Increasing implant production through an implant treatment coordinator

By Roger P. Levin, DDS

The success of your implant practice heavily depends on one individual— an implant treatment coordinator (ITC). Your practice may not be ready for one yet, but the ITC is the cornerstone of true implant growth.

How will you know when your practice is ready for an ITC?

The path toward needing an ITC begins with a growth plateau, something that occurs in thousands of implant practices. While there are many causes for a lack of growth, one key reason is that practices simply run out of doctor time. Face it — you can be at only one place at a time. And the best place to be is chairside, providing optimal patient care and producing revenue. Unfortunately, that’s a hard lesson to learn for some implant doctors who try to do a little bit of everything (scheduling, marketing, referring office communication) and then wonder why their implant production is flat. This is the very reason why Levin Group recommends that implant practices use an ITC, so that the implant doctor has the time and energy to place more implants.

Are you ready for an ITC?

How do you evaluate doctor time to determine if an ITC is needed? Follow these steps to ascertain the situation:

• Evaluate the schedule to determine if higher levels of efficiency can be achieved by replacing the schedule with one that focuses more on what Levin Group calls Production Power Cells™.

• Evaluate the staff from a training standpoint to determine if they are able to take on greater responsibility to free time in the doctor’s schedule.

• Determine the amount of time that the doctor is spending in non-treatment implant activities.

The ITC’s role explained

The ITC’s main function is to manage 95 percent of all implant patient-related activities with the exception of final diagnosis and treatment. Can an ITC really handle all of these areas? Absolutely! Remember that hundreds of practices throughout the United States are currently using an ITC.

The ITC manages patient interactions during the entire implant process from the first confirmation call to the implant placement to postsurgical follow-up.

From a patient’s standpoint, the ITC will create a high level of comfort while building tremendous value for implant treatment. Consequently, the role of the ITC has a significant impact on increasing case acceptance.

When Levin Group added the training of the ITC in its one-year Total Implant Success™ Management and Marketing consulting program, implant production for our clients increased dramatically. This was due to two reasons:

• The ITC was trained on advanced interpersonal and motivational skills, which ensured a positive experience for patients throughout the entire implant process.

• The doctor had more time to focus on clinical diagnosis and treatment, which are the main drivers of practice production.

The philosophy of the ITC

The philosophy is that one person, the ITC, handles the patient from initial contact with the office all the way through until completion of the case. The ITC will be the individual who performs consults and arranges confirmation calls, follow-ups and scheduling for patients. Rest assured, the doctor still has time to meet with patients for both the diagnostic and case presentation phases, but it requires 90 percent less time per patient than without an ITC. This significantly increases the amount of time doctors can spend in treatment.

The advantage of a quality ITC is not only about time savings — it’s also about an improved patient experience. The ITC often relates to the patient in a different way than the doctor.

As a non-clinical staff member, the ITC has much more in common with the patient than the implant doctor. An effective ITC takes advantage of this circumstance. In fact, this individual has specific guidelines for working with patients and presenting treatment to achieve high levels of case acceptance. As an example, the ITC will focus on:

• Creating value by transferring trust to the doctor.

• Educating and motivating the patient on why implants are the best choice.

• Spending time to work through all patient issues to achieve the best result.

Doctors may be reluctant to admit it, but they simply do not have the time (and often not the temperament) to work with patients at this level.

Conclusion

The position of the ITC can have a powerful impact on a practice. Too many practices wait far too long and find themselves stuck in a plateau losing production that will never be recovered.

The implementation and training of an ITC is not a difficult process, and with the proper training program, you can quickly reap the benefits. ITCs should have high close rates and be measured on a daily and/or weekly basis to determine how they are performing. Just like sports, the ITC should have a regular score and understand how she is doing and when it is time to reevaluate her success and augment skills with additional training.

Perhaps most importantly, the ITC can allow the doctor to significantly increase both clinical treatment time and practice profitability.

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