

Having worked in the dental industry for many years, I have learnt that every successful private practice must have a treatment co-ordinator (TCO). I have worked in dentistry in many different roles, in all areas, from NHS practices to top end private and cosmetic practices, working alongside top dentists from all over the UK, and I know the one thing that will help you and your practice increase its success is having a TCO. This role reduces the amount of administration time you spend with your patients and ensures a great relationship is already built. The patient will have become a 'fan' of you before they have even met you! As an experienced treatment co-ordinator, I want to bring my knowledge to you.

The TCO is an increasingly popular role in modern day dental practices. However, many questions are often asked such as why, how and who do you choose?

Why?

The basis of a treatment co-ordinator is to take 90% of non-clinical dentistry off the dentist(s) in the practice. Ideally, a TCO will have their own

diary and their own room or private workspace to see patients. Every new patient that comes to the practice will see the TCO first. Patients with problems such as toothache can also see a TCO before they see the dentist.

The reasons for this are that the TCO will 'interview' the patient. Imagine you see a new patient and when they come into your surgery they are brought in by your TCO and seated by your nurse, the TCO hands you the notes and verbally explains to you what the patient's concerns are, how long this has a been a problem for them, etc. As a dentist you can start prescribing and investigating the concerns straight away. If you did not have the TCO then you would be the one spending time interviewing the patient and asking them all the questions your TCO has.

If you are marketing for cosmetic or implant dentistry and all of your new patients came in to see the TCO initially, spent one hour (at no additional cost to the practice) in a one-to-one situation asking the patient particular questions about their concerns, which allowed the patient to open up emotionally, how much would this benefit your practice?

How?

The TCO role is to provide a concierge service; building a relationship and one-to-one rapport with your new patient, this person will go through all the appointments ensuring everything is scheduled correctly, the consent forms are signed, and the fees are collected – they should develop verbal skills to collect money up front so you don't need to have a team member responsible for chasing debts.

They are mainly building a relationship. Before a new patient consultation, the TCO will have already phoned the patient to introduce themselves and offer directions to ensure a stress-free journey when coming to your practice. The TCO will have a drink ready for the patient when they come in, and the patient will also be asked to complete the required medical history form. The TCO will then take the patient into a private room to see how they can help. By asking certain questions, the TCO will make a detailed list of the patient's concerns.

This is the appointment where the TCO will find out the deep-routed concerns surrounding the patient's

complaint. You will find out exactly how long they have felt this way about their smile, for example you may find that your new patient has been self-conscious about smiling for as long as they can remember. Some patients may be getting married and simply cannot face having their wedding photos taken because of the way they feel about their smile. Others may have been bullied or taunted about their teeth. This is information that you may not have been able to find out, as you may not have had the time during your assessment to interview in this way.

Let's discuss a situation regarding a cosmetic consultation where the TCO will ask for the patient to explain their concerns in detail by asking: 'How is this affecting you?' The TCO will take them on a deep emotional journey. They will move away from talking about their teeth to talking about how this is affecting them and how long they have had these concerns. The patient has not woken up that morning and decided they don't like their smile; they have probably had these concerns for a long time – now you, as dentists, have the opportunity to change this. The TCO will not start describing porcelain veneers, but they can show a case you have treated that is similar to the patient's concerns (it is an idea to present the same sex and roughly the same age patient to show the before and after photographs). All the TCO has to do is show the pre-op pictures, explain how this patient felt about their past situation and then show the post-op picture and explain how this has benefited the patient. The TCO can then say: 'How would it make you feel if we could wave a magic wand and give you a smile like this patient here that I am showing you?'

On that note, it is very important to have a well-organised computer portfolio that is accessible in every room. And the TCO must know about each case, what the patients have had done and what the outcome was – what were the benefits to this patient for having a smile design or implants?

It is important that throughout the patient consultation that the TCO takes note of body language – they must express a calm and caring nature,

maintain eye contact, and mirror the patient's body language. The TCO's communication levels must also be extremely high. They need to be able to listen actively and not interrupt the patient when they are talking. The TCO must have clinical knowledge, they must be able to have an idea in their mind of the solution for the patient, however, they should not talk about dentistry at all!

By tackling any obstacles that the patient may have (this may be money or fear of the dentist), the TCO will build a good rapport with your new patient. It is important to note that people buy from people they like and dentistry is a service; therefore it is for sale! Once they have finished their conversation with the new patient they will ask you, the dentist, to come into the room and say hello to the patient, again not talking about teeth but instead discussing common interests and building a relationship.

The TCO will book the patient in for your new patient assessment, ensuring that the consents and estimates are signed and the fee is collected up front, if this is not possible then collect at least a 50% deposit. If the TCO is qualified in radiography they can take the required radiographs; they can also take a full set of digital photographs.

When the patient returns, the first team member they will see is the TCO, another drink will be waiting and they will take the new patient into the surgery. Again, the TCO will discuss any concerns that the patient may have with the dentist, in front of the patient. There are two reasons for this:

1. It shows that the TCO has listened – we all know how good we feel when we know that someone has really listened to us!

2. The TCO is bringing the patient back to the right side of the brain – the emotional side.

You can now begin your assessment and your journey with the patient safely knowing your TCO has already sold the case for you.

To recap, the TCO at the initial interview needs to find out the following information and concentrate on these points:

- Building a relationship
- Taking the new patient on an emotional (rather than factual) journey
- Reviewing the obstacles that may stop the patient going ahead with treatment
- Benefits to overcoming their issues with their smile, ie. verbal proof pictures and story
- Confirming the patient's budget
- Scheduling the appointments, signing consents and estimates and also collecting the fee up front.

Who?

So how do you choose a TCO in your practice? A treatment co-ordinator is a team member with many different skills that will benefit all involved, including the patients. They need to have the majority of the following skills and assets:

- A people person
- A positive attitude
- Leadership qualities
- Self-motivated (for self-improvement)
- Excellent listening skills
- A team player
- Excellent communication skills (20% verbal and 80% non-verbal).

To summarise, the creation of a treatment co-ordinator role in your practice will result in reduced non-clinical stress for dentists and improved morale for the team. I recommend every practice with private patients has one.

In the next issue of *Private Dentistry*, Laura Horton will discuss how a TCO can reduce your clinical time by presenting treatment plans to patients.

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