

Exploring the Patient Manager System By Debbie Best

Do you get a warm, fuzzy feeling when someone recognizes you by name, notices that you changed your hair style or inquires about the soccer tournament that you participated in last month? Do you cherish that special personal touch that adds a spring to your step and brings sunshine to your smile? Is this perhaps the vision you had for your orthodontic practice during those first idyllic years before the stress of managing a growing practice and staff started to infringe on the individual interaction you shared with each patient?

Internationally, many orthodontists are searching for a solution to set them apart from their competition. How can you continue to provide outstanding personal, quality care in a growing practice, have time to stay on top of the latest techniques, yet be efficient and profitable? How can you provide to every patient the unique experience upon which many people evaluate the quality of their treatment?

One helpful development is the patient manager system, a program designed to assign patients to a designated clinical assistant. The treatment coordinator position was created several years ago to allow us to improve care of new patients, personally guiding them through the steps from the initial exam to the initiation of treatment. The patient manager program extends this process from the initiation of treatment through the retention stage.

In the patient manager system, the clinician is scheduled to see his or her group of patients 90% of the time, allowing them the opportunity to closely monitor the progress of each patient. Each patient manager takes full responsibility for:

- Monitoring the length of treatment
- Motivating patients and improving compliance
- Responding to emergencies associated with their own group of patients
- Following up on missed appointments
- Educating patients
- Keeping parents informed
- Calling their own patients after new procedures or difficult appointments
- Preparing office correspondence relative to their patients
- Enrolling siblings into the practice

Transitioning to the patient manager program is not an overnight event, it takes time and careful preparation. For example in baseball, you cannot take a farm team to the World Series without strategic planning, development of the players

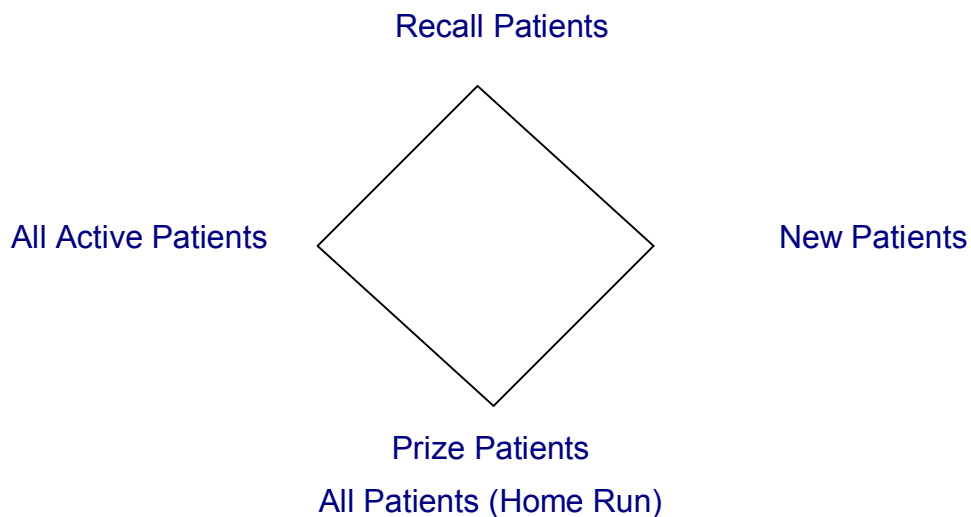
and a clear timeline outlining the accomplishment of the ultimate goal. The road to patient manager is similar to a baseball game, you have to learn basic skills and strategies and have total confidence in your coach and teammates before you can take home the trophy.

Before you can initiate the transition to patient manager, you must first develop a team that understands the vision and has the drive and ambition to see it to completion. It is important that you have a clinical team that can take pride and ownership with every patient they see. When forming a patient manager team, look for employees who have:

- Attention to detail
- High self confidence
- Excellent communication and problem solving skills
- The ability to work independently
- The personality to be team players
- The ability to take full ownership for their own actions

Once your team is in place and they are comparable in their clinical skills and speed you can start your journey to the patient manager program.

Let's explore the five steps to take your practice to the patient manager program. Systematically dividing your patients up by groups allows your team the opportunity to become comfortable with the program and gain confidence as they see the positive results of the system. The secret is to take it slow and steady, have each step firmly in place before moving forward to the next level.



You have come up to the plate to bat, it is time to divide up your 'prize patients' between your clinical assistants. (Prize patients are usually the special individuals that you would love to give away to another orthodontist... those patients on the schedule that cause all of the clinicians to hide in the bathroom together because they don't want to work on them.) Often these patients have issues with orthodontic compliance, missed appointments and often are beyond their estimated completion date. Evenly dividing up these patients gives each assistant the opportunity to take a few patients under their wing and take a very active interest in their clinical treatment and emotional well-being. In most cases you will see a positive change in attitude and compliance because they know that someone is taking a personal interest in their treatment. Often it has been found that once a difficult patient is turned around, they become one of the strongest referral sources for a practice. You are now headed to first base in the patient manager program.

Once your 'prize patients' have been paired with a patient manager the second step is to develop the program by adding new patients as they start treatment. When dividing up the new patients initiating treatment, it is imperative to take into consideration not only the type of treatment they will be receiving and length of treatment, but in addition, try to match personality types. Often it is helpful to attempt to coordinate family members with the same patient coordinator.

Treatment types to consider are:

- Phase I
- Phase II
- Comprehensive Treatment Child
- Comprehensive Treatment Adult
- Surgical Treatment
- Limited Treatment
- Invisalign Treatment

Monitor monthly how many patients have been paired up with each patient manager to allow you to keep the load evenly distributed between the technicians.

Second base is the division of patients in the recall/observation program. This category includes the monitoring of eruption pre-treatment, patients who are between phases of treatment and the recall-ready program. Integrating these patients into the patient manager program allows you to start to build the personal one-on-one relationship with the patient prior to the start of active treatment. To take this one step further, you can also assign each patient manager the responsibility of keeping their own recall systems up to date, insuring that their patients are seen as instructed to monitor the appropriate time to initiate treatment.

Now it is time to make the run from second base to third base, the division of all active patients. Ideally this task should be done over a couple of non-patient

days with all team members actively involved in the process. If you are on a computer program, print out a copy of all new patient starts by treatment type month by month over the past two years. Systematically go back month-by-month and distribute the patients between the patient managers, evaluating the type and length of treatment for each patient. Having the list available of the (challenging patients new and recall patients already in the system for each manager will allow you to take into consideration family groupings. Once you have gone back 24 months the goal is to have the majority of your active patients divided up evenly.

Your final step will be to divide up the remaining patients that slipped through the prior four steps, as well as patients in your retention system. Patient managers are responsible for monitoring their own retention program as well as insuring that patients are dismissed from active retention at the appropriate time.

It is wise to allow at least three months between each stage of the patient manager program for the team to be comfortable with the transition before moving forward. It gives you the opportunity to evaluate the performance of each patient manager as you go and to make appropriate changes in the program as needed.

Quarterly, monitor the number of patients in each treatment category each patient manager has been assigned to allow you to continue evenly distributing patients.

The benefits of the patient manager program far outweigh the time and effort expended to put the system into place. ??? Many staff members who have used the patient manager system believe that patient compliance improves because the patient knows that there is one person who is actively involved in their treatment in addition to the orthodontist. It is easier for the clinicians to make personal care calls and increase their 'cheerleading' when they have an active, on-going relationship with their patients. Patients often miss appointments less because they don't want to let their patient manager down. Treatment extending beyond the estimated completion date will diminish due to the increased compliance.

Your clinical team will start to fully understand the mechanics of orthodontics. They are given the opportunity to observe the results of every step of the treatment, such as seeing what happens with different appliances and wires. For instance, if they fail to clip a wire or prepare properly for bonding. they are responsible to seeing their patient if needed for emergencies. In other words, if they don't do it right the first time, they are the one who gets to fix it.

Staff retention is often higher in a practice that employs the patient manager program as your team forms close relationships with the patients they see. It is more difficult to leave a group of friends to move on than it is to walk away from a sea of nameless faces. They are involved in the total process, from the placement of the orthodontic appliances to the deband celebration.

Some of the issues that may complicate the implementation of the patient manager program are:

- Fear of trying something new
- Inconsistencies in clinical experience or speed
- Part time employees
- Staff illness or vacation
- Turnover
- Added complexity to scheduling

Occasionally you will come across a personality conflict between a patient and their assigned patient manager. If this happens, first see if the patient manager can work out the problem with the patient and/or the family. This gives them the opportunity to strengthen their skills in conflict resolution. If the situation is not resolved, merely transfer the patient to another patient manager.

If the practice can support the addition of a full time instrument sterilizer who also can perform clinical duties, it is helpful to utilize this person as a 'rover.' Occasionally during the day they will take one or two patients randomly from each patient manager and under supervision will perform the procedure. This is an excellent training position and allows the patients in the practice to become somewhat familiar with this individual. If a patient manager is out ill or leaves the practice, the rover takes over the position on a permanent basis. You then can hire someone new for the sterilizing/part time assistant position.

If at all possible, it is helpful to have chairside computer scheduling in place. This allows the patient manager to schedule their own patients, insuring that the appropriate time and length of the next appointment is allotted. Patient managers often find it easier to encourage their own patients to take the undesirable appointments, rather than sending them to the administrative staff to schedule. This means that you either need to have computer terminals at each chair or a minimum, one terminal in the clinic for every two assistants.

Another approach to the patient manager program is to form teams of two patient managers. Rather than assigning each patient to only one clinician, patients are scheduled to see one of the team members each time. An advantage to this system is that you have increased flexibility in scheduling, however you lose some of the educational and personal relationship value.

Some doctors have divided up the patients depending on the assistant who saw each patient during a particular patient rotation. This may work, however I have found that the division of patients between the patient managers usually is not equal. This means a lot of shifting as the program moves forward. For that reason, the systematic approach enhances the probability of success.

You can also use the patient manager program as a marketing tool for your practice. Schedule lunch and learns with the general dentists so that you can explain the system and outline the advantages it has for your patients.

Incorporate the program into your practice literature, and enlighten potential patients why your practice is different than the one down the street. Continuing with the baseball analogy, the patient manager program can put your practice in the records book along with Mark McGuire.

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Consulting Network

