Improving your profitability

In the second instalment of her two-part feature, Lina Craven highlights how the specific responsibilities of a treatment co-ordinator can augment the success of your practice.

The co-ordinator’s value

The basis for a successful introduction of the treatment co-ordinator’s (TC) role is a well thought-out job description. The right person, given the correct blend of responsibilities, will help the practice to reap huge rewards in terms of eradicating inefficiencies surrounding the new patient process (NPP), and increasing case acceptance ratios and patient satisfaction. Every enquiry and each new patient is an opportunity that should be fully harnessed and the introduction of a TC is the ideal solution.

There are no hard and fast rules; the role of your TC should fit in with your practice’s culture and aspirations for patient care. The only guarantee is, however, you choose to implement the role you will derive benefits as indicated by one very satisfied orthodontist who comments:

‘I am absolutely convinced now about the role of the treatment co-ordinator. My acceptance rate has significantly increased and I know that patients love it. It gives them a real sense of being important.’ Dr Chris Lowe, Specialist Orthodontists, UK.

Typical TC responsibilities

In an ideal world your TC’s role should encompass all of the responsibilities listed below, however, depending upon the structure of your practice, your approach and the level of competence of your TC, you may wish to just pick and choose specific job competences.

Managing communication

The TC deals with new-patient phone calls and associated correspondence. We have one chance to make a great first impression so a focused, thoughtful and dedicated approach is recommended. A good TC will ensure that your practice communication has the correct tone and content to appeal to potential new patients and that the appropriate level of responsiveness is achieved to create a favourable first impression.

Greeting new patients

It is not unheard of for dentists to greet their own patients and while we applaud the gesture, it doesn’t enhance the new patient process if our aim is to achieve better rapport, enhanced patient communication and an efficient patient flow. New patients are often nervous during their first visit so being greeted by a friendly, familiar and non-clinical face can help to put them at ease.

Building rapport

The TC should invite the patient to the new-patient room, offer refreshments and assist in the completion of any forms and documentation. I suggest that practices include the medical history form in their welcome pack as nine out of ten new patients will bring it to their appointment already completed, and it is then just a matter of the TC and patient reviewing it to

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confirm that it is correct. The TC should also run through a new-patient questionnaire asking for any relevant information that helps to build trust and to inform the dentist, thereby saving valuable clinical time.

**Assisting with the new patient exam**

Although a nurse is usually present the roles serve different purposes. The TC listens for key points allowing for a top-notch case presentation later.

**Explaining treatment options**

There is a huge misunderstanding about the TC’s involvement in this part of the process. The dentist must explain to the patient his or her diagnosis; is the patient a candidate for this type of treatment? is this the correct patient for the practice? as well as answer any clinical questions the patient may have. However, the dentist empowers the TC to further explain available options, to show before and after photos, to use digital imaging, props etc., in order to clarify the proposed treatment/s and ease patients’ concerns and/or misunderstanding.

**Explaining financials, office policies and informed consent**

The TC would prepare contracts ready for the patient to take with them along with their ‘walk out pack’ at the end of their initial visit. Ideally the patient should leave with the contract signed and appointments for treatment agreed. The TC must review with the patient the practice informed consent for treatment and all other relevant practice policies. For more information on patient consent, please read Principles of Patient Consent., General Dental Council Standards guidance www.gdc-uk.org (under publications).

**Producing walk-out packs**

A professionally produced pack seals the experience in the patient’s mind. Its contribution to the success of the process should not be overlooked and it is the responsibility of the TC, in conjunction with the dentist, to ensure it includes everything the patient may require to make an informed decision.

**What does the patient leave with?**

Does it represent the true value of the practice? Is there a written report explaining treatment diagnosis and treatment options? If you are using imaging, and I suggest that you do, include the patient’s photo, images and treatment options. Make sure you include any additional literature pertaining to the treatment offered.

**Following up**

Many patients are lost in the system simply due to a lack of follow-up. Patients may not make their mind up at the initial visit but it doesn’t mean they never will. A great TC will empathise with a patient’s needs and wants, and will know what sort of follow-up is required; a consistent and established approach to patient follow-up must be put in place.

**Contacting patients after appointment**

Although the preference would be for the dentist to undertake this task – it sets you apart from the pack – if this is not an option then the TC or the nurse should take on the responsibility.

**A winning role**

I said it before and it still stands true. Augmenting your team with a treatment co-ordinator can reap tremendous rewards for you, the team and your patients. A treatment co-ordinator’s tailored and personal approach to care, follow-up, and communication with patients, fosters trust and increases patient satisfaction and retention. Visit www.orthodontic-management.com for details or call 01844 275527

Lina Craven is the founder and director of Dynamic Perceptions Ltd. Over the past 25 years, Lina Craven has assisted dental practices to realise their vision of success through the achievement of a customer-driven culture that focuses on delivering an exceptional patient journey. Lina’s qualifications and experience as an orthodontic therapist, treatment co-ordinator (TC) and practice manager in the US have given her a unique insight into the day-to-day practical problems faced by dental practices. She combines her hands-on knowledge with years of consultative experience to assist UK and European practices to achieve something special.