Confirming treatment cases

Patients are far more likely to sign up to a treatment plan if a team member is able to answer all of their questions and explain clearly what’s involved, says Sharon Holmes.

Most dentists do exceptionally well when it comes to monitoring their own UDA performance, as well as offering patients private dentistry. However, at the Dental Arts Studio, we have systems in place throughout our group of practices to help us identify when someone is not doing as well as we think.

This is great for business because once we’ve identified problem areas, we can formulate an action plan to assist them with self-development when it comes to treatment planning. To do this, we hold regular one-to-one meetings with them to discuss potential causes for their underperformance. Most of the time, they will say they don’t know what they are doing wrong as they are offering patients treatments. But it’s important we identify the reasons because the Dental Arts Studio has two NHS practices within its group, so we have to ensure that our associates are following all the guidelines with regards to treatments that patients can receive on the NHS. The private treatments on offer are more of the cosmetic type as well as implants and adult orthodontics.

When I was a dental nurse in South Africa, I sat in on all case discussions and I was not allowed to leave the surgery at all unless asked to prepare for study models or X-rays. I witnessed many successful cases being taken up by our patients which in some cases involved a two-year treatment plan which lead to extensive costs – I worked for a prosthodontist which meant many patients had to see a periodontist prior to crown and bridge work.

Guaranteed success

The success of following through on case acceptance relates to presentation, education, allowing the patient to ask questions and the dentist taking the time to be patient to explain the treatment to the patients until they feel comfortable and fully informed.

Initially patients would attend for a general examination. During their first visit, a full-mouth examination was carried out, X-rays were taken, as well as an OPG and impressions for study models. The patient was made aware that this was carried out in order to produce tools to assist with the creation of the most effective treatment plan for their oral care, thus building trust. The more you explain to patients the reason behind your care, the more they will believe its not just about making money.

The next step

Once the first consultation was over, the patient was asked to book a second-hour-long consultation to discuss other aspects of the treatment plan. It was free and a time to go through the patient’s charting, notes, X-rays and study models. The treatment plan was typed up descriptively, including clear details of costs and appointments required from start to finish of the advised treatment. This included any referrals. The fees were broken down so there could be no misunderstanding with regards to costs.

During this discussion, the treatment plan, X-rays and study models and any other educational charts were on hand to assist in any necessary explanations. Treatments that were discussed were addressed as medical issues and not cosmetic. The epideemia of the medical treatment is that at the end of the full-mouth rehabilitation, the patient completed with a fully restored mouth and a wonderful smile.

Money talks

When the issue of cost was discussed, the patient was informed of the practice policy with regards to payment of fees. The initial outlay for filling restorations and oral hygiene appointments were to be paid after each course of treatment, as we did not run an accounting system. Secondy, when the treatment involved laboratory work, the patient had to pay a 50 per cent deposit on the start of the prep work. When the laboratory work was at the biscuit-bake stage, the patient would be required to pay a further percentage of costs, and by the time the crowns or bridges where fitted the patient would have settled their fees in full. Patients were given a substantial discount if they paid cash up front for the whole agreed treatment plan. During this session, the patient was given time once again to discuss availability of their attendance as it was a commitment to the treatment as well as the funding of their dental care.

A second opinion

Treatment cases can be successful, but it comes down to the dental or treatment care co-ordinator as to how confident you make the patient feel. Patients worry about committing to long and regular dental appointments, as well as parting with their hard-earned cash so you need to make them confident. Bear in mind patients can take your treatment plan and go to another practice for a second opinion if they don’t feel confident or comfortable with what you are advising them. Honesty, clarity and fully informed consent and a written treatment plan are an advantage to a practice when it comes to case acceptance.

If after a case discussion the patients do not book to go ahead with treatment, it is worth making a follow-up call to the patient to see if they want to go ahead with treatment. We ask all our associates to keep a book with a record of all treatment plans issued and encourage them to either call the patients themselves or to ask their designated personal assistant/receptionist to make the follow-up call. This has proven to be effective.

Once a patient accepts a treatment plan, it is imperative that the patient signs it to say that they understand what treatment is being offered and that they are happy to go ahead with it. A copy is then placed in their folder. All aspects of dentistry involve administration and it can prove costly if you do not follow a practice procedure to ensure all aspect of treatment cases is covered.

About the author

Originally from South Africa, Sharon Holmes has worked in dental practice management since 1992. She received hands-on training from the first dental who employed her in 1992, which gave her a broad experience in knowing what’s involved in providing dental treatment. Arriving in the U.K in 2002, she took a post in a mixed NHS and private practice in Wimbledon, eventually taking over its management, converting it to a fully private practice. In 2003, she moved to London City Dental Practice where after 18 months, was responsible for managing four practices in the group. The London City Dental Practice is a part of a mini co-operate group called the Dental Arts Studio, in which she has been instrumental in its creation. She holds the position of operations director and manages every aspect of the group along with her principal dentists.

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