



Effective Patient Coordinators (Treatment Coordinators)

Effective Patient Coordinators should have these essential characteristics:

1. Excellent communication skills, poise and professional demeanor
2. Highly values oral health
3. Motivated to remove obstacles that prevent patients from attaining oral health
4. Experience and knowledge
5. Understand dental philosophy of the Dentist
6. Organized, systematic and good follow-through
7. Perceptiveness, confident
8. Personable, positive attitude and enthusiasm

**Use an appropriate location to build trust and spur open communication.
The right place is:**

1. Private, Not at the front desk where others can hear
2. Is neat and clean, like the operatory or private consultation room
3. Has a computer with a large screen that the patient can easily view

Help the patient emotionally understand the need for the dental treatment.
Ensure you establish the need for the services in the treatment plan before showing any fees.

Begin the treatment coordination communication by:

1. Introducing yourself if you have not already met the patient
2. Review the treatment plan with the patient to clarify and answer any questions.
3. Remember your role is assisting the patient with a financial solution.

Use the following communication to help your patient understand the need for dental treatment:

1. When you present the problem, include a visual of the patient's problem magnified
2. Show them on the computer and hand the patient his or her own picture.
3. Physically handing them the problem (a pic or perio chart, printed or send a link) to patients to hold in their own hands is important for them to emotionally connect to the problem.

A picture is worth a thousand words. 90% of new information we take is visual. Use graphic, patient friendly terms and ask for than tell.

Lead your patient into owning the problem or condition.

"Can you see on this picture that a quarter of your tooth is gone?"

"Did you know that the infection you have in your gums is related to many other illnesses, including heart disease and diabetes?"

Sample Dialogue

Crown: *"To keep your tooth from breaking further, Dr. _____ has recommended a complete tooth-covering crown. The crown will protect your tooth and allow you to chew with confidence."*

Motivate patients to accept treatment.

Ask: "Have I answered all of your questions? Do you have any other questions besides how your dental benefits will contribute to this?"

Review the patient's original concern and how this treatment plan solves that. Answer any questions and objections.

Objections can often be handled with the Feel, Felt, and Found response.

"Mrs. Jones, I know how you feel about not wanting a root canal, however other patients of Dr. _____ have felt that way until they found new methods of root canal therapy. Dr. _____ and _____ are committed to keeping you comfortable during the entire procedure. We can even have you come in a few minutes early for special calming medication to help you relax. How does that sound?"

Open-ended Questions

Open-ended questions are questions constructed to illicit more than a yes or no response. Posing a question those forces someone to feed information is not pushy. It is a professional way of gaining insight into what will encourage patients to accept treatment that we know will help them.

Example

"What are your concerns about treatment?" This question will help patients begin a dialogue with you. If you simply ask, *"Does anything bother you?"* the patient can easily shut down with a yes or no.

Ask for a commitment

"Are you ready to start this treatment to get you back to good dental health and avoid and more complications?"

Have a follow up system if the patient does not accept treatment right away.

Don't be pushy, but do have a follow up process if the patient does not schedule an appointment. It is very important that the sense of urgency is stressed to the patient during the treatment consultation

Financial Arrangements

Quote the entire fee confidently

(Practice Owner Must APPROVE) Ask if the patient would like to take advantage of your bookkeeper's courtesy savings if 100% of the total fee minus 5% is paid before treatment begins. If the answer is no or *"What will my insurance pay?"* Then show the computer printout.

Review other options with patients and formalize agreement

Credit Card (Practice payment methods)

Phase dental treatment to fit patient's budget

Have the patient sign the treatment plan

Have the patient sign the financial agreement

In closing, say to the patient *"Thank you for being a patient in our office. Here is my card if you have any questions. I'm delighted to meet you."*

It is important as a Patient Coordinator to understand the individual needs of your patient. You will find that each treatment presentation will be different, but the basic foundation remains the same. Help patients understand the need for treatment, speak to the benefits of care, work toward a commitment, and always end with healthy financial arrangements.

You will find that patients will feel more at ease with a plan that supports them on their journey to better oral health. As the ambassador to better oral health, you play a critical role in creating the steps to better health.

Common Patient Objections

Financial

1. I only want to do what my insurance covers
2. No sense of urgency
3. No trust
4. I have to check with my spouse
5. I'm really busy right now and have no time to do this
6. Can you file a pre-determination of benefits

Some objections are "faulty", meaning it's not the actual reason they don't want to proceed, it is an excuse to get out of being "sold" This type of objection is usually given when there is no logical reason not to go ahead.

When patients come into your practice, they may think you are trying to "sell" them something.

The dental practice team must **focus on patient education and not sales**. When you have gained the patient's trust and confidence, it is then generally about helping them find a financial solution that will work for them to get the treatment done

Some objections are "real" meaning a valid, logical reason to put off starting and /or paying for treatment. Being able to determine the difference between these two is a valuable skill. It's very important to get patients to talk with you after they give their first objection.

How to handle patient objections

"I have no money"

Sometimes this objection is real; the patient truly can't afford it. But not if they just told you about their trip to Las Vegas or their new car. We don't believe they can't put it on a credit card or get approval for 3rd party financing—but we can't come outright and say that.

So what should you do - without running the risk of upsetting your patient?

Get them to talk to you by **asking a question**

When they say, "I have no money," you might respond with, "I understand. Could you put that on a credit card?"

Find out what's really on their mind by asking questions and getting them to talk to you. Do this in a friendly and comfortable way - don't challenge them, talk to them.

This may be uncomfortable to discuss, but it is your responsibility as the Treatment Coordinator to have these conversation and be willing to talk about financial matters. Once you get them talking, you can get what's actually on their mind. And surprise, oftentimes money isn't really the issue.

What is it, then?

Here is what we face in dentistry: People don't like needle and drills inside their mouth. The fact is: people who are afraid don't see things logically. When someone is afraid of needles and drills inside their mouth, they tend to withhold what is really going on with them.

Of course they say they have no money—if they admitted they did have money, they would end up with needles and drills inside their mouth. Most patients could put \$3000 on a credit card if they wanted to. And with today's financing options, most would easily be able to qualify for that amount or more. If you ask if they can put the cost of treatment on a credit card, there's a great chance they'll say, *"I can, but I don't want to."*

You just identified their objection as "faulty."

The patient isn't really sold on doing the treatment yet, and it has nothing to do with the money. The next action is too simple to believe it actually works.

1. You may need to explain the treatment plan a second time.
2. You might point out a few things you didn't the first time.

The rule is: Tell them what they NEED at least 3 times before compromising or giving up. A miracle will happen at least 50% of the time—they will ask YOU a question, such as:

"Am I going to get a shot?"

"Are you going to grind all the enamel off of my teeth while making the crown?"

"Mom has a crown that is still sensitive to hot and cold. Will that happen to me?"

Now you have true communication: they are asking you questions. You've had this happen before. You just didn't realize you found a gold nugget—the actual objection to treatment.

"I only want to do what the insurance covers."

Ask patient, "Do you want to keep your teeth?" If they say yes," then it probably has nothing to do with what the insurance will cover.

"I need to think about this."

"Is there something I didn't explain very well?" You may also ask: "Is there something about the treatment plan that you have a question about?"

More Verbal Skills Tips:

Use patients names appropriately and pronounce them correctly: Everyone loves to hear his/her own name. In handling a situation that requires you to be sympathetic but where you need to redirect a patient's energy and emotion, you can first respond with, *"I know exactly how you feel; I have felt that way myself. I have found that if feel/felt..."*

Sell the benefit first.

Patients want to know what is in it for them, not you. *"In order to keep our fees lower and save you money, we have begun to accept your portion of the fee at the time of service. This reduces the number of statements we send out each month, and we pass those reduced accounting cost savings on to you."*

Inform before you perform.

There should be no surprises. If you start explaining why something else needs to be done after a procedure was started, it may sound like you are making excuses. If you briefly discuss the contingencies that may arise beforehand, it will seem more reasonable.

"Unfortunately, the insurance that your employer has purchased for you doesn't cover that procedure very well."

Remember, the employer is the one who purchased the plan.

"We are proud of our fees. They reflect the level of dedication, skill, care and training that our patients have come to expect from us."

Secrets of Case Presentation Acceptance

- Break it down to an affordable amount - make it easy for them to buy
- Translate and explain benefits - benefits have to be higher than the amount of money the patient is going to spend
- Never be defensive - be optimistic

- Ask questions - persuade rather than convince; persuade not by telling but by asking
- Know your mission - get them to accept treatment
- Know your patient - A lot of people do not know what they want because they don't know what's available
- Patient's generally don't buy what they really need, they buy what they want
- If they say "No" often it is because they don't know enough. It is our responsibility to educate. If clinical questions still persist, you may need to ask the Doctor to come back in the operatory or consultation room to explain
- Build trust
- Give your patients VALUE...BENEFITS...NEED ...URGENCY
- You have to believe deeply in what your practice is offering and support the Clinical Providers

Scenario (Training) Patient Coordinator

The patient has stated they do not have money or the ability to start treatment today
How would you address the patient?

What is the desired final outcome?

What can we do differently to achieve our desired final outcome?

A patient verbalized their dissatisfaction with their out of pocket expenses due to their current insurance coverage. The patient wants to wait for open enrollment at work to apply for new benefits with a PPO

How would you address the patient?

What is the desired final outcome?

What can we do differently to achieve our desired final outcome

You have a patient that has been in the office for over 2 hours. The patient was diagnosed and has accepted treatment for \$4,000 and has paid in full.

The patient is displaying signs that they want to leave the office and schedule treatment another day? How would you address the patient?

What is the desired final outcome?

What can we do differently to achieve our desired final outcome?

Remember your goal as the Patient Coordinator is presenting the treatment to each patient and assisting him or her with a financial solution so the patient can start treatment. Show compassion and caring and gaining patients trust is very important.