

Treatment coordinator and implant coordinator roles

Employing a treatment coordinator and implant coordinator can add value to your practice; both positions can be filled by nurses. Laura Horton describes the new patient's journey for implant treatment and how the treatment coordinator and implant coordinator roles work

Many practices employ a treatment coordinator (TCO) and an implant coordinator (ICO). However, these roles are often not understood fully. If the TCO role is not applied correctly, it can become obsolete and the team member who has been promoted to this position can become demoralised. Implant practices often appoint a team member to the role of the implant coordinator. Again, practices may not understand what this involves and often get it confused with the TCO role.

The TCO role

Having a TCO can give your business a unique selling point. TCOs spend more time with patients than dentists. They also cost less to employ per hour than clinicians.

TCOs see new patients for complimentary consultations where the patient has no obligation to book any further appointments. It is a taster session. At this appointment, patients can find out for themselves if the practice is easy to travel to, if they like the environment and find the team. Most importantly, they can find out from the TCO if the practice can meet their needs if they are clinically suitable.

Ideally, TCOs should see patients in a non-clinical area at the practice, where they can relax without the associations of being at the dentist's.

In this environment, the TCO can help potential patients open up and listen to them. Often this is a first

for patients in a dental practice. The TCO learns about patients at this meeting and passes this information to the dental team.

The patient's goals

Patients have short-term and long-term goals. TCOs start by talking about short-term goals. An example of a short-term goal is: 'I want to replace this denture with something fixed.'

The TCO has the time to talk to patients about long-term goals, too. These do not focus on a single issue but the teeth, mouth and smile as a whole. This is very important, especially if your practice offers high-end treatments. You may need to change the patient's way of thinking so that they are aware that the days of dentistry involving just patching up problem teeth are over.

Motivating factors

The TCO should examine why a patient has approached the surgery. Questions could include: What has prompted the patient to come to you *now*? Is there a special occasion? Has a child said something to upset the patient? Has the patient seen an unflattering photograph? Does a change in their financial circumstances mean they can now afford the work?

How many times have you asked Mrs Smith about improving the colour of her teeth and she has said: 'What do I need to do that for?' She then decides that she would like to improve the aesthetics of her teeth. She may have Googled the issue or been advised about it by another clinician.

As a TCO in a high-end cosmetic and implant practice, when I asked new patients what prompted them to approach us *now*, they would refer to one of the above motivating factors nine time out of ten. When I asked if they had a dentist, they often said they did but that their dentist did not 'do' the treatment they wanted or had never 'listened' to them.

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The TCO's job at this free consultation is to inform patients of all options. TCOs do not recommend types of treatment. If patients want to know if they are suitable for implant work, they need to see the dentist for a clinical assessment to assess whether this would be appropriate.

Assessment and options meeting

I rebrand the 'new patient consultation' the 'assessment and options meeting' when I implement the TCO role in practices. This appointment has three stages:

- Clinical assessment
- Treatment planning
- Options.

When it comes to complex treatments such as implants, I recommend that the three stages are broken down further.

Practices usually post implant treatment plans to patients. This is a problem, as it means an opportunity to discuss plans face to face with a patient is lost, which is valuable to both patient and practice.

The TCO and ICO should attend the following stages of the assessment and options meeting:

- Clinical assessment: ICO or TCO present
- Treatment planning: TCO present
- Options: TCO present.

The options meeting is scheduled five days after the clinical assessment. The dentist should not need more than 20 minutes. If a patient has an appointment with the dentist at 10 am, the patient will also be booked into the TCO diary at 10 am but for 40 minutes.

Before this appointment, the TCO and dentist need to meet to plan treatment. At this meeting, the TCO hears about the clinical options available to the patient, The TCO then:

- Enters all the options onto the dental software
- Collates all estimates, consents and information sheets
- Creates a detailed report/treatment letter
- Creates a presentation of the patient's photographs and radiographs.

The dentist then approves this work by the TCO so it is ready for the options meeting.

The ICO role

The role of the ICO begins when a patient decides to go ahead with implant treatment. The ICO role is about organisation until the treatment is complete. I recommend that a team member other than the TCO carries this out.

Before treatment

The ICO needs to ensure that certain tasks have been carried out and procedures followed before the date of the implant placement. They should create a spreadsheet for each case that shows how treatment is organised and its progress.

Good communication between the implantologist and the ICO is paramount.

If an ICO needs time with the clinician, they should block time out in the clinician's diary for a meeting about specific patients and let them know in advance what this block is for.

Avoid holding these meetings at lunchtime or after work as mistakes are more likely to be made at these times.

The following need to be completed before the placement date:

- Financial arrangements are confirmed with the TCO
- Consents are signed
- Fixtures for the placement are ordered in plenty of time, ideally 14 days before the procedure takes place. Communication with the laboratory that makes the implants is essential.

The ICO needs to organize the nurses so the practice knows who will be carrying out the dirty and the clean nursing for each patient.

Appointment for the placement

Before patients have their appointment with the dentist, they need to have time scheduled with the ICO.

This appointment should be held in the consultation room that the TCO uses.

At this appointment, the ICO needs to go through a detailed medical history with the patient.

The high-end cosmetic and implant practice where I used to work had a very comprehensive medical questionnaire for patients. It also had another one for implant patients that we would go through on the day of the appointment, which was twice the length and extremely detailed. Such a detailed questionnaire is essential, especially if the practice has visiting implantologists.

If the patient is taking any medications, you need to photocopy the information about that drug from the *British National Formulary* or print off this information if you use a CD or online version of it.

The ICO must highlight all medical concerns and discuss these with the clinician. The ICO may also take patients' blood pressure.

Systems should be set up to ensure that clinicians get all the information they need from the ICO.

Although the dentist will have already given patient instructions on postoperative care, this advice will be repeated at the end of this appointment.

After the placement

The ICO needs to give patients postoperative instructions again and ask them if they have any questions. Patients may feel uncomfortable asking the clinician about postoperative care so the ICO needs to raise this again. The ICO should also provide a document setting out what patients need to do in the next 12–36 hours.

The ICO needs to make an appointment for review and suture removal and schedule subsequent appointments.

Further down the line, the ICO needs to ensure that the remaining appointments are scheduled, payments are collected on the agreed dates, and that the posts for the next stage when the fixture has healed are ordered in good time.

Who should be in each role?

The TCO role can be held by a dental nurse, receptionist or practice manager. In short, the TCO is a people person. People who takes on this role must be:

- Very friendly—they have to be expert in building relationships with people
- They have to have dental knowledge but can be from the front desk team
- Smiley, positive people who give you energy
- Great communicators.

The ICO has to be a nurse. The role requires meticulous organisation. People who takes it on must:

- Be clear and concise
- Pay great attention to detail
- Be able to understand all clinical aspects of the implant treatments as they will be talking at a clinical level with the implantologist
- Have excellent interpersonal skills with patients; the ICO is the face of the practice on the day of the implant placement—the time when even the most relaxed of patients can become extremely anxious.

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