITC does not completely understand his or her role or is missing what I referred to above as the nuances.

The first step is to write a new job description for the ITC. The ITC has one primary responsibility amongst all others, and it is to maintain or increase the number of implant cases each year. The ITC position is a sales position. In today's increasingly competitive world the ITC must evaluate every possible opportunity, bring new ideas and recommendations to doctors or office managers, and continually focus on improving the process. Every year the number of implant cases should increase due to excellent referral marketing and sales processes. If referral marketing is in place, the practice will attract enough patients to contact the practice to at least discuss making an appointment. However, if there is no process in place to encourage the caller make the appointment, come in, and accept treatment, then the marketing investment will go to waste.

Levin Group has a training program specifically for ITCs and we have never seen a circumstance where an ITC who receives additional training from any credible source does not improve the number of implant cases. ITCs are typically upbeat, outgoing people that are highly motivated to perform well and once they understand that their role is not simply meeting with patients but increasing overall implant case acceptance and contributing to practice production, they take on an entirely new set of motivational factors.

## Understanding the Nuances

As a quick review, I am referring to the word nuance in this white paper as those areas or opportunities that aren't usually covered in most courses, webinars, articles or job descriptions for ITCs. These are those invisible spaces that do not receive attention or even necessarily awareness, yet they have a powerful opportunity to increase the number of implant cases that are accepted and treated each year. The ITC should work to increase performance on an annual basis and addressing these nuances will create some of those opportunities.

**Nuance #1:** Patients who never contact the specialty practice to discuss implants, ask questions, or make an appointment for an implant consult. Approximately 35% of patients who are referred to a specialist by a general practice for implant consultation never make the appointment. There is no database, mailing list, follow-up procedure that can take place because you never have contact with these potential patients. So why would they not follow up and make an appointment, especially since so many specialists have the first implant consult at no charge, which gives them an unfettered chance to meet you? We believe the reasons lie with the referring practice. The referring dentist can explain the benefits of implant treatment, referring front desk staff can explain and reinforce why the patient should make an appointment, and the referring practice can schedule the appointment. Unfortunately, they see none of this as their responsibility. In their minds the recommendation was made and whether the patient schedules is up to them.

Unfortunately, they're right. It's not their job, but it's your job to encourage the general practice to call your practice to make an appointment while the patient is still in their office. Does this simple act make a big difference? Simply look at the data. The data shows that when the general practice front desk contacts the specialty practice to schedule patient while the patient is still with them, the patient will make an appointment and keep the appointment 95% of the time. That is literally a 30% increase in the number of consults each year that are referred by a general practice. This, of course, refers to general practices that refer a good number of implant cases and not just an occasional one.

So how do you get the general practice to make the call? The answer is for the ITC to be able to build relationships with the front desk staff of referring practices, starting with the better referral offices. Then they can use those relationships to convince the referring practice to work cooperatively by scheduling the patient while the patient is in the practice. It can be pointed out that this also represents an upgrade in the level of customer service as it is one less thing the patient must worry about. We have been convinced for many years that there are numerous implant cases that never happened simply because people are too busy. They have the money, motivation and desire but they never get around to committing the time.

**Nuance #2:** Patients who call the specialty practice but never make an appointment. This is simply a matter of not articulating the practice's value during the new patient phone call. Front desk staff in specialty practices should be effectively trained, using excellent scripting, to communicate true value to the potential implant patient. Again, this becomes a question of responsibility. They simply view their job as answering the phone, being pleasant, and offering an appointment to the patient. They don't see the new patient call as a true opportunity is because there is no measurement. You can't go into your software to determine what percentage of all potential implant patients were not scheduled. And when there is no measurement, there is usually very limited awareness. We had one new client who had a terrific office manager and she informed us that when patients called almost all of them scheduled. We conducted our normal recommendation of a 90-day assessment, keeping a separate tally of how many calls came in and how many actually scheduled. At the end of the assessment, we found that a high number of patients that called the practice never made an appointment. After the proper scripting was put in place, that number dropped. This was a significant increase in the number of patients who made appointments due to paying attention to this particular nuance.

It's also important for front desk staff to answer the phones with a good command of the answers for the most frequently asked questions. Once you have all these strategies in place, pay close attention to how many patients are calling the practice and how many are scheduling. You will add many implant cases to the practice if patients feel your practice is of high value.

**Nuance #3:** Patients who schedule but don't keep the appointment. Once again, when we speak to new clients, they tell us they don't have a problem in this area. They say they know this either by gut feeling or by asking front desk staff for their opinion. It's natural for the front desk staff, who are extremely busy, not to pay close attention to the number of patients who simply cancel their implant appointment. They just assume that the patient will call back to reschedule. No-shows are a bit more notable to most practices because there is undesirable downtime. However, most specialty practices don't track their no-show rate, which is typically somewhere around 3%.

We had one new client determine how many patients had originally scheduled and then either canceled their implant consult appointment or didn't show up. It wasn't high, but it was a surprise to the doctors when they found out that about 5% of patients who actually scheduled did not keep their appointment. We then asked them to calculate the number of implants that were lost. When they recognized it was over 40 implants a year, given all patients had presented for the consult appointment and accepted treatment, it motivated them to implement a system for improvement.

There will always be patients who need to reschedule or don't show up for appointments. However, Levin Group works with its clients to reduce this number to under 1%, which would add up to over 30 implants per year in the example above.

The best way to improve the situation is by having a high value new patient phone call, which motivates the patient and gives them a strong desire to learn more about implants or accept the treatment recommendations if financial arrangements can be worked out. This nuance may not be as significant as the first and second mentioned above, but when added to the other two it creates a robust opportunity to increase the number of treated implants cases and has a dramatic effect on overall practice production.

## Summary

There are many nuances that are invisible to doctors and office managers. Often, it is because they are either not measured or not able to be measured. Recognition that there are patients who never contacted the practice, patients who contact the practice and do not schedule, or patients that schedule and never present for the consult can represent as much as 15% or more of implant practice production. Increasing practice performance by 15% per year, year after year compounded, means literally millions of dollars for most practices over time. That is how serious these nuances can be in their effect on a practice.

"What gets measured, gets done" is a business statement that is so powerful and so true. You may not be able to get certain measurements out of the practice management software, with a simple pad and pen you can keep track of all three of these nuances and design systems to improve the sense of value, ease of scheduling, follow-up for no-shows, and number of implants placed. When you do this, practice production will increase every year.

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