



What Makes a Great Treatment Coordinator?

by Brenda Smith

Dr. Alan Curtis hands the reigns of his monthly column to his Treatment Coordinator, Brenda Smith, to explain what she does in the orthodontic office and what skills she uses to complete her job.

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I have been in the dental and orthodontic fields for more than 12 years. Seven of those years I spent assisting and the other five I have worked as an orthodontic treatment coordinator. During this time, I have had the opportunity to observe what techniques are effective and those that yielded less-than-desirable results. When I was first approached about the role of treatment coordinator, I immediately said yes, but the decision did not come without a certain level of apprehension. Treatment coordinator is a very demanding position that comes with a lot of responsibilities. After a year of learning as much as I could from many different people and sources, I finally started feeling like I was adopting the techniques necessary to be successful. It took me another year, however, to figure out how to become a great treatment coordinator. I want to share some of the skills I feel make a great coordinator.

Personality

The first skill is personality – which you either have or you don't. Your TC must have this skill. He or she should be outgoing, easy to get along with, energetic and possess the ability to make people feel excited about treatment and the results it will accomplish. Your patients should leave feeling good about their visit and excited to start treatment. If your TC doesn't have this personality than you might not have the right person in the position.

Drive

The second skill is drive. Having a TC who is goal-driven will keep him or her focused, hardworking and willing to do whatever it takes to start patients. Being goal-driven keeps the TC motivated, and with goals in place, the TC often exceeds them. The goals should be given monthly and include items like production, exams, starts and recalls. The goals should not be

the same each month or remain the same from year to year. Most offices will increase these goals from the previous year by 10 or 15 percent.

If your TC is not making his or her goals, it could mean a few things:

1. The goals are too high to reach. Review the goals and see if they are realistic. If they are not, you may need to make adjustments. Unattainable goals will lead to frustration and loss of interest. Play fair.
2. Review presenting skills. This can be done by having the TC video himself or herself and then reviewing it together. Seek out new approaches like webinars, seminars or educational videos and books.
3. Ensure there are good will call back (WCB) and recall systems in place. Information should be updated and reviewed weekly. Make sure there is sufficient follow up.

Experience and Knowledge

Experience and knowledge are two very critical skills for this position and are skills that can only be obtained after years of working in the field. Education and time spent in the position are the only mechanism to achieve this skill. These skills mean the TC has an understanding of treatment plans, appliances, procedures, insurance benefits, diagnoses, terminology, photos, X-rays and much more.

Perceptiveness

The TC's ability to determine a patient or potential patient's level of interest is a good skill to have. This helps to identify how motivated a customer is to start treatment. TCs will encounter four distinct categories of people on a day-to-day basis.

Critical Shoppers: People who are shopping for the best price, a certain doctor or treatment they are comfortable with; **Information Seekers:** People just looking to gather information and think about moving on with treatment eventually; **Not Decision-makers:** People who bring a child to the appointment but are not able to make the financial decision to start treatment; and **Ready to Go:** These people are ready to start treatment and are financially prepared to do so.

Consistent Correspondence

Correspondence, reports and stats need to be one of your TC's daily, weekly and monthly duties. The correspondence will be regarding patients who came for consultations, WCBs, patients who are shopping, patients who have a treatment hold status, recalls, patients who have scheduled treatment, referring office staff, dentists and specialists. The doctor should be review-

ing the TC's correspondences from time to time to see if there are errors in acquisition. Errors would include things like typos, incorrect information, addressing an e-mail to a minor instead of an adult or stating that items were attached and were not. These errors will happen from time to time but if they happen all the time, it can poorly reflect on the doctor. The TC should proofread all e-mails and letters before sending them out and always use spell check.

The reports and stats should be reviewed and shared with the doctor and staff each month and include details on referrals. Information should be up-to-date and complete. The TC should make it possible for the treatment to start on the same day or near future.

It's up to the doctor to provide the TC with the tools that will help him or her to maintain accurate information, schedule follow ups and provide feedback on what is or isn't working. ■

Author's Bio

Brenda Smith started her career in the dentistry field 12 years ago as a dental assistant and later moved on to orthodontics. She is the treatment coordinator at Curtis Orthodontics in Arizona.

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