

MANAGEMENT & MARKETING

(Editor's Note: This quarterly JCO column is compiled by Contributing Editor Howard Iba. Every three months, Dr. Iba presents a successful approach or strategy for a particular aspect of practice management. Your suggestions for future topics or authors are welcome.)

Assigning one chairside assistant or treatment coordinator to each individual patient can create an advantage in both the technical and interpersonal areas of our practices. Since many patients take for granted that they will receive high-quality technical care, a significant portion of their satisfaction becomes based on how they feel about the practice environment and the people in it. Therefore, the relationship that evolves between the patient and the office staff can be a major factor in determining the patient's and parents' satisfaction. The more patients become familiar and comfortable with someone in the practice—someone they can call if a problem arises—the more satisfied they will be with their choice of orthodontist.

The Patient Manager System, as Dr. Slack describes it in this month's column, can provide a better opportunity for this type of relationship to develop. It is not an easy system to implement, and Dr. Slack does a good job of listing factors he feels need to be in place for it to be successful. But when functioning properly, the Patient Manager System appears to create advantages that justify overcoming the difficulties.

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Dr. Iba



Dr. Slack

Implementing the Patient Manager System

The Patient Manager System of health-care delivery brings consistency and continuity to treatment by assigning responsibility for each patient to a “patient manager”. Although many variations on the system are possible, the defining feature is that every patient is seen by the same assistant throughout treatment. The model can be applied to any type of health-care practice, but is especially well suited to the demands of a high-volume specialty such as orthodontics.

My staff and I learned about the Patient Manager System from a presentation by Dr. Robert J. Bray at the 1997 AAO meeting in Philadelphia. The concept, as he described its operation in his practice, immediately made sense to us. The challenge of introducing radical changes in our scheduling and staffing system seemed almost overwhelming, but the improvements in treatment quality and patient satisfaction we anticipated were compelling. After several weeks of intensive staff discussion, we decided to change to the Patient Manager System.

Key Factors

Several existing characteristics of our practice contributed to our success in implementing this new service delivery model:

1. Stable, experienced staff. Each member of my staff is a long-term employee who understands my treatment philosophy, performs with a high degree of skill, and puts the needs of the patient first. I trust my staff to consistently exceed the requirements of their positions. We have a good compensation and benefits package with bonus

incentives and profit sharing. We invest in employee growth and development through continuing education at meetings and workshops.

2. *Willingness to change.* We had the same initial skepticism about the Patient Manager System that we hear from other orthodontic practices. As with any new model, there are many unknowns. Still, we approached the risk with confidence and the driving belief that the system would be better for our patients. Having faced changes of this magnitude before as a team, we felt equal to the task.

3. *Technology in place.* Our practice incorporated computer technology in 1986, when we installed the Orthotrac* system with modules for chairside scheduling, treatment planning, and patient charting. Another reason I was so receptive to the Patient Manager concept was that the software allowed assistants to handle patient scheduling from the chair.

4. *Well-organized scheduling procedures.* Transition to the Patient Manager System was smoother than in some practices because our schedule was already functioning well. My staff was familiar with the concept of "doctor time scheduling", and the chairside assistants all worked at about the same pace.

Staff Roles

In some Patient Manager Systems, including the model presented by Dr. Bray, each patient is assigned to a patient manager prior to the initial exam. The patient managers sign the welcome letters, assist with the initial exams, take diagnostic records, conduct the consultation, place separators, and continue on with the patient throughout treatment.

In our practice, the patient is introduced to the patient manager at the bonding appointment. We modified the system primarily because we had a strong treatment coordinator who had held the position since it was created in 1989. We did not want to lose the benefits of her highly refined case-presentation and marketing skills. For simi-



Fig. 1 Dr. Slack surrounded by patient managers (clockwise from lower left) Calli Griffith, Gail Rich, Deedee McMahon, Tawnie Sleep, and Deanna Thomas.

lar reasons, we also decided to maintain our records technician and two scheduling coordinator positions.

Here is a summary of how our functions interact:

Orthodontist. I delegate about as much as any other orthodontist, and this has not changed under the Patient Manager System. I make every treatment decision, cement every band, position every bracket, and select or form every archwire. I make every decision about appliances and auxiliaries such as headgear and elastics. I formulate every problem list, oversee implementation of every treatment plan, and check every procedure that is performed in my practice. As before, my schedule is established by the staff.

Patient managers (Fig. 1). From bonding to debonding, our five patient managers are responsible for keeping their patients on track (Table 1). They monitor all details of the problem lists and treatment plans. The patient manager is in a unique position to mobilize all necessary resources for her patients. She coordinates communication with the family and referring dentist, evaluates patient participation, and quickly responds to any concerns.

Treatment coordinator. Our treatment coordinator still welcomes patients to the practice, conducts the initial examination with the doctor, facilitates the case presentation, explains the Patient Manager System (Fig. 2), reinforces the

*Orthotrac Inc., 3120 Crossing Park, Norcross, GA 30071.

Patient Manager

personalized care

"It is very rewarding to get to know my patients personally. We share a few moments of ourselves, and care about each other more than just clinically."



Calli

Calli has worked in orthodontics for seven years. She lives in north Spokane with her husband. They are the parents of three sons. She loves to cook and enjoys bicycle riding.

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ORTHODONTIST

Beginning active treatment with your patient manager

The person who puts on your braces will see you at almost every appointment. You will get to know each other and even look forward to your visits.

The banding appointment is when the braces are placed. It is the beginning of active treatment. Your braces will be placed by your own patient manager with Dr. Slack's supervision. Having your own patient manager means that you can develop a relationship with one person who knows you.

Patient managers give patients a built-in support system that helps treatment go faster and easier. Parents and patients have one person they can call with any questions or concerns. Parents know they have an advocate for their child, patients see our office as a safe place where they can look forward to seeing a friend.

Your banding appointment

Date: _____

Time: _____

- The banding appointment takes about 1½ hours. It does not hurt when the braces are placed, but your teeth may be a little sore later in the evening.
- Your patient manager will explain everything she does so you understand your braces and how they work.
- Call your patient manager if you have questions about any aspect of your treatment—brushing, food, appointments, appliances, instructions, pain, or visits to your family dentist.
- Your patient manager monitors your treatment plan, makes adjustments with Dr. Slack's supervision, knows what was done at the last appointment, and what is planned for the next.



Fig. 2 Literature explaining Patient Manager System, given out by treatment coordinator at initial consultation.

TABLE 1
PATIENT MANAGER JOB DESCRIPTION

Patient managers are responsible for:

- Performing delegated treatment procedures.
 - Informing the doctor of treatment progress and concerns and preparing him for patient and parent consultations.
 - Scheduling all patient appointments, except for emergencies and some situations that require flexibility.
 - Monitoring patient status in relation to the treatment plan, including the timing of elastics, headgear, etc.
 - Updating practice statistics for each patient at the chair.
 - Reinforcing oral hygiene instructions; working with patients, parents, family dentists, and hygienists to solve any hygiene problems.
 - Communicating with parents about treatment progress and patient cooperation.
-

treatment plan, reviews office procedures, and makes financial arrangements. She is responsible for follow-up communication with patients and parents until treatment begins.

Financial coordinator. Our financial policies and procedures have not changed under the Patient Manager System. The financial coordinator manages the business administration of the office, patient accounts, and insurance billing.

Scheduling coordinators. Since patient managers do not schedule emergencies and some other appointments, and there are many other types of calls as well, our two scheduling coordinators still book the majority of appointments, although fewer than before. One coordinator is cross-trained in every other position of the practice, except financial, and covers for other positions as needed. The other coordinator, who has always been active in marketing and community outreach, now has more time to devote to those activities.

Records technician. We decided to keep a designated records position rather than assigning this responsibility to the patient managers. Producing high-quality records requires special skills that can only be developed through repetition. Our records technician also serves as our technology support resource.

Laboratory manager and technicians. We have an on-site lab with two full-time technicians who make all our appliances. Even though lab per-

sonnel don't have direct interaction with patients, the Patient Manager System contributes to greater efficiency in the lab. Our lab supervisor says, "If I have a question about an appliance I'm making, or if there is a problem with an impression, it is easier to check with one patient manager instead of going to several assistants."

Transition to the Patient Manager System

Once a practice has decided to implement the Patient Manager System, the current active patients must be assigned to patient managers. We simply started at the top of the list (excluding observation and retention patients) and numbered off consecutive patients from 1 to 5.

Because we schedule six weeks out, most active patients already had scheduled appointments, not necessarily with their assigned patient managers. After these standing appointments, patients were then matched up with their own patient managers by the scheduling coordinators.

A new patient is scheduled for bonding with the patient manager who has the next available bonding appointment slot. If a specific patient manager is requested, however, we accommodate the patient's request.

The most significant change, and the greatest challenge, in implementing the Patient Manager System is when patient managers begin

to schedule their own patients' regular appointments. We used the same approach we took with our former doctor-time schedule: each patient manager initially built her schedule in cooperation with the other patient managers and the scheduling coordinators. New searches were designed with our existing software to facilitate this process. For example, we can search all patient managers for available appointments by type, or search by type and specified patient manager.

Patient managers coordinate with each other to make sure the doctor is not scheduled in two places at once, and with the front desk to ensure coverage for all types of appointments. Remaining flexible enough to respond promptly to patient needs means that patient managers occasionally see someone else's patients, just as other staff members cover for them. The ongoing balancing act of maintaining equity in the number of appointments scheduled with other managers' patients is crucial to the staff's motivation to support one another as a team.

Although we still average out all assistants' times to establish a practice standard for each procedure, the patient managers now have the flexibility to schedule in accordance with the needs of individual patients. Ten minutes might normally be allotted for an archwire change, but 20 minutes can be scheduled for a certain patient if it is deemed necessary. The overall result has been more efficient use of time.

Our goal is for the patient managers to schedule as many of their patients' regular appointments as possible. Regular appointments for patients in active treatment now comprise 55% of all our scheduled appointments. Patient managers schedule about 80% of these, or 44% of all appointments.

While we have fewer scheduling options under the Patient Manager System, our patients have generally accepted these limitations. They prefer to schedule with their own patient managers, but do not mind being seen by someone else if that is the best or only option at the time they need. Because it is more challenging to reschedule, patients seem more motivated to



Fig. 3 Patient manager Tawnie Sleep with her "patient", Deedee McMahon.

keep their scheduled appointments. An increasing number of patients who call to reschedule are changing their minds if their patient manager's next available appointment time is too far ahead.

Benefits of the Patient Manager System

The Patient Manager System has a positive impact on both treatment quality and patient satisfaction because it fixes responsibility with one person, in addition to the doctor, for monitoring treatment plans and keeping patients on track. This accountability creates a sense of ownership that fosters a strong personal commitment.

Patient managers maintain statistics for their own patients; thus, the system serves as an internal benchmarking tool. A tangible standard gives everyone something to strive for and produces a greater sense of cooperation and team effort among patient managers.

Seeing one person throughout treatment allows a close relationship to develop that can positively influence patient participation in treatment (Fig. 3). The patient's accountability increases due to the consistency of having one staff member monitoring oral hygiene, appliance wear and care, cooperation, and other treatment details. Other staff can quickly and accurately be brought up to date on a patient's status by someone who knows the complete patient history.

**TABLE 2
STAFF SELF-EVALUATION SURVEY***

Under the Patient Manager System, this attribute applies to me:	More	Same	Less
<i>A. Self-Management</i>			
Independently perform duties of position efficiently and with maximum effectiveness	54%	46%	0%
<i>B. Innovative Thinking</i>			
1. Able to think on my feet	46	54	0
2. Always looking for a better way	54	46	0
3. Have good ideas	46	54	0
4. Can generate enthusiasm	69	31	0
<i>C. Thriving on Challenge</i>			
1. Able to cope with stress of job	54	46	0
2. Don't shy away from problems	38	54	8
3. Can see solutions	46	54	0
4. Can motivate others	61	31	8
<i>D. Self-Motivation</i>			
1. Sense of pride and achievement in exceeding requirements of position	77	23	0
2. Supportive team member	23	61	16
3. Supportive team leader	23	77	0
<i>E. Sense of Ownership</i>			
1. Look for ways to do job better and faster	46	54	0
2. Want to go the extra mile	54	46	0
3. Watch overhead expenses	46	54	0

*Based on assessment information provided by Whole Brain Management for Health Care, P.O. Box 30669, Spokane, WA 99223.

This makes parent and patient conferences less stressful and more productive, and also makes it easier for patient managers to cover for one another when needed.

Our staff members have seen a positive effect on their own job performance under the Patient Manager System (Table 2). When they were asked how their relationships with patients had changed, their responses included:

- “Seeing the same patients allows for a more personal relationship between the patients and myself. I don’t believe you can get better quality care any other way.”
- “I think I try harder to get to know all my patients, especially the ones who are very shy. Before, I didn’t try as hard to get them to talk to me.”
- “I know my patients more personally, we share a few minutes of ourselves, and when a patient leaves our office for good they are usually sad

because they won’t have an excuse to come any more.”

- “I feel like I have a lot of friends, especially with adult patients. They share a lot of their personal views and feelings.”
- “Appointments go faster. You don’t have to replay the last appointment because you saw them last, not somebody else.”
- “Patients know if they have a question there is a specific person who can help them.”
- “Patients try to please their patient manager more, by brushing better or wearing headgear or rubber bands more.”
- “Patients are more accountable. If we talk about poor brushing, for example, they know they will see me next time and that I will be looking for improvement.”
- “Because I know my patients so well, I can coax, cajole, fuss, make them promises, sweet-talk, relax them, ease concerns, plead—whatever

it takes to make their treatment easier, faster, and more pleasant.”

Patient Satisfaction

Research has shown that doctors and patients do not use the same criteria when judging the quality of health care.¹ Doctors tend to focus on clinical outcomes, while patients take a more holistic view of the entire experience. It is interesting to note that staff perceptions are almost perfectly aligned with patients'.¹ The most important factors typically include tangibles—the physical appearance of the office and staff, promotional materials, and equipment—reliability, responsiveness, assurance, and empathy.² Although our practice has paid attention to these variables for many years, the Patient Manager System has made a definite contribution to improved performance and greater patient satisfaction with our office.

The response has been uniformly positive. Patients love the idea of seeing one person throughout treatment. When parents hear about the level of personal attention their children will receive, it completely relieves their apprehensions about orthodontic treatment. It also gives them a support system for their children; if there are brushing problems or other concerns, the parents and the patient manager can enlist one another's help.

In interviews, patients and parents have displayed strong emotions when comparing their patient manager relationship in our practice with their other health-care experiences. They describe physicians' offices as “revolving doors for staff”. They say it's frustrating to have to repeat everything about themselves to every new person they see, and they worry something will be overlooked. Under the Patient Manager System, one parent said, “When a patient manager starts with you from ground zero, you know they will remember you. Sometimes an appointment can be painful or uncomfortable, but it's more tolerable because you know your patient manager.”

One 16-year-old patient, who is generally afraid of dentists, said of her patient manager:

“She knows more about me, I don't have to explain everything, there's less chance of a mix-up because she knows what's been done.” Another patient described the relationship with the patient manager as “an intimate connection, like a second family”. A teen-age girl said knowing her patient manager made her feel more comfortable asking questions. Many patients referred to their patient managers as friends.

The Patient Manager System has resulted in a greater sense of loyalty on the part of patients to their patient managers and, by extension, to our practice. One indication has been the quantity of gifts, goodies, postcards, and flowers addressed to individual patient managers, rather than to the office staff in general. We have also heard from referring dentists that when asked the name of their orthodontist, our patients sometime respond with the names of their patient managers.

Conclusion

Today, two years into the Patient Manager System, my practice is more organized and more efficient, provides better treatment, and has shorter treatment times. It is much easier to manage and less stressful for me than it was before. Our staff is happier, our patients are happier. We would never go back.

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