

# A treatment coordinator can add great value

**Laura Horton** has been working with dental practices and successfully implementing the role of treatment coordinator (TCO) for over three years.

You may have read her articles in journals, heard her speak, or interacted with her via social media, discussing the role of the TCO, but in this issue of *Practice Focus* she writes directly to ADAM members, outlining her top tips to ensure the role is a success in your dental practice.

In addition to assisting dental practices to implement the TCO role, Laura works alongside existing TCOs, helping them to develop and hone their skills. She has had the opportunity to observe many TCOs and in this feature she provides her take on the top five mistakes that TCOs make and the detrimental impact they can have on the practice.

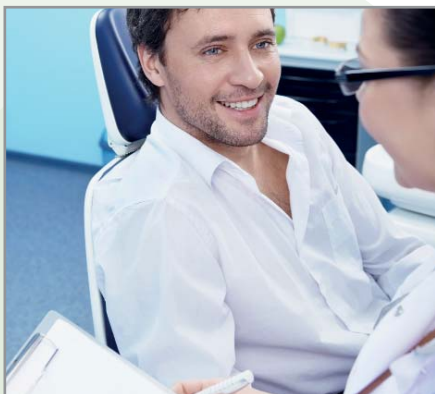
Systems need to be implemented and everyone has to know their responsibilities. The TCO must ensure that everyone else within the team is organised, so communication is essential. A lack of focused meetings with team members means everyone may be working hard but often pulling in different directions.

An organised and fluent TCO ensures streamlined processes that promote a superb patient experience. A great TCO changes patients' tired and worn perceptions of dentistry. Organisation and communication skills are paramount. The result of little or no organisation or communication is stress – not just for the TCO but the entire team. It's like a domino effect and before you know it, the entire team is at odds with each other!

## 1. Lack of understanding about the role

Often existing team members are 'promoted' to a TCO. Great! They are already part of the team, familiar with the practice's systems and protocols, and know many of the patients. But that isn't enough! All too often practice owners and management aren't aware of what the job entails. A specific job description and relevant training are often not provided leaving the new TCO feeling demotivated and the practice wondering why results are not improving.

The TCO role, when used properly, is a new 'arm' of the dental business and it is essential that focused training is undertaken.



## There are four main aspects to the TCO role:

- Seeing new patients' (NPs) for initial consultations before they see the dentist.
- Seeing NPs for free of charge consultations - this is a taster session for patients who can experience the practice, confirm solutions to problems and then go on to see the dentist if they are keen to know their suitability for a specific treatment.
- Helping dentists with the non-clinical treatment planning process - organising paperwork, consents, estimates etc.
- Participating in treatment presentations – being with the dentist and patient when the treatment options are explained.

Often TCOs are asked to help patients fill in their initial medical forms or explain the treatment plan to the patient – but the role can be so much more than that.

## 2. Lack of organisation and communication

You have to be an organised person to do the TCO role – everyone is depending on you. Being 'on the ball' is an understatement. There is no room for bad days!

## 3. Having unstructured conversations with patients

Training existing TCOs is always more difficult because they have become stuck in their ways and often those 'ways' are not right. Often their approach in one to one patient consultations (particularly initial and free consultations) is unstructured resulting in the patient taking the lead – a scenario you definitely want to avoid!

The problem when the conversion is not structured is that it does not follow a path to success or win-win approach. You can end up going round in circles wasting valuable time and not achieving your goal of converting your patient to schedule an appointment. The TCO needs to be in control at all times and yet still achieve a win-win outcome for the practice and the patient. When you don't have set questions that follow a natural order you can end up in a muddle. There is a correct time and place for the discussion of money, treatment options, how the patient 'feels', what their goals are and so on, and following a structured pathway is more likely to result in success than a haphazard approach led by the patient.

## – with the right approach

### 4. The TCO is talking too much

If the TCO is talking too much they are being interesting not interested.

The main objectives of the TCO in the new patient consultations are to provide outstanding customer service, build a solid relationship with the patient and build value in the treatment in relation to the fee. But how can you build relationships when you are doing all the talking?

Many TCOs have witnessed dentists giving long, detailed and sometimes boring explanations of treatment so they fall into the trap of doing the same thing. It's hard when you move into this role if your background is dental nursing as you may have been listening to this type of communication for some years. I had!

Talking non-stop doesn't put you in control, doesn't change the NPs perception of dentistry and doesn't build relationships either! Let's put it this way, if the dentist's traditional approach was successful the TCO role would never have developed.

### 5. Recommending treatment to patients

Every time I speak at a conference I mention the fact that TCOs should not recommend treatments and I always have one TCO come up to me and ask me 'but why' at the end!

No TCO in this country can recommend treatment to patients. Firstly during free consultations you are only showing patients the solutions available. If they have a missing tooth the options are: A do nothing B dentures C bridges D implants. If the NP wants to know which option they are suitable for they must have an assessment with the dentist.

If you recommend treatment to patients then you are putting your practice at risk. It is

not fair on the dentist or the patient – you cannot promise something when you do not know if it can be delivered. Only dentists can recommend treatment and only after a clinical assessment.

### Now I have highlighted the problems, let me give you some tips!

1. Training is essential if you want this role to work in your practice. Don't think you can do it alone, that's the long, hard and painful way to implement the role.
2. TCO equals team player. This role has to be undertaken by someone who thinks win-win! Team players want to do the best for themselves, the patients and the practice. They will not let you down so make sure you pick someone with a positive attitude who can communicate well.
3. Learn and follow my six steps to a successful NP consultation. (*see the table below*)
4. Ask open-ended questions when talking to patients about their treatment needs and close-ended questions when you want an answer e.g. do they want to book an appointment to see the dentist?
5. Learn the benefits of all treatments offered at the practice; rehearse the descriptions and benefits while using visual aids too!



### About the author

Laura worked in practice for 13 years and has an unrivalled passion and enthusiasm for treatment coordination. In mid 2008 Laura left her full time practice management role and has been successfully implementing the treatment coordinator role into dental practices across the UK, helping them develop a customer-focused approach to gain competitive advantage.

- Visit her website [www.laurahortonconsulting.co.uk](http://www.laurahortonconsulting.co.uk) email [laura@laurahortonconsulting.co.uk](mailto:laura@laurahortonconsulting.co.uk) or contact her directly on 07912 360779.

#### Six steps to a successful NP consultation

Step	Achieve this by ...
1. Approach	The welcome and rapport you build with your patient
2. Interview	Following the consultation form and process completely, without deviation
3. Demonstrate	Use visual aids to overcome the patient's concerns by describing features and benefits
4. Validate	Using verbal proof stories to show what the practice can do, how your patient will feel, look etc.
5. Negotiate	Ask the patient what would stop them having treatment – what would your patient's problems be?
6. Close	Sum up options and get an answer!