

Adding Value: Introduce a Treatment Coordinator

An effective practice ensures that every member of its team has a purpose that is fully exploited for the practice's benefit: the creation of a Treatment Coordinator (TC) role is no exception. Whilst many practices know how to attract patients, their case acceptance ratio is low. All that effort and opportunity wasted! The first contact, first visit and follow up are the most important elements of the new patient process, yet they frequently represent a wasted opportunity because of a lack of skill, focus, time or all three. The introduction of a Treatment Coordinator will change your entire approach to new patient care as well as positively influence your profitability.

In my experience, a major 'symptom of decay' in practices is the unwillingness of doctors to delegate to staff the new patient process or what we now call the Treatment Coordinator role. This is often due to a wide range of factors including:

- doctor's perception that the patient always wants to hear 'it' from them
- the perception that patients pay to see the doctor
- a lack of trust to empower their staff
- a lack of time to train staff
- the financial implications of introducing the new role

Relinquishing new patient management to well-trained staff is not a new trend, although its application has been limited in the UK. However, patients' expectations, changes in the NHS, competition for private work and the team's demand for career progression and job satisfaction are key drivers for introducing the TC role.

This is what Linda Wallis had to say about her experience of introducing a TC to her practice:

Although I was fairly optimistic, our three orthodontists were not. 'Parents will always want to speak to us. We will be inundated with complaints if parents are not able to speak to the orthodontists,' they said. I can now report that not only are we not inundated with complaints, but our two treatment coordinators receive numerous compliments on how nice it is to be able to sit and talk to someone they (the patients) feel completely at ease with.

What is a Treatment Coordinator?

A TC is someone in your practice who, with the right skills and training, will facilitate the new patient (NP) process. A TC bridges the gap between the NP and the practice and staff. The TC promotes and sells the practice and its services by revealing their true value to prospective patients, frees up 'doctor' time, increases case acceptance ratios and resultantly, increases practice profits.

Consider the time spent by the doctor with the NP and think how much of that time is non-diagnostic? A TC can often reduce up to 60% of doctor/patient time; you work out the maths! And rather than this being a barrier to patients – which is indeed what many doctors think – in my experience patients actually feel much more at ease with the TC and therefore better informed.

Remember: ‘doctor time is NOT always doctor time’. As a typical example: if an NP appointment is thirty minutes but the clinical ‘bit’ is actually only fifteen minutes, there is potentially fifteen free minutes available. Think of the impact on the appointment diary of an additional fifteen minutes for every new patient!

What are the qualities of a TC?

- **good understanding** (through training and/or experience) of the speciality they work in.
- **enthusiasm about the practice and treatments you offer.** In my experience individuals who are enthusiastic about the practice and the treatments offered make excellent TCs. You cannot sell a service if you do not believe in it.
- **excellent listener, asks effective questions and is empathetic to patients’ needs.** People buy from people. If the TC listens to the patient’s needs and requests, then the case acceptance ratio will increase. It is not a ‘hard sell.’ The TC presents the new patient with options and assists them in their decision-making by way of excellent communication skills.
- **highly organised and structured.** He/she prioritises the day ahead and effectively and efficiently manages time.
- **possesses excellent communication skills.** As he/she is the bridge between the NP and staff, this quality is vitally important.
- **always a professional.** At times this can be a challenging role, especially with difficult patients, doctors or staff. No matter what the situation, staying calm and maintaining a professional manner is important.
- **understands the ‘Big Picture’.** Having a vision is important to the success of any practice. Knowing where you are going and how you are getting there is half the battle. The other half is having the staff understand and follow your vision.

Can the role be filled internally?

There are no hard and fast rules. It depends upon the size and aspirations of your practice and the quality and qualities of existing members of your team. If you have a team member that fulfils the characteristics of a TC and he/she wants the challenge, then the answer is yes.

(Keeping in mind that you may well need to replace their current position, some practices streamline job descriptions allowing them to create the new role without having to hire another staff member.)

Whether it is a full-time role or not depends upon factors including how large the practice is, how many doctors, chairs, and patients exist, what the profit aspirations are, etc. Many practices flirt with the change by implementing the role and watching its progress and impact; this often helps the team to accept the change and gives the doctor/s the opportunity to assess any training needs of the TC and how remuneration will be affected.

The purpose and responsibilities of a TC

In orthodontics, NHS new patient sessions are pretty common and in my experience often result in reception rooms becoming too crowded, staff and doctors exhausted after a session, time being extremely limited and, consequently, customer care suffering. But it doesn't have to be this way.

With a well-designed appointment diary and a well thought-out job description, the practice could get away from these 'symptoms of decay' and therefore enhance the NHS new patient process. **Every new patient is an opportunity regardless of being NHS or private.** A TC is the solution.

A TC ...

- **deals with private new patient phone calls and correspondence.** (It is optional to deal with the NHS administrative side). We only have one chance to make a great first impression so a focused, thoughtful and dedicated approach is recommended.
- **confirms ALL new patients:** exams, consultations, starts (initial procedure)
- **greet the new patient.** It is not unheard of for doctors to greet their own patients and whilst I applaud the gesture, I don't think it enhances the new patient process if our aim is to achieve better rapport, enhanced patient communication and high case acceptance ratio.
- **assists the new patient with any forms (rapport building).** I always advise practices to send the medical history form in their welcome pack as nine out of ten new patients will bring it to their appointment.
- **fills in new patient questionnaires,** asks relevant questions in order to build trust and informs the doctor, saving valuable doctor time
- **assists the doctor with the NP exam/consult.** (Although a nurse is usually present, the roles serve different purposes.) The TC listens for key points, allowing for a top-notch case presentation.

- **explains treatment plan and options.** There is a huge misunderstanding about this particular point. The doctor *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 doctor 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 misunderstandings.
- **explains financials, office policies and informed consent.** Gets contracts ready for patient to take back with them at the end of their initial visit. Ideally, the patient leaves with the contract signed and appointments for treatment made. For more information on patient consent, please read Principles of Patient Consent, General Dental Council Standards guidance www.gdc-uk.org (under publications).
- **determines walk-out packages.** 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.
- **follows 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 the 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 in place. We must never assume that no response from a patient means no interest in treatment. **A good TC will not assume - he/she will communicate.**
- **contacts patients after their initial START appointment.** Although I would actually prefer that doctors do this themselves - it sets you apart from the pack - if this is not an option then the TC should take on this duty.
- **produces information.** I have been to practices where the practitioner doesn't know how many people come through the door, how many are converted to patients, how many are referred and by whom, etc. (This is not from NHS to private; this is from new patient to start.) The TC will provide information to assist and support those responsible for strategic planning. The TC will also work in conjunction with the front office to ensure a smooth running of the appointment diary.
- **practice marketing.** Marketing is time-consuming so the TC will assist in all aspects of marketing, promote the doctor and staff, and help build trust.

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 benefit enormously. But don't just take it from me - listen to the wisdom of the converted.

It has worked very well in our practice and if I can convince you, it will be up to you to persuade your orthodontists to give it a try.

Surgery time is valuable and discussions can take place in a separate, non-clinical area. Explanations in the surgery regarding waiting lists, treatment times, types of appliances, cost of treatment, etc. are unpredictable and can make it difficult for a nurse to manage the session and keep to time. Parents often feel rushed in the surgery, not wanting to take up too much of the orthodontist's time. A treatment coordinator can give the family more time to satisfy all their concerns and answer all their questions. Believe it or not, most of their questions are not clinical.

Treatment coordinators become more involved in the entire treatment process. They can give the patient their own business card and can be the first point of contact for the patient. If a patient, mid-treatment, has a problem they are encouraged to telephone and speak to the treatment coordinator for advice.

Our treatment coordinators have now become so invaluable to the practice that I wonder how we ever managed without them!

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If you found this article thought-provoking and would like to know more, please don't hesitate to contact me for a free, no-obligation consultation.

Lina Craven, Dynamic Perceptions Ltd. ©