

THE ORTHO TREATMENT COORDINATOR
EDUCATIONAL REPORT SERIES

**FOLLOW-UP: A CRITICAL
RESPONSIBILITY OF THE
ORTHO TREATMENT
COORDINATOR**



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TREATMENT COORDINATOR
ONLINE STUDY CLUB


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Introduction

In my ortho seminars, I often tell orthodontists and team members that once patients are in your office, they are yours to lose. In the post-recession economy where many ortho practices are still experiencing decreases in production, ortho treatment coordinators (OTCs) must be keenly aware of the need to start more patients.

With the extra marketing effort necessary to get patients in the door today, ortho practices can no longer afford to have a marginal case acceptance rate. To be successful, ortho practices need to adopt Levin Group's target of converting 90% of consults into starts. This may seem a difficult goal to accomplish but OTCs whom Levin Group has worked with *are* accomplishing it.

The Need For Follow-Up

Case presentation does not end with the ortho consultation. In fact, the consult is often the beginning of a continuing conversation with potential patients and parents about treatment.

In the post-recession economy, many parents of potential patients aren't ready to commit to a \$5,000 expense without consulting their spouse or significant other. For ortho practices with a pre-recession mentality, these parents are given the option to contact the office later if they want to go forward. Levin Group has discovered that ortho practices still operating this way continue to suffer production declines.

The Importance of Face-To-Face Communication

Sometimes, a phone call won't be enough. Many times, both parents will need "face-time" in your office before they can reach a decision. Scheduling a second consult when both parents can attend is another effective approach. This can work extremely well, but many ortho practices resist the idea of holding two consults. The reality is that when asking parents to make a decision about spending approximately \$5,000, they often need a second opportunity to agree to treatment for their child in your practice.

Parents will often state that they wish to wait several months before beginning their child's treatment. In the past, ortho practices didn't follow-up aggressively with these prospective parents. In the intervening time, their friends may suggest another ortho office. Levin Group recommends contacting these parents once a month until they are ready to move forward with their child's treatment.

Eight Proven Ways OTCs Can Increase Case Acceptance

Any patient who does not accept treatment should receive follow-up *without* exception. Levin Group recommends these strategies to help OTCs optimize the follow-up process and increase case acceptance:

- 1 Get permission to continue the conversation.** As previously stated, many parents will wish to check with their spouse before agreeing to treatment for their child. Rather than putting all the responsibility on the mother or father, highly effective OTCs will offer to call the home one evening and speak with both parents about treatment recommendations.

Value Creation Scripting™ keeps the call focused on customer service. Remember you are offering yourself as an educational resource. This follow-up should be presented as a *service* to the parents. It should never seem like a pestering sales call. Ask parents or patients for the best time to follow up with them in the next few days to see if they have any additional questions or concerns. A scripting example would be:

OTC: *Mrs. Jones, would it be beneficial if I called your home one evening this week and spoke with you and your husband for about 20 minutes to review what we talked about today?*

Notice that the OTC is not actually asking for permission to call, but instead giving parents the option to pick a convenient time. Many parents genuinely appreciate such personal touches. More importantly, it gives you an opportunity to motivate the other parent. As a rule of thumb, OTCs should follow-up within 24 hours of the consult. In addition, OTCs should contact the referring doctor as well, letting him or her that the patient hasn't been scheduled.

- 2 Re-establish rapport when you call.** Make patients or parents aware that you know them by citing something specific you learned during their appointment. For example, if a patient mentioned that she had an upcoming field hockey game during the consult, ask her how her team did. This shows that you are listening and have concern for patients beyond just getting them into treatment.
- 3 Provide the option of a follow-up appointment.** Offer to have parents or patients come back with the spouse or other decision-maker to discuss any concerns that may arise after the initial consult. According to The Levin Group Ortho Data Center™, when OTCs can motivate parents to bring their spouse to the second consult, case acceptance is overwhelmingly high. You may be thinking, “Why not just get both parents into the first consult? Wouldn't that be easier?” The answer is—yes, it would be easier. Unfortunately, this is rarely far more important to get the child into the initial consult *within* seven days. Waiting longer for an appointment makes it easier for parents to ortho shop—which you want to avoid.
- 4 Continue to build value for the treatment.** Remind parents of the benefits—great smile, straight teeth, etc.—as well as the benefits of NOT delaying treatment. Sometimes parents need to be reminded that in addition to a great smile, ortho treatment makes it easier for their children to keep their teeth clean with regular brushing and flossing.
- 5 Determine the real obstacle (if there is one) and address it.** If financing is the barrier, have an outside financing option available. Should parents and patients be especially concerned about appearance, discuss invisible or clear options at length.
- 6 Use the 3/3/3 system.** This involves three telephone calls, followed by three emails, followed by three letters. Remember that not contacting the parents nearly always ensures the case will never start. Only consistent contact will stop parents from avoiding a decision. Of course, each contact must be professional and your tone should convey that you wish to be helpful.
- 7 Be prepared when parents say they want a second opinion.** What should OTCs do if parents decide they want a second opinion? Is the case lost? Absolutely not. OTCs must resist the urge to talk them out of it. The minute you do that, parents will instantly feel defensive and the case really will be lost. In another example of careful scripting, respond this way:

OTC: *I think you are very smart to get a second opinion. It's a big decision and you obviously want to be comfortable when you make it. After you get a second opinion, we naturally hope that you will decide to have your child's ortho treatment in our office.*

Tell parents you are going to follow up with a phone call and, in this case, give them the records to take with them. Patients are often surprised when doctors give them the records to actually take to another office. That is actually a starting point for building trust in the practice. When you inspire patient trust, your job as OTC becomes much easier.

8 Track case acceptance. OTCs should review case acceptance rates with the doctor on a regular basis. Doing so will determine the effectiveness of follow-up efforts.

Conclusion

Personal attention from the OTC results in parents choosing to have treatment for their child at your practice the vast majority of the time. The smart OTC will always go the extra mile to follow-up with parents who do not commit to treatment at the initial consult.

Patients in the office are yours to lose... with these strategies, you will be able to convert 90% of them into starts.



Dr. Roger Levin is a third-generation general dentist and the Chairman and CEO of Levin Group, Inc., the largest dental practice consulting firm in the United States. As a leading authority on orthodontic practice management and marketing, he has developed the scientific systems-based consulting method that will increase ortho practice production and profitability, while lowering stress.

Dr. Levin presents more than 100 seminars per year and is a keynote speaker for major dental conferences. He has authored more than 60 books and over 3,000 articles.

Dr. Levin sits on the editorial board of five prominent dental publications, serves as the practice management editor of *Compendium* and is managing editor of *Ortho Business Review*. Dr. Levin is also a regular contributor to the *Journal of the American Dental Association*. He has been interviewed by *The Wall Street Journal*, *The New York Times* and *Time* magazine.

Levin Group is headquartered in Baltimore, Maryland, with offices in Phoenix, Arizona, and Marseille, France.