You might think that in financially challenging times the last thing you need is a new member of staff. For a practice to thrive and prosper in a difficult financial climate, however, it has to become more efficient, more competitive and more profitable. One way to do that is to introduce a treatment co-ordinator (TC) into the team or if you already have one then to offer appropriate training. This is a relatively new role to the European market, but in the US, where the role is a central part of any practice, it has proven to dramatically add value to the patient experience, reduce in chair time and increase case acceptance.

The introduction of a well-trained TC will change your entire approach to new patient care, as well as increase profitability. While many practices know how to attract patients, their case acceptance ratio is low. The first contact, first visit and follow-up are the most important elements of the new patient process, yet they frequently represent a wasted opportunity because of a lack of skill, focus, time or all three.

In my experience, a major downfall of practices is the unwillingness of practitioners to delegate the new patient process to staff, or what we call the TC role. This is often due to a wide range of factors, including the practitioner’s perception that the patient wants communication on his or her treatment to come from the practitioner, the perception that patients pay to see the practitioner, a lack of trust to empower staff or time to train staff, and the financial implications of introducing the new role.

Releasing new patient management to well-trained staff is not a new trend, although its application has been limited in Europe. However, patients’ expectations, competition for private work and the team’s demand for career progression and job satisfaction are key drivers for introducing the TC role.

The TC concept

A TC is someone in your practice who, with the right skills and training, will facilitate the new patient process. He or she bridges the gap between the new patient, the practice and the staff. The TC promotes and sells the practice and its services by demonstrating their true value to prospective patients, frees up the practitioner’s time, increases case acceptance ratios and, resultantly, increases practice profits.

Consider the time spent by the practitioner with the new patient and calculate how much of that time is non-diagnostic. A TC can often reduce up to 60 per cent of practitioner–patient time. Rather than being a barrier to patients—which is indeed what many practitioners perceive to be the case—in my experience, patients actually feel much more at ease with the TC and therefore better informed. Doctor time is not always doctor time. As a typical example: if an new patient appointment is 30 minutes, but the clinical part is ac-
Too many new patients are lost due to lack of follow-up. A good TC follows up and provides monthly information on patient conversions to assist with strategic planning. All practices should have a patient journey tracker.

Filling the role: An internal solution?

There are no hard and fast rules. It depends upon the size and aspirations of your practice and the qualities of existing members of your team. If you have a team member who fulfills the characteristics of a TC and he or she wants the challenge, then the answer is yes. Keep in mind that you may well need to fill that person’s current position.

Some practices streamline job descriptions allowing them to create the new role without having to hire another staff member. Whether it is a full-time role or not depends upon various factors, including the size of the practice, the number of practitioners, chairs and patients, and the profit aspirations. Many practices implement the role and monitor its progress and impact. This often helps the team to accept the change and gives the practitioner the opportunity to assess any training needs of the TC and to access how remuneration will be affected.

The role of your TC should fit in with your practice’s culture and aspirations for patient care. However you choose to implement the role, the only guarantee is that you will benefit enormously. Augmenting your team with a well-trained TC can reap tremendous rewards for you, the team and your patients.

A TC’s tailored and personal approach to care, follow-up and communication with patients fosters trust and increases patient satisfaction and retention.

Learn from the Masters of Periodontics:

This course includes a variety of live-patient dental procedures and on-demand lectures that will enhance your distance learning experience.

Registration information:

Advanced clinical online training with the Masters

Curriculum fee: €995

Contact us at tel.: +49-341-484-74134
email: request@tribunece.com

Details on www.TribuneCME.com

Collaborate on your cases
and advance your knowledge and skillset

São Leopoldo Mandic University

15 C.E. Credits
Certificates will be awarded upon completion

ADA CERP
Continuing Education Recognition Program

*ADA CERP Provider Information: Tribune CME is an ADA CERP provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality continuing education. It does not necessarily endorse, support, or recommend continuing education programs provided by organizations other than the ADA. The general session provider has been approved for credits by the Missouri Board of Dentistry. Tribune CME is franking your program in accordance with the standards set by the ADA for the省教育厅’s CERP program. All other dental continuing education courses are accepted for credit by the American Dental Association. The general session provider has been approved by the Commission on Dental Accreditation of the American Dental Association. The general session provider has been approved by the Commission on Dental Accreditation of the American Dental Association as a provider of continuing dental education. The Commission on Dental Accreditation accepts hours by boards of dentistry.

A comprehensive curriculum designed to improve the clinical success of dentists and their staff.

25th EAO Annual Scientific Meeting