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Treatment Coordinator

Procedure Guide

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# INTRODUCTION

This guide is a tool to demonstrate the specifics for your position and the procedures for operation. It breaks down each component of the treatment coordinator position and the expectations for performance. For detailed patient scenario scripting examples, please refer to ePractice Manager’s online document library on your company’s portal.

# PART 1: KPIs

Key performance indicators (KPIs) are statistics that measure the performance in achieving key objectives, such as general office and job-specific productivity.

All successful businesses use KPIs to monitor the areas of their organizations. Without KPIs, a business is running blind. Running without monitoring the appropriate KPIs is equally as bad. Without KPIs, you and the business must make assumptions and guesses rather than depend on factual statistics. This can result in ineffective management and a lack of expansion for the practice, as well as upsets between management and staff.

## Your KPIs

You should have a set of specific KPIs for your role within the practice. If you do not, meet with your office manager to determine which metrics would be most appropriate to track productivity for your position. Your KPIs should be minimally tracked on a monthly basis, but ideally on a weekly basis.

## Effectively Using KPIs

To use KPIs effectively,

* ensure that the KPIs you use truly and accurately measure your role’s productivity
* regularly post the metrics to trackers, including graphs if applicable
* regularly evaluate the trackers/graphs to see what trends are emerging

For example, if you see a significant increase from one week or month to the next, examine what actions were implemented prior to the increase. Find out what the successful actions were, and make sure you continue them.

Similarly, if you see a meaningful decrease in a trend, you must take effective action to halt the decline. Look into any significant changes in your job duties and/or actions that may have occurred in the weeks leading up to the drop. Did you stop doing something or neglect anything that was working? Were additional job duties given to you that led to neglect of successful activities?

The point in either case is to use your graphs to observe what is going on, and then take the appropriate action.

# PART 2: INITIAL CONSULTATION AND EXAM

## Preparation

The treatment coordinator’s preparation for a patient’s arrival will help them get to know patients, serving both the practice and patients more effectively.

Use the following steps to increase patient rapport and the smoothness of all visits.

1. At the start of each week, review the patient schedule and patient charts to compile a list of the scheduled patients who will need an exam and treatment plan presentation.
2. Contact any new patients with upcoming visits that week to ensure they have received all information and health history forms in advance of their initial visit. This will allow adequate time for the patient to complete and return them before their visit or to fill them out upon arrival.
3. Review the chart information and updated forms for any existing patients to whom you will be presenting in the upcoming week. Determine who the patient is, what they might need, and any other relevant information.
4. Coordinate with office staff during the daily huddle/meeting to ensure that everyone involved, from the receptionist to the doctor, is informed about the patients and their potential needs. Ensure that all staff activities with the patient are coordinated to enable a smooth patient transition back to you after the doctor's exam.
5. Meet and greet the patient after they check in at the front desk. This is your first opportunity to begin establishing rapport with the patient. During this time you should
   1. go over any questions you may have from their forms or charts
   2. give the patient a brief overview of what will happen during the visit
   3. answer any initial questions the patient has, and let them know that you will see them again after the exam

## The Initial Patient Consultation

When referred for treatment, the patient should meet with the treatment coordinator before seeing the doctor. This consultation is a structured conversation, but it also helps establish and maintain a trusting relationship 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 before meeting with the doctor.

### Consultation Steps

1. Begin the conversation by getting the patient’s own perspective on their dental condition.
2. Use tools, such as photos as models, to ensure that the patient fully understands their dental condition.
3. Once you’ve educated the patient on their condition, have them summarize the key points in their own words to ensure they fully understand.
4. Ask the patient about their motivation for having the treatment. This will help them isolate and connect emotionally with their desire for the procedure.

Go over the costs of treatment, all available payment options, and any insurance questions.

**IMPORTANT**: Avoid any discussion of fees until the patient fully understands the treatment and is motivated to begin.

### Emotional Motivation

Medical professionals tend to focus on the clinical needs for treatment. Therefore, it is important that the treatment coordinator focuses on the issues the patient is experiencing that affect them emotionally and motivate them to seek treatment. Some important issues for the treatment coordinator to understand include any

* discomfort the patient is experiencing due to their dental issue
* cosmetic issues that might be causing the patient embarrassment
* problems with chewing, nutrition, and/or general health

## The Examination

### Private Huddle

Before the doctor speaks with the patient, the treatment coordinator should quickly and privately coordinate with the doctor to provide a basic understanding of the patient’s expectations and their point of view.

### 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, emphasizing the problem areas that were discussed during the consultation.

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

The doctor must communicate three key points to the patient:

1. The dental diagnosis
2. The doctor's recommended treatment plan
3. The potential consequences of non-treatment

If present for the exam, take note of the above points to go over as needed when closing the patient.

After speaking with the doctor, the patient will meet again with the treatment coordinator to schedule the procedure and finalize payment arrangements. Be sure to also bring the patient’s attention back to the benefits of the treatment plan.

# PART 3: INCREASING CASE ACCEPTANCE

## No Need to be Pushy

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 techniques to convince people to purchase their products.

But the best sales people will tell you that their job is more of a service and educational function.

Because most people have experienced bad salesmanship and are, often times, emotional when talking (or even thinking) about money, patients can be hesitant to commit to a large purchase. Therefore, it is key that the treatment coordinator help patients overcome such fears or barriers and start treatment. Here are a few simple concepts to remember that will help achieve this:

* When you begin talking to patients, find something that you like or admire about them. If you genuinely care for a patient, they will usually perceive it and will like and trust you more as a result. People buy from people they like.
* Ask a lot of questions, and be a good listener. In a consultation, the treatment coordinator should only talk about 20-25% of the time. Most people enjoy speaking more than just being “talked at.”
* 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 something a patient may be able to easily or freely provide because it’s usually personal; this is why establishing a friendly rapport with the patient is so important.
* Always suggest or do what is best for the patient. Never violate this rule.
* A primary reason why patients don’t commit to treatment is that the service and benefits are not clear. It is important to treat the process as an educational one. If a patient is hesitant to commit, continue to educate them, or determine what needs more clarification. It’s best to explain using little or no medical terminology.
* Continue to build value by expressing the practice and service value throughout the consultation process. A patient will not buy if they feel that the treatment is not worth the cost.
* Offer patients a choice to help them feel they are in control, but always assume they are going to move forward with service. For example:

“Mr. Smith, now that you fully understand your options, would you prefer to get started today, or tomorrow afternoon?”

## Urgency in Converting Patients

There may be legitimate circumstances that cause a patient to delay treatment, but if patients don’t commit to a treatment plan on the day of their consultation and exam, the chances that they will ultimately do so drop dramatically. Even if the patient leaves your office saying they are fully committed to the treatment, the odds of the patient completing treatment dwindle rapidly as time passes.

The treatment coordinator should eliminate reasons for delay. They must properly educate the patient on the condition and the benefits of treatment in order to build a compelling case as to why they should start immediately.

### 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 their visit when possible.
* If the patient normally makes financial decisions jointly with a spouse, have the spouse come to the consultation with the patient. This provides an opportunity to educate the spouse as well, rather than having the patient try to relay the information later themselves.

As you become more experienced, you will hear many reasons and excuses as to why the patient cannot begin treatment. Every time a new reason or excuse arises, strategize ways to eliminate it as an objection. With practice, your conversion percentage will increase, and you will be able to help more patients achieve their dental goals through your practice’s quality services.

Most patients will be excited and ready to proceed with at least some treatment. However, some patients will need more discussion before they are ready to fully commit to treatment. Here are some action you can take to help steer their decision:

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

During this phase, it is vital that the treatment coordinator continues to build the patient’s trust and assist them in staying focused on their motivating factors for treatment.

# PART 4: MORE ON CASE PRESENTATION AND CLOSING

## Introduction

Improved case presentation can have an immediate effect on your practice. The average case acceptance in general practices is less than 30%. Though it is not possible to get every patient to accept treatment, even a small increase in patient acceptance by one or two patients per week will increase practice production, and increasing patient acceptance by 5-10% is generally very doable.

The cost associated with getting patients to accept more treatment is $0. The goal is to simply capture a few more patients who are already coming into the practice. This is a very efficient way to increase both production and profit.

The steps provided here for case presentation are based on many years of observation of highly successful consultation and case presentation procedures. In one form or another, these steps were the common denominators in practices where case acceptance was consistently above average. Implementing these steps requires practice, but Doctors, Assistants, Hygienists, Treatment Coordinators, and any other staff involved in case presentation can use these steps to make a big difference in generating higher production.

## The Basic Steps

1. Engage the patient with excellent communication
2. Educate the patient so they see their dental issue as an *unwanted* condition
3. Explain the consequences of non-treatment
4. Manage patient objections
5. Close

Each of the above steps should be completed in sequence. If you don’t get the desired result from a particular step, don’t proceed until you do. There is a specific result that should be achieved for each step, and they build on one another.

As the Treatment Coordinator, once a patient understands a step, you should move on to the next one. It is important not to overexplain points that the patient already understands. Belaboring a point may cause a patient to become annoyed or tune out the rest of your points.

### Step 1: Engaging the Patient

The very first step to engaging a patient is ensuring that they are ready to listen. This is important throughout the process. If the patient is distracted by their phone or is otherwise not yet ready to listen, get their attention by

* Using good eye contact
* Asking if they are ready
* Giving them a big “hello” and shaking their hand

When a patient talks with you freely, it’s a sign of openness and receptiveness, and this level of openness is key throughout the presentation.

Do what you can to get the patient talking to you.

* Ask the patient questions about themself.
* Have them tell you why they have come in.
* If they provide a brief explanation to a question, ask a follow up question to learn more.

Be prepared with questions that will elicit responses. Try to avoid asking Yes/No questions, as they will likely not provide the patient with opportunities to speak in detail. Open-ended questions are the way to keep the patient engaged.

It is also highly important that you give the patient your complete attention. If you are distracted, preoccupied, allow interruptions, or feel rushed, this will likely make the patient uncomfortable and hesitant to provide deeper answers. To help you stay interested in the conversation and keep the patient engaged, here are some tips to remember:

* Find out something about the patient that you find interesting.
* Ask them questions to find out more about it.
* Do not talk about yourself.
* Give the patient your entire focus.
* Do not discuss fees prematurely. If a questions about fees comes up early in the process, politely defer using the following example:

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

**Presenter:** “Thanks for telling me that concern. I am going to be sure that any questions about that are handled. We have a great team here that can go over that with you. For the moment, let’s first take a look at what might be needed. I want to be sure it’s really clear. OK?”

Simply let the person know that you heard their concern and that you will definitely address it. But discussion of money prior to the patient perceiving the full value of the treatment will likely decrease their chances of accepting treatment.

***Once you can see that the patient is engaged in communication with you, you can move on to educating them.***

### Step 2: Educating the Patient

You want to educate the patient to see their dental issue as an *unwanted* condition. If the patient sees the condition as unwanted, they recognize and accept that it is a condition they don’t want and that they want to resolve. However, if they feel that the condition you are describing is something they might be better off without, then they may perceive it as something that could be put off rather than something unwanted.

A patient might even understand that the procedure is something they *need,* but there’s a big difference between need and want. “Want” is an emotional feeling that they need to experience in this step.

Here are some tips to ensure that you’re educating the patient to see their condition as unwanted:

* Keep it simple. A big mistake that presenters make is talking too much. The objective is to make the unwanted condition real for the patient. This doesn’t require excessive clinical explanation.
* Don’t ask them if they understand the condition. It’s too easy for them to say “Yes” even if it isn’t accurate. Avoid Yes/No questions.

**How will you know when the customer understands?**

Ask 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 not to make the patient feel like you are testing them. This is just to ensure you have provided them with enough understanding.)

***Once the patient clearly understands and accepts that there is a condition that they don’t want to have, you can move on to explaining the consequences.***

### Step 3: Explaining the Consequences

Educate the patient on all of the following points for the consequences of non-treatment of their condition.

1. **The potential problems that can develop if the patient opts out of your treatment plan**If these possible issues aren’t made clear to the patient, they will be less likely to take action and begin treatment. This step increases the patient’s understood level of necessity and urgency to take action.
2. **The progressive nature of the condition**  
     
   When you present treatment, you must be fully familiar with the negative effects of not proceeding as suggested and make those effects clear for the patient. There are many effects that can be described and shown to the patient to further increase perception of value and the importance of taking action.   
     
   For example, if a patient is prescribed a treatment of one or multiple implants, consequences of non-treatment that you’d express to the patient might include the following:
   * Continued bone loss, thus making it more difficult or impossible to receive treatment later
   * Reduced longevity of teeth
   * Potentially shorter life span for edentulous patients (as studies have shown)
   * Substandard dental hygiene
   * Damage or precipitating problems in areas surrounding the problem area
   * Cosmetic effects to face when teeth are missing

In this step, the presenter should encourage the patient to talk about the consequences. If asked to describe what could occur as a consequence of not carrying out treatment, the patient will better internalize the information.

***Up until the final step, the patient may have objections to the treatment that can be properly answered and resolved.***

### Step 4: Dealing With Objections

Step 1 is critical to navigating objections. If this step hasn’t been done well, the patient will be far less likely to communicate their concerns. A patient’s *unspoken objections* are the most dangerous objections because if the patient is unwilling to vocalize their concerns, then they cannot be addressed or resolved. Unresolved concerns will prevent the patient from taking action right away, if at all.

It’s important to note that asking questions such as “Do you have any concerns about getting started?”, “Do you have any questions for me?”, or other “yes/no” questions won’t usually work. Patients won’t freely admit that they don’t understand what you just told them. This further demonstrates the importance of properly educating the patient in Step 2.

When the patient tells you a concern they have, the first thing you must always do is let them know they have been heard. For example:

|  |  |
| --- | --- |
| **Patient Concern** | **Correct Response** |
| “I’m really concerned about the cost associated with this.” | “I really do understand your concerns.” |
| “I heard that implants don’t always hold and can lead to many other problems.” | “Thanks for letting me know how you feel. I can see why that would be real concern.” |
| “I see all the expensive cars in the doctor’s parking outside. You guys must be the high end players in this business!” | “Glad you said that! Our fees are actually right in the middle as far as this type of treatment in the Orlando area.” |

A simple acknowledgement can be very powerful in addressing a concern. Once this is done, the communication channel between the presenter and the patient will widen, and communication will flow back and forth more easily.

Remember, let them know that you have heard their concern *first*, and then address what they’ve said. Never defend or refute what they say. Simply accept it with a good acknowledgement, then discuss their concern.

### Step 5: Closing

Closing is the main goal of this interaction. All of the steps 1-4 lead up to the outcome of patient scheduling and starting treatment.

Closing is the action of scheduling and accepting a deposit on the procedure. In order to close, a patient must go beyond stating that they are going to do the treatment soon—they must agree to do the recommended treatment and *take action*.

There are two major errors that often occur in this step:

**Problem #1: The presenter tries to gently nudge the person to take action instead of being direct.**

For example, they may say “Well, OK. That’s what you need to do, are you ready to get started?” The better approach would be “OK, let’s get you started on this. I can have Mary get you scheduled right away.” The Treatment Coordinator must take a direct and assumptive approach.

|  |  |  |
| --- | --- | --- |
| **Patient Concern** | **Incorrect Response** | **Correct Response** |
| “I think I need to take care of this.” | “It would be the best option for you. Do you need to think about it?” | “Yes, you are going to be very happy with this! I’m going to get you scheduled right now!” |
| “This is a lot of money for me, but it’s probably the right thing to do.” | “I know it’s a lot of money. Would you like to give it some thought and let me know?” | “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.” |

**Problem #2: The presenter keeps talking about and selling the treatment even after the patient has agreed to start.**

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 time for the patient to think, and it’s very easy for them to start second guessing their decision. You simply want to confirm that they have made the correct move, validate what they have decided, and smoothly direct them to the scheduler.

|  |  |  |
| --- | --- | --- |
| **Patient Concern** | **Incorrect Response** | **Correct Response** |
| “OK. Let’s just do it.” | * “Yes. We can start by doing this procedure first. Then you are going to have to wait a few months and we can do…” * “If you want to speak with your wife about this, that’s fine. You can always just give us a call.” * “Good. I know it’s a lot of money, but I think you are going to be happy.” | * “That’s great! I am going to have Helen come in and schedule you. I look forward to seeing you later this week!” * “Good decision! Come with me and our scheduling coordinator will find a time that works for you.” * “Great. Glad you are moving ahead. You can stay right here and Sue will come in and show you exactly how to get started!” |