



# In Practice

WITH DR. RONALD GOLDSTEIN

## How to Develop an Effective Treatment Coordinator

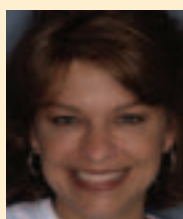


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The position of treatment coordinator can be an important key to successful patient management. Although each staff member is vital to the patient/practice relationship, the role of the treatment coordinator is the most crucial. The treatment coordinator is the person who specifically represents the patient as well as the dentist. He or she is the go-between most of the time, and has the responsibility of making sure the patient is content, and hopefully happy, with the treatment.

Although creating the position of treatment coordinator



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Ms. Callais has been treatment coordinator for 3 years and has a 15-year background in medical administration. She is a native of Atlanta, Georgia.

means additional overhead, if this position is staffed by a qualified person, the practice definitely has more to gain than the compensation paid to this new staff person. In fact, this person will more than pay for himself or herself. In our office, with six full-time dentists, we have two full-time treatment coordinators.

Small dental practices will usually not have a staff member employed exclusively as a treatment coordinator. Instead, the dental assistant, hygienist, or receptionist/secretary/office manager serves in the capacity of treatment coordinator. Regardless of who has this responsibility, the role is basically the same.

The main responsibility of the treatment coordinator is case presentation. However, there are several important steps leading up to and following the case presentation.

### BE AN AMBASSADOR

The beginning of any association with a prospective patient begins with the initial phone call to the practice. The treatment coordinator is like an ambassador who represents the individual dentist as well as the dental practice. One of the most important areas by which patients judge both the dentist and the practice is the type of initial interaction they have with the office. Therefore, set aside sufficient time to spend on the telephone with the new patient. If you are busy at the time the patient calls, make an appointment to call back at an agreeable time and be prompt to call back

at that time. This should occur the same day if possible.

There are many reasons why people change dentists. It could be dissatisfaction with their present dentist or another staff member, or relocation to a new area. They may be in need of a specialist or certain expertise that the present dentist could not offer. Most studies reveal that patients cannot always clearly identify why they have decided to leave a practice and search for a new dentist. Regardless of their reason, they have decided to establish a relationship with an

unknown, but usually recommended dentist, to fulfill a need, and that relationship begins with the first phone call. It is important that the words and the tone of the treatment coordinator's voice be unhurried, empathetic, enthusiastic, and knowledgeable—with the goal being that the potential patient will become an appointed patient.

Treatment coordinating begins with the telephone interview to help orient the patient with the way the practice is orchestrated. It also provides the opportunity to find out the self-diagnosed needs

**Treatment Planning Worksheet**  
Ronald E. Goldstein, DDS

Patient: \_\_\_\_\_ Date: \_\_\_\_\_ Dr. \_\_\_\_\_  
Treatment Coordinator: \_\_\_\_\_

8	9
7	10
6	11
5	12
4	13
3	14
2	15
1	16
RIGHT	LEFT
32	17
31	18
30	19
29	20
28	21
27	22
26	23
25	24

Cosmetic Contouring: U \_\_\_ L \_\_\_ Nightguard: \_\_\_ Bleaching: U \_\_\_ L \_\_\_ H \_\_\_ O \_\_\_ C \_\_\_  
Other Treatment: \_\_\_\_\_ Referrals: \_\_\_\_\_  
Specialist's Recommendations: \_\_\_\_\_  
Phases of Treatment: 1. \_\_\_\_\_  
2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_  
Remarks: \_\_\_\_\_

Figure 1—Treatment Planning Worksheet.



**T**he treatment coordinator is like an ambassador who represents the individual dentist as well as the dental practice.

of the patient, as well as his or her emotional perspective regarding esthetic treatment. By establishing a dialogue with the patient, as

opposed to just asking preplanned questions, you can begin to understand just how easy or difficult the patient may be to deal

with. Being an effective communicator requires excellent listening skills—hearing what patients are saying with their hearts, not just their words.

Before the initial in-office consultation, the treatment coordinator must communicate the needs, wants, expectations, past dental treatment, and past dental experi-

ences—both good and bad—from the patient to the dentist. Most dentists will appreciate hearing or reading the treatment coordinator's interpretation of patients' "bottom line" without including every detail of their story. Part of the task is to "weed out" the less important details from the most significant. In the same regard, the treatment coordinator must communicate the principles and proposed treatment from the dentist to the patient. This should be thought through in advance to be as effective as possible.

The treatment coordinator should translate dental treatment into layman's terms. Use visual aids, before and after photographs, professional illustrations, or diagrams. *Change Your Smile*<sup>1</sup> was written for this express purpose—to help patients understand cosmetic dentistry and have a foundation of information to help them make wise decisions regarding their own smile. We have found that directing a new patient to purchase *Change Your Smile* makes the consultation much more effective. It saves the dentist's time, it saves chair time, and it helps patients be prepared to more effectively understand their options. Seeing the examples in a book such as *Change Your Smile* helps patients be more

**B**eing an effective communicator requires excellent listening skills.

certain of the results they want, and it also educates them as to the maintenance required after treatment. The purchase price of the book can be deducted from the consultation charge, so in essence it doesn't "cost" the patient anything, and it is certainly beneficial to the dentist. None of us likes surprises, and realistic fees are also included in the book, so the patient is more prepared to understand the financial commitment involved. An educated patient is simply easier to work with in many regards.

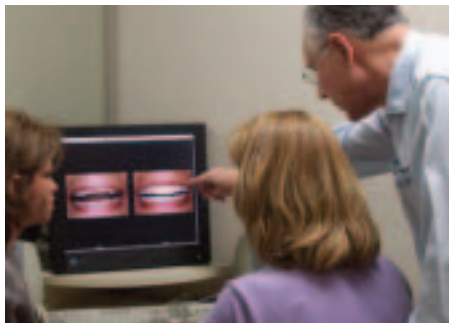


Figure 2—Treatment coordinator Kristin Callais and Ronald E. Goldstein, DDS, routinely use esthetic imaging in treatment planning.

### **DURING THE CONSULTATION**

The treatment coordinator should take notes throughout the consultation. We have found that a crucial aid to note taking is using a template illustrated with both arches of teeth and space for additional notes (Figure 1). Optional or compromised treatment can be noted on this sheet, as well as areas where further explanation is needed at a later time.

Depending on the anticipated extent of proposed treatment, the treatment coordinator may schedule one or more specialists to be present at the consultation with the primary provider, as well as bringing in the ceramist who will be fabricating the case.

After the consultation, the information from the consultation form is transferred to the treatment plan. Each optional treatment requires an additional treatment plan.

### **CASE PRESENTATION**

Ideally the case presentation should be given to the patient on the day of the consultation. This can be immediately after the consultation, or the patient may be sent out for lunch or to enjoy a cup of coffee while the treatment coordinator completes the treatment plan. The proposed treatment should be presented to the patient face-to-face. The case presentation should be given in a professional manner because it represents the quality of dentistry the patient perceives. It should be detailed and all-inclusive of treatment of each tooth and costs itemized. The patient should have a neatly printed listing of all proposed treatment and computer-imaged pair(s) of before and after photographs, and

these should be enclosed in a high-quality folder. The treatment coordinator's business card should be included, as well as business cards for each dentist.

Discussing treatment options is also very important. If the patient is apprehensive or has financial constraints, it is crucial to present a supplement to the ideal treatment plan.

It is during the case presentation that the treatment coordinator may play several roles.

#### **Educator**

Patients need to thoroughly understand the decisions they are making. This can be enhanced by visual aids, such as *Change Your Smile*, manufacturers' product brochures and videos, colorful

illustrations, and life-size models (Figure 2).

Educating the patient also includes communicating the personal responsibility for home care and professional maintenance of esthetic restorations.

The presentation of so much material and the need for many decisions can be overwhelming. In addition, we have been taught

over the years that much of what we see and hear is “filed away” or forgotten. The treatment coordinator must review some information more than once. Many of the concepts are foreign and will not be understood the first time they are presented. The treatment coordinator should anticipate the need to repeat information.

#### Encourager

Remind patients of the long-term investment they are making

by taking care of their smile. Fixing something early is usually easier and less expensive than correcting the problem later. The expense may double or triple if the patient waits. A few days of treatment in exchange for improved self-confidence and years of pleasure are worth it. (Incidentally, this role will continue through the stages of treatment and maintenance. Every time the patient comes for treatment, the coordinator should be

a friendly contact and attuned to the patient’s needs that day.)

It is amazing how little people know about the serious health ramifications of poor dental care. Awareness generally prompts patients to proactively make the proper changes for improved dental health.

Many patients have lingering fears from childhood that have caused them to avoid or procrastinate treatment. Patients’ fears need to first be listened to and understood as much as possible, but then addressed. Patients often have no idea about the technology available to dentistry today—computer-driven anesthetic (such as The Wand™), computer-aided design/computer-aided manufacturing (CAD/CAM) crowns (Procera®, Nobel Biocare USA, Inc.), and air-abrasive techniques to remove decay without the drill—all are fantastic additions to the cosmetic dentist’s armamentarium. This is a wonderful time to be in esthetic dentistry.

**R**emind patients of the long-term investment they are making by taking care of their smile.

#### Financial Consultant

Most patients need help envisioning and planning for the financial commitment. The treatment coordinator can help the patient think “outside the box” when it comes to paying for dental treatment. Can a credit card be used? Is there a relative who could help? Can payments be set aside before the treatment begins? Can the most essential treatment be scheduled first (especially when there is decay present) and cosmetic treatment later?

Our practice requires payment in advance of treatment fees more than \$2,500. The purpose of the prepayment is to seal the commitment and reserve the dentist’s time for the upcoming initial appointment. Requesting payment in advance has a way of bringing to the surface questions

or objections that haven’t been voiced previously.

It is helpful to have one or more dental financing programs in place to assist patients. It also takes the pressure off of the dentist to serve as a “lending agent” and be looked at to finance dental treatment. The dental practice should be able to focus on providing excellent dental treatment.

A word about insurance: many dental insurance policies have not been updated or altered since they were created more than 30 years ago. Insurance companies have not kept up with the needs and desires of their constituents, which means standard dental insurance coverage will pay very little toward necessary cosmetic dental treatment. Nevertheless, patients often do not understand this and should gently be educated to not expect insurance to pay very much or at all. The treatment coordinator should assure the patient that the practice will obtain a predetermination of insurance coverage, but the patient should not expect significant financial coverage. This will be a personal investment.

#### Follow-Up

When treatment begins, the treatment coordinator needs to contact the patient by phone or during office appointments to see if he/she is satisfied with the treatment/practice. The contact can enhance the relationship between office and patient, and lends opportunities to ask for referrals. Be attuned to discouragement and a short-term mentality, and look for ways to affirm the decision to begin treatment.

An effective treatment coordinator can make a huge difference in not only educating and achieving greater acceptance of treatment plans, but also help make sure patients are satisfied at the end of treatment. It is certainly worth the time and effort to train the right person to continually accomplish the task. Both you and your patients will enjoy the results. ○

#### REFERENCE

1. Goldstein RE: *Change Your Smile*. Quintessence Publishing Co., Carol Stream, IL, 1997.

