

# HOW TO PROFIT FROM...

# Implants

## Enhancing the implant portion of your dental practice

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It has been said that “life sometimes gives you a second chance.” For dentists, their practices, and — most importantly — their patients, implants are that second chance. Implants are a therapy whose time has come. In the book, *“The Tipping Point,”* author Malcolm Gladwell describes how new ideas or products become popular. He explains how a few visionary leaders take a good idea, and in the context of the right idea at the right time, a concept or product will become mainstream. I believe those dentists who delay fully incorporating implant therapy into their practices will see reduced productivity, loss of patient population, and eventual deterioration of practice value.

Building an implant practice requires the “Three P’s”: Passion, Planning, and People. Failure to incorporate any one of these three key factors will result in less than an optimal result.

### Passion

The practice of dentistry is too challenging to do just for financial security. A dentist needs to look at completed work and derive satisfaction from its technical and professional excellence. The thrill of a successful outcome should last longer than the patient’s trip to the front desk to make payment. Because dentistry is both an art form and a science, the passion for our craft must be matched by the tenacity of thought to create a well developed and clearly explained treatment plan.

### Plan

No goal is predictably achieved without a plan. It is best to divide goals into three categories: short-term, mid-range and long-term.

An example of a short-term goal for development of an implant practice would be to create a library of patient information material related to implant therapy, and display it in an easily accessible eye-catching manner.

A mid-range goal would be for the entire staff to be knowledgeable and enthusiastic about the implant process. Staff training and empowerment requires both in-service and outside educational programs.

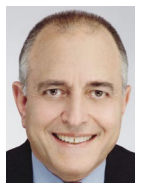
A long-term goal would be to become the implant “expert,” developing a practice in which the internal marketing program generates strong patient referrals and where professional colleagues defer to your judgment about matters related to implant dentistry.

To achieve these goals, I use what I call the “Philosophy, Strategy, and Tactics Method.” With this method, an overriding philosophy dictates the strategy and tactics utilized to attain a desired goal.

My philosophy is unconditional commitment to:

- ① Excellence in everything we do
- ② Welfare of our patients
- ③ Development of our staff
- ④ Profitability

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# HTPF: IMPLANTS

An example of this would be:

Philosophy = Excellence

Strategy = Meticulous attention to detail

Tactics = Evaluate each procedure and periodically rewrite the office manual

Another example would be:

Philosophy = Show respect and dignity

Strategy = Employ a “win-win” state of mind

Tactics = Have an open-door policy

As part of the plan to build an implant practice, practitioners should “brand” themselves appropriately. Branding is defined as identifying yourself as you would like others to perceive you. In his book, *“Build Your Own Life Brand!”*, Stedman Graham suggests “be yourself and be comfortable, surround yourself with people who understand your philosophy, let people see your passion for your work and network at all levels.”

## Education

Whether you place implants, restore them or both, achieving a high level of expertise requires significant continuing education. A couple of “weekend courses” will not do the trick. The development of both knowledge and skill is critical. Most dental schools offer post-graduate implant programs. There are implant institutes that offer comprehensive implant training. Examples include the Misch Institute at [www.misch.com](http://www.misch.com), the Garg Institute at [www.implantseminars.com](http://www.implantseminars.com), or the Pikos Institute at [www.mapimplantinstitute.com](http://www.mapimplantinstitute.com).

## People

Businesses have downsized the number of people to do work, but not the amount of work to be done. This gives the dental practice the opportunity to be the best service organization our patients encounter in their lives daily. Taking advantage of this fact can be our greatest internal marketing tool. Don’t miss this opportunity. David Freemantle’s book, *“The Buzz,”* offers wonderful suggestions for customer service.

A thriving implant practice requires the right people, both staff and patients. A great staff can be the foundation for a successful implant practice. An implant practice needs more than just a strong implant coordinator. All staff must be informed and enthusiastic about the implant process.

When I hire staff, I look for a “S.W.A.N.” These are people who are: *smart*, have a strong *work ethic*, have a winning *attitude*, and are *nice*. Some human resources people might find this a bit simplistic; however, if a prospective employee meets these requirements, he or she usually will be a good staff member.

Incorporating implants into your practice requires

recognition and attention to the staff’s increased responsibility because of the following:

- ① More involved and complicated procedures
- ② Increased use of new materials and products
- ③ More complex pre- and postoperative care
- ④ Increased and diverse inventory management

## Patient selection

Look for value-conscious patients rather than price-conscious ones. I treat my patients like friends and my friends like patients. The staff understands that we are about health and fitness and well-being, not about putting little screws in patients’ heads. Try to avoid both buyer’s remorse and seller’s remorse. Just because we perform a procedure predictably does not mean we should predictably do it! We are not in the business of “selling dental implants.” Remember, a well-restored tooth is better than an implant. *Tell everybody about implants but sell them to nobody!*

Due to the high failure rate of dental implants in those who smoke, I aggressively encourage smoking cessation prior to implant placement.

## Implants in the esthetic zone

Two basic facts combine to reduce patient satisfaction in the esthetic zone:

First, the more anterior the tooth, the more resistant the patient and doctor are to its loss. Therefore, hopeless anterior teeth are retained too long, making osseous regeneration more difficult. Second, the more anterior the implant restoration, the more demanding both the patient’s and doctor’s esthetic expectations are. Unlike the defense attorney who will defend his or her client until the client’s last dollar, dentists need to learn when to extract, regenerate, and restore before an area becomes unrestorable. Implants placed in the esthetic zone require a higher level of technical expertise.

## Selecting the proper implant system

There is no perfect implant system. When selecting an implant system, seek one that promotes marginal gingival health and does not allow for loss of crestal bone. Seek a system with good implant body geometry and modern bioactive coating, excellent restorative components, and superior technical support from a company whose culture is patient- and practitioner-driven but not primarily profit-driven.

## The nonthreatening implant consultation

In our practice, a new patient interview is conducted by a staff member. The basic questions are:

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- ① Why are you here?
- ② What do you know about your problem?
- ③ Have you consulted with others about this problem?
- ④ So, tell me your life story.

## Questions for staff to ask patients

- ① Are you comfortable now?
- ② Can you eat what you want?
- ③ Does it appeal to you to replace what you have lost?
- ④ Would you like to avoid cutting down the adjacent teeth?
- ⑤ Would you like to avoid a removable partial denture that you can take out at night?

It is imperative to learn what a patient wants, and how he or she would like the dental care to end up.

When I enter the room, I introduce myself as Nolen Levine, not “Dr. Levine.” The staff is instructed not to put the neck napkin on the patient before I arrive. I want to talk, and more importantly, listen first. If I put the neck napkin on the patient to begin, it gives the person the feeling that I really am not there to listen but that I am there to work. It is only after the patient and I have talked, and I try to listen more than talk, that I put the neck napkin on the patient.

Try to say the magic words “You are going to be OK and I can help you” early in the conversation. Only talk when you need:

- ① To ask a clarifying question
- ② To reflect back to demonstrate understanding
- ③ To respond to a patient’s question

## The most common topics for patient questions

- ① Time
- ② Cost
- ③ Pain
- ④ Predictability
- ⑤ Alternatives

Use verbal skills and visual aids to help the patient understand the process. There are many different consultation programs available to help with the implant consultation. They include Consult Pro, CAESY, MedVisor Dental, Dental Masters, Yaltara, Orasphere, Patient Care Suite and XCPT. I use XCPT because it allows me to show patients their dental problems by utilizing their X-rays and photographs. I then can present my solutions to these problems. By using patient X-rays in an interactive format, a higher degree of attentiveness and patient involvement is achieved during the process of co-discovery.

Overcoming the three “F’s” of dental denial: Fear, Frustration, and Finances

◆ **Fear:** I tell people that dentists work in millimeters and cannot afford to have patients think of pain, let alone actually experience pain. I explain modern anesthetics and sedation techniques.

◆ **Frustration:** I tell people the problem did not happen overnight and we cannot fix it overnight. It is hard to deliver excellence to people who have a “fast food” mentality.

◆ **Finances:** We don’t expect patients to pay for treatment overnight. We make financial arrangements and offer financing through third parties.

When a patient poses a question about fees, I like to quote my father, who practiced dentistry for 55 years. “My standards are high and my fees are fair,” he would say, and then would say nothing else. A word to the wise would be sufficient.

The implant coordinator has a role in patient management in the business sector.

## Business role

- ① Order and maintain inventory
- ② Negotiate purchase price
- ③ Screen salespeople
- ④ Communicate to salespeople
- ⑤ Communicate with staff of referring doctors

## Patient-management role

- ① Follow up on consult
- ② Coordinate with other offices
- ③ Direct follow-up consultations for:
  - ✗ Endo
  - ✗ Ortho
  - ✗ Restorative
- ④ Set up CT scans or tomograms
- ⑤ Acquire medical clearances for patients with compromised health histories

## Other responsibilities of the implant coordinator

- ① Follow up with temporization
- ② Pre- and postoperative care instructions
- ③ Coordination of implant recall

## Postoperative phone calls

I call patients after surgery and ask four questions:

- ① How many pain pills have you had since you have been home?
- ② How is the swelling?
- ③ How is the bleeding?
- ④ How much fluid have you had?

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The staff ensures that I leave at the end of the day with a list of phone numbers that have been checked with the patient to make sure they are correct.

External marketing that uses mailings and Web sites has mixed results. I have found that the most effective method of marketing is an internal marketing program that is discussed and emphasized at staff meetings without an emphasis on “pushing for patients.” The most effective internal marketing plan within an office is

the “hum of happiness.” It is the feeling that patients perceive when they walk in the door of an office and notice a staff that is empowered, enthusiastic, and appreciative.

To paraphrase the children’s nursery rhyme, Humpty Dumpty, “Unlike all the king’s horses and all the king’s men, thanks to implant dentistry we can put Humpty Dumpty back together again!”

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