

Implant Coordinator Job Description



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All ePracticeManager Job Descriptions cover the essential basics of each job, but cannot cover and fit the specific activities of every office, as each is unique. Therefore, you should use this job description as a template to edit, as needed, to specifically fit the actions in your office.

PART 1: GENERAL DESCRIPTION

Purpose

The purpose of the Implant Coordinator is to assist patients in reaching their dental goals by smoothly moving them through the case acceptance and treatment processes for the high-value dental services that they need or want.

Primary Objectives

The Implant Coordinator's primary objectives and outcomes are:

- A trusting and supportive relationship with patients.
- Patients fully educated on the implant placement process.
- Patients that see and understand the need for treatment.
- Patients started on their treatment.
- A high case acceptance percentage.

Skill Set Required

The Implant Coordinator must be someone who has:

- Excellent verbal and writing skills.
- Superior interpersonal and customer service skills.
- Excellent listening skills.
- Time management skills.
- Self-motivation.
- Empathy for the needs of others.
- A professional demeanor.
- An enthusiasm for helping people through dentistry.
- A good general understanding of dental and surgical procedures.
- Self-confidence.
- Good organizational skills.

Facilities and Equipment Required

It is best if the Implant Coordinator has access to:

- A private office or conference room.
- A stock of implants and components.
- A computer with contact management software, email, telephone, etc.
- Visual tools such as models, flip charts, and other materials.
- Digital and/or intraoral camera equipment.

General Duties

The Implant Coordinator accomplishes the objectives of the position by:

Consultation Preparation

- Ensuring that insurance benefits are known prior to patient consult, when possible.
- Daily Coordinating with the doctor regarding that day's consults.
- Ensuring that patients are scheduled, and arrive within 10 days of referral or initial contact.

Consultation

- Establishing a trusting and supportive relationship with patients at their initial consultation.
- Establishing the patient's goals.
- Finding the major factor motivating the patient's treatment.
- Using digital images, intraoral camera photos, models, etc. to educate patients so that they have a complete understanding of their condition.
- Educating patients about their treatment, as well as the consequences of non-treatment.
- Selling the skills of the doctor and staff.
- Building the value of the services in relation to the fees.
- Making follow-up appointments as necessary.
- Assisting with exams as directed by the doctor.
- Being present when the doctor presents the recommended treatment plan.
- Preparing written treatment plans per doctor's instructions.
- Informing patients about the benefits, risks, and costs of various treatment options.
- Presenting fees and giving estimates of treatment.
- Answering questions related to treatment and fees.
- Discussing dental insurance benefits as applicable.
- Listening to the patient.
- Obtaining case acceptance with as high a percentage of patients as possible.
- Documenting financial arrangements and commitments to pay.
- Adhering to all practice financial policies.

Treatment

- Ensuring that patients start treatment within 10 days of case acceptance.
- Meeting with the surgeon regularly to coordinate upcoming cases.
- Obtaining insurance pre-certification where necessary.
- Coordinating surgical supplies, implants, healing abutments, pre-operative lab work, etc.
- Providing reassurance to the patient prior to treatment.

- Monitoring implementation of treatment plans.
- Ensuring that patients receive the treatment and service they have been promised.
- Calling patients after difficult procedures to ensure that they are comfortable.
- Ensuring that excellent patient relations are maintained at all times.
- Dealing with difficult patients.
- Keeping the doctor apprised of important developments.
- Enhancing relationships with referring doctors by regular and frequent contact, and keeping them updated on the progress of the cases they refer.

Follow Up

- Tracking patients who have pending and incomplete treatment.
- Following up with patients via letters, telephone calls, etc.
- Placing courtesy calls to obtain feedback from patients to ensure the surgeon and referring doctor are working together as a team.
- Asking patients for referrals.
- Coordinating with and supporting referring doctors to ensure that they have all of the parts, tools, and information necessary to successfully complete restorations.

Coordination with Referring Doctors

- Helping verify and pull abutments for patients that are ready to have implants finished, and with whom their dentist will be placing abutments and restoring the implants.
- Taking the abutments and parts and pieces to the dentist.
- Making sure the dentists have the tools and information needed to restore the implants.
- Helping to answer any questions that may come in from the other offices, especially pertaining to the placement and restoration of implants.
- Meeting with the implant reps to be more informed about the processes, placement, parts, and restoration of implants.
- Updating referring offices about implant patients through various means of correspondence.
- Tracking implant treatment and acceptance, as well as the referring doctor's implant needs and preferences.
- Creating a system to follow up with patients who did not accept treatment, in accordance with agreements made with referring practices.
- Coordinating all clinical records for implant patients to ensure both your, and the referring practices are prepared for the patient's upcoming treatment.
- Managing workflow for surgical guides.
- Overseeing the handling of implants and components for each implant patient.

- Assisting with implant inventory, including loaned kits and borrowed implant items to referring offices.
- Gathering and managing patient reviews, and utilizing them with other practices, especially as they relate to positive outcomes on implant cases.

Improving Quality of Care

- Meeting with the doctor, as needed, to improve and streamline consultation procedure.
- Keeping a current job description, including details of successful actions.
- Meeting with implant manufacturer representatives to stay abreast of the latest procedures and equipment.
- Building relationships with implant manufacturer representatives who can reduce costs and provide financial, clinical, and marketing support.
- Educating other staff on how to identify implant prospects and direct them to you for consultation.
- Taking advantage of continuing education opportunities.

Metrics

The Implant Coordinator monitors success by watching these Key Performance Indicators¹ (KPIs):

- Number of consultations
- Number of conversions
- Conversion percentage (patients scheduled and starting treatment ÷ completed consultations)
- Number of new patients from all referral sources

Graphs of these metrics visibly trending upward would indicate that the Implant Coordinator is successful in his or her main objectives. If these trends plateau, or begin to decline, the Implant Coordinator would take action to locate the source of the decline, and correct it.

A careful review of the office's referral report will show which sources are sending in fewer patients, as well as those sources that are sending in more. The Implant Coordinator should review this report frequently.

¹ Key Performance Indicator – n. A KPI is a measurable value used to monitor some of the crucial factors of business operations, for example, the dollar value of services delivered.

Patient Confidentiality²

Maintaining patient confidentiality is a very serious matter, not only is it a matter of patient trust, but its handling is regulated under federal law. Therefore, great care must be taken to ensure that patient information is not made available to unauthorized persons.

² Please refer to the ePM General Staff Job Description for information on patient confidentiality and its importance.

PART 2: SPECIFICS OF THE CONSULTATION PROCESS

The Patient Consultation

When referred for treatment, the patient should first meet with the Implant Coordinator before seeing the doctor. This consultation is not random chatter, but instead it is a structured conversation.

The Implant Coordinator must first build rapport with the patient. It is the Implant Coordinator's job to establish a trusting and supportive relationship, which is to be maintained throughout the entire case acceptance and treatment process.

Purpose

The primary purpose of the consultation is to educate the patient, and generate a desire to begin treatment. This will save the doctor a great deal of time by ensuring that the patient's questions are answered, and that they fully recognize the need for treatment when they first meet with the doctor.

Consultation Steps

1. The conversation should begin by getting the patient's viewpoint on his or her dental condition.
2. The next step is to ensure that the patient fully understands the condition through the use of tools, such as photos and models.
3. Once the patient has been educated, it is a good idea to get him or her to repeat back the key points to ensure that the dental condition is fully understood.
4. Inquire about the patient's motivation for having the treatment. It is vital to have the patient isolate and connect emotionally with his or her basic motivation for receiving the procedure.
5. Go over the costs of treatment, and answer any questions regarding insurance. Make sure to fully inform the patient on the numerous available payment options.
 - **IMPORTANT:** Avoid any discussion of fees until the patient fully understands the treatment and is motivated to begin.

Emotional Motivation

Medical professionals tend to dwell on clinical matters. The Implant Coordinator should focus on what matters to the patient. Here are some examples:

- The discomfort they have with their appearance from a missing tooth.
- The problems that develop when a tooth isn't replaced with facial bone structure.
- Problems with chewing, nutrition, and general health.
- The embarrassment they experience, perhaps associated with dentures.

These matters go beyond just clinical or "rational" reasons; they are the issues that affect the patient emotionally, and are what will really motivate them towards beginning treatment.

The Examination

Private “Huddle”

Before the doctor speaks with the patient, the Implant Coordinator should privately “huddle” with the doctor to go over patient needs, desires, and expectations. It is critical that the doctor has a basic understanding of the case from the patient’s point of view, and understands the patient’s expectations.

Reinforce the Need for Treatment

After the private “huddle,” introduce the patient to the doctor and briefly summarize the consultation *in front of the patient*. Make sure to emphasize the problem areas that were discussed during the consultation. Repeating these points while both the doctor and patient are present reinforces the importance of the patient’s condition, and the need to begin treatment.

The doctor then does a more formal diagnosis, speaking to the exact condition that the patient wishes to handle. If you have done your job thoroughly, then the doctor will not need to spend a great deal of time re-educating the patient.

After the doctor has finished, the patient meets again with the Implant Coordinator to arrange the procedure and finalize payment arrangements. At this point, patients often need to have their attention brought back to the benefits of the treatment plan.

No Need to be “Pushy”

Over the years, the word “sales” has had some negative connotations associated with it. This is due to those who have misrepresented what they were selling, or used dishonest or manipulative means to convince people to purchase their products. Such tactics are actually a perversion of proper salesmanship.

The best sales people will tell you that their job is more of a service and educational function. Indeed, the Implant Coordinator has a significant responsibility to ensure that the patients receive the treatment that is best for them.

Because most people have experienced bad salesmanship at some point in their life, and because people generally get emotional on the subject of money, patients can be hesitant about committing to a large purchase. *This is a key function of the Implant Coordinator.*

There are many tools that can help patients overcome their fears and start treatment. Here are a few simple concepts to remember that will take you far:

- **When you begin talking to a patient, find something that you like or admire about them.** If you genuinely care the patient will usually perceive it, and will like and trust you as a result. People buy from people that they like!
- **Ask lots of questions, and be a good listener.** In a consultation, the Implant Coordinator should only talk about 20-25% of the time. As an example, imagine being on a date. Would you enjoy the experience more if your date talked about

himself most of the time, or showed interest in you most of the time? The latter, right? Well, consultations are pretty much like that.

- **Find the underlying emotional reason that the patient needs or wants your service.** This is a key piece of information, but it is not always easy to get out of someone because it's usually personal. This is why establishing friendly rapport with the patient is so important.
- **Always suggest or do what is best for the patient.** This rule is absolute; never violate it. Doing so is the short road to bad public relations, and failure for you and your practice.
- **A primary reasons that patients don't commit is that they have confusion about what is being offered and/or the benefits.** Case presentation is an educational process. If a person is hesitant to commit, simply continue to educate them, or find out what you have said that they didn't understand. Don't use a lot of clinical terms. It's a very good idea to figure out how to explain concepts with little or no medical terminology.
- **The IC should continue to build value in the practice and the service throughout the consultation process.** A patient will not buy if they feel that the treatment is not worth the cost. There are two ways of remedying this situation: discounting price, or building value. Discount chain stores have done a thorough job of indoctrinating us to believe that a low purchase price is the primary factor to consider. This is not true, especially when it comes to healthcare. Quality service usually costs more, and cannot be discounted.
- **Offer patients a choice.** This makes them feel like they are in control, but always assume that they are going to move forward with some service. For example:
 - "Mr. Smith, now that you fully understand your options, would you prefer to get started today, or an available slot tomorrow morning?"

Urgency in Converting Patients

There can be legitimate circumstances that cause a patient to delay treatment. However, if patients don't commit to a treatment plan on the day of their consultation and exam, the chances that they will ultimately obtain the services drop dramatically. Even if the patient leaves your office saying they are fully committed to the treatment, the chances of converting the patient dwindle rapidly as more time passes since the consultation date.

An Implant Coordinator should do what they can to eliminate reasons for the patient to delay a commitment. You must be able to build a compelling case as to why they should start. This comes from a good education, and fully relaying the benefits that are *real to that particular patient*.

Financial Options

Have a variety of financing and payment options available for patients.

- If a patient's treatment will be partially covered by insurance, obtain pre-authorization prior to the visit (whenever possible).
- If the patient normally makes financial decisions jointly with a spouse, have the spouse come in with the patient. This has the added benefit of giving you the opportunity to educate the spouse as well, rather than leaving it up to the patient.

As you become a more experienced Implant Coordinator you will hear many reasons and excuses as to why the patient cannot begin treatment. Every time a new reason or excuse arises, work out ways to eliminate it as an objection! As you gain more practice, your conversion percentage will climb, and you will be able to help more patients achieve their dental goals through the quality services that your practice delivers.

Most patients will naturally be excited and ready to proceed with at least some treatment; however, despite best efforts, some patients will need more discussion before they are ready to fully commit to treatment. Here are some actions that can be taken:

- Offer a second no-cost consultation.
- Invite the spouse to join in on the decision.
- Schedule a follow up call.
- Provide additional information to the patient.

During this phase it is vital that the Implant Coordinator continue to build the patient's trust, and focus the patient's attention on the motivating factors discovered earlier in the consultation process.

Following up with the Referring Doctor

A follow-up communication should always be sent to the referring doctor outlining the surgical treatment plan. This can be a letter with photographs and imaging, if necessary. This is a critical step. *Surgical outcomes are more successful and consistent when specialists develop "partnership" relationships with their referring doctors.*

PART 3: MORE ON CASE PRESENTATION

The Basic Steps

The basic steps of case presentation are:

1. Engage the patient with excellent communication.
2. Educate the patient to the point that they see their dental issue as an *unwanted* condition.
3. Explain the consequences of non-treatment.
4. Deal with patient objections.
5. CLOSE! (arrange the procedure and finalize payment arrangements)

Each of the above steps should be done in sequence. If you don't get the desired result from a particular step, *do not proceed until you do*. Otherwise, you will generally be wasting your time.

There is a specific result for each of these steps, and they build on one another. As Implant Coordinator you have to be very watchful of these with each patient. Only once you observe (through the patient's statements or actions) that they are tracking with you on a particular step, should you move on to the next.

Over Educating the Patient

Be careful not to belabor points that the patient already understands. For example, if you continue to explain the condition and educate the patient (step #2), but they already get it, it may undo what you have accomplished.

Implant Coordinators often explain and educate far beyond the point needed. Have you ever had someone continue to explain something to you that you already understood? Then you will probably recall that it caused you to "turn off" to some degree and stop listening attentively. When the patient gets it, stop talking. *Over-educating patients is a major error in case presentation.*

Engaging the Patient

Keep the following key points in mind when talking with a patient:

1. *Are they ready to listen to you?* If not, make sure you have their attention. Things such as good eye contact, asking if they are ready to begin (if they are texting or talking on a cell phone, looking distracted, etc.), or giving them a big hello and shaking their hand will start the conversation.
2. *Do what you can to get the patient talking to you.* Ask the patients questions about themselves, such as:
 - Why have you come in to see us today?
 - Tell me more about that (if the answer to the first question was brief)

Be prepared with questions to ask the patient that will elicit more than just a yes or no answer. When the patient talks with you freely, it's a sign of openness and receptiveness. It is key to establish this level of communication, and maintain it throughout the entire consultation process.

3. *The Implant Coordinator must be very attentive to the patient.* If you are distracted, preoccupied, allow interruptions, or feel rushed, you will signal that in some way. This gets in the way of smooth and free-flowing communication.

Remember to:

- Find something about the patient that interests you.
 - Ask them about it.
 - Do not talk about yourself.
 - Remain completely focused on the patient.
4. *Do not discuss fees prematurely.* If this topic comes up early in the process, politely defer:

Patient: "I think what you are talking about is going to cost me more than I can afford."

Implant Coordinator: "Thanks for telling me that concern. I am going to be sure that any questions about that are handled. For the moment, let's just take a look at what might be needed. I want to be sure it's really clear. OK?"

Simply let the patient know that you heard his or her concern, and that you will definitely address this later in the conversation. Discussion of money prior to the patient perceiving the full value of the treatment will likely get in the way of accepting treatment.

Once you see that the patient is engaged and in good communication with you...

Educate the Patient on the Unwanted Condition

The IC must educate the patients to the point that they see their dental issues as *unwanted* conditions. Please note the "*unwanted*." If the patient feels that what you are describing is simply something they might be better off without, then they don't yet see it as something *unwanted*. There's a big difference between need and want. **Want** is emotional, and they need to experience that in this step.

When educating the patient:

1. **KEEP IT SIMPLE!**
 - Major mistake: Presenter talking too much.
 - The objective is that the unwanted condition becomes real to the patient.
 - This doesn't require excessive clinical explanation.
2. Avoid Yes/No questions. Don't ask them if they understand the condition. It's too easy for them to say, "Yes."
3. When you feel that the patient really sees this as a problem they *want* to deal with, this step is done. How do you know this? Ask them open-ended questions that will get them to describe the condition or problem. For example:

- “What are your thoughts about this?”
- “How would you describe this in your own words?”
- Pointing to something on their radiographs and directing their attention to it:
“Can you tell me why this is something that has to be addressed?”
- “What’s your concept of this issue on the X-ray?”
- “What’s your feeling about what I have been telling you?”
- “How would you describe this in your own words?” (Be careful on this one.
You aren’t testing them, but simply ensuring that you got it across.)

The step is done when patients clearly sees and accept that there is an *unwanted* condition.

Explain the Consequences of Non-Treatment

In accomplishing this step, keep these points in mind:

1. Make sure the patients understand the potential problems that can develop if they opt out of treatment. If these possible issues aren’t discussed and made clear, the patient is less likely to take action and begin treatment. This step increases the patient’s level of urgency to take action.
2. Go over the progressive nature of the condition. Those who present treatment must be fully educated on the negative effects of not proceeding as suggested. The Implant Coordinator must be able to talk about these effects, and correctly educate the patient so that they can see these consequences clearly. For example:
 - **Prescribed Treatment:** One or multiple implants
 - **Consequences:** Continued bone loss thus making it more difficult or impossible to do later; studies show shorter life span for edentulous (toothless) patients; substandard dental hygiene; damage or precipitating problems in areas surrounding the area you are addressing; cosmetic effects to face when teeth are missing, etc.
 - There are many effects that can be described and shown to the patients that will further increase their perception of value, and the importance of taking immediate action.
3. Encourage the patients to talk about the consequences, in their own words, once they have been explained. If the patients describe what could occur as a consequence of non-treatment, they will internalize the information better. You must be sure that every patient has a clear understanding of this.

Deal with Patient Objections

Objections are not something you should resist hearing—quite the opposite. Objections are vital to knowing what specific things need to be resolved in order to get the patient started on his or her treatment. If the patient isn't moving forward then objections exist, and it is your job to find them.

Keep the following points in mind when presenting the cost and handling objections:

- Remember that if the “engagement” step (covered above) hasn't been done well, the patient will be far less likely to communicate any concerns. The questioning procedure is very helpful in getting the patient to open up and talk to you.
- Unspoken objections will prevent the patient from taking immediate action. Unless patients are willing to tell you what's on their minds, you will never be able to address their concerns.
- “Yes” or “No” questions will not get patients to open up about any unspoken objections! Most patient will not freely admit that they don't understand something that you've just gone over with them. You must ask the patient open-ended questions, like those listed in Step #3 of the “Educate the Patient...” section above.
- The first thing you must always do when a patient voices a concern is to simply let them know that they have been heard. For example:

Patient: “I'm really concerned about the cost associated with this.”

Implant Coordinator: “I really do understand your concerns.”

Patient: “I heard that implants don't always hold and can lead to many other problems.”

Implant Coordinator: “Thanks for letting me know how you feel. I can see why that would be a real concern.”

Patient: “I see all the expensive cars in the doctor's parking lot outside. You guys must be the high end players in this business!”

Implant Coordinator: “Glad you said that! (Acknowledge *first*) Our fees are actually right in the middle as far as this type of treatment goes in our area.”

A good acknowledgement can be a very powerful tool in setting aside a patient's concern. Often just a “thanks for telling me that,” can make a real difference. Once this is done communication will flow back and forth more easily between the patient and Implant Coordinator.

Never defend or refute what they say. Simply accept it with a good acknowledgement, and then discuss whatever issue they brought up.

Close!

Closed means that the patient has agreed to do the treatment recommended, *and takes action*. It isn't an assurance from the patient that they are going to do it shortly. It's the action of scheduling and making a deposit on the procedure.

This is the primary objective of the Implant Coordinator. All other actions lead up to the outcome of the patient scheduling and starting treatment.

There are two major errors that often occur here:

First Closing Error Examples

The Implant Coordinator does not simply, directly, and gently nudge the patient to take action.

INCORRECT: "Well, OK. That's what you need to do, are you ready to get started?"

CORRECT: "OK, let's get you started on this. I can have Mary get you scheduled right away."

INCORRECT:

Patient: "I think I need to take care of this."

Implant Coordinator: "It would be the best option for you. Do you need to think about it a bit more?"

CORRECT:

Patient: "I think I need to take care of this."

Implant Coordinator: "Yes, you are going to be very happy with this! I'm going to get you scheduled right now!"

INCORRECT:

Patient: "This is a lot of money for me, but it's probably the right thing to do."

Implant Coordinator: "I know it's a lot of money. Would you like to give it some thought and let me know?"

CORRECT:

Patient: "This is a lot of money for me, but it's probably the right thing to do."

Implant Coordinator: "I'm glad you see the value in this! Let's look at the schedule and see what day we can do this next week."

The Implant Coordinator must take a direct and assumptive approach. Speak to the patient with the viewpoint that they will be getting started, rather than being tentative about it.

Second Closing Error Examples

The Implant Coordinator continues talking and selling the treatment after the patient has agreed to start.

INCORRECT

Patient: “OK. Let’s just do it.”

Implant Coordinator: “Yes. We can start by doing this procedure first; then you are going to have to wait a few months and we can do...blah, blah, blah.”

Or

Implant Coordinator: “If you want to speak with your wife about this, that’s fine. You can always just give us a call.”

Or

Implant Coordinator: “Good. I know it’s a lot of money, but I think you are going to be happy.”

CORRECT:

The *only* thing to do once the patient has indicated that they wish to move forward with the treatment is to acknowledge and schedule them.

Implant Coordinator: “That’s great! I am going to have Helen come in and schedule you. I look forward to seeing you later this week!”

Or

Implant Coordinator: “Good decision! Come with me and our Scheduling Coordinator will find a time that works for you.”

Or

Implant Coordinator: “Great. Glad you are moving ahead. You can stay right here and Sue will come in and show you exactly how to get started!

Once the patient has made a decision to move forward, do not introduce anything further. Only direct them to the next step in the process, scheduling the treatment.

By doing anything else you introduce more conversation, and it’s very easy for the patient to start to second-guess their decision, particularly if it’s a big one. You simply want to validate that they have made the correct move and smoothly direct them to the scheduler.

Conclusion

Remember, the sales process is an *educational process*. A primary reason that patients won't commit is because they do not fully understand the treatment and its benefits. Throughout the entire consultation process the Implant Coordinator should continuously be building the value of the treatment and practice. If a patient is hesitant to commit, simply continue to educate them, or find out what you said that they didn't understand.

These steps require practice. It's best to break them down and practice each.