The New Patient Process

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This paper addresses some of the important issues relating to the management of new and potentially new patients in an orthodontic practice. It stresses the importance of initial contacts with the patient emphasizing the initial telephone contact and how this should be managed. It also addresses numerous important issues related to practice quality, staff responsibilities, patient and parent comfort, addressing the needs of the patient as well as effective fee presentations. (Semin Orthod 2011;17:282-287.)

In an orthodontic practice, the "new patient" is the lifeblood of the practice. Regardless of the biomechanics used for orthodontic movement of the teeth, a constant flow of new patients seeking treatment is essential not only to replace existing patients who have completed treatment, but also to add to the growth of the practice through increased active patients.

Since Dr Edward Angle and his wife/assistant, Anna, opened the first orthodontic practice in 1906, the process of managing the new patient has changed immensely. In most established practices in North America, there is now an assigned team member, the treatment coordinator or new patient coordinator (TC/NPC), who oversees the myriad of steps involved with converting a new patient to an active patient.

Currently, the new patient typically comes to a practice after an Internet search, direct referral from their general dentist or specialist, or through a strong recommendation by friend or acquaintance already familiar with the practice and the benefits of orthodontic treatment. Occasionally, a new patient may arrive at the office because it is conveniently located and has good exterior exposure.

The value of the initial contact with the patient, regardless of the source of their arrival at the practice, is vitally important for the success and building of the practice and should be regarded as such.

The initial phone call sets the stage for the important patient/practice relationship while establishing the chief concerns of the new patient and informing the patient of the process they can expect in determining their specific orthodontic needs. This is an opportunity to begin the process of matching patient needs with the services that the clinician and orthodontic team can offer.

With the current competitive marketplace, this important telephone call needs to quickly impress, influence, and persuade the new patient of the benefits not only of orthodontic treatment but also the unique value that the practice offers. This initial contact should be a positive experience, be promotional, and be conducted with excellent verbal skills, so that a potential new patient can be encouraged to become an active patient as well as an advocate for the practice.

The importance of the new patient phone call is such that it needs to be conducted by someone who can make this call a top priority in their schedule without any distractions. This call can typically take 5-8 minutes to complete, so orthodontic staff team members need to support each other in handling any other phone calls appropriately. Assigning a specific person, or persons, to be available to take these initial patient contact telephone calls is essential. They should undergo detailed training and be able to discuss a wide variety of possible questions on

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1073-8746/11/1704-0$30.00/0

doi:10.1053/j.sodo.2011.07.007

the basis of sound knowledge of the practice, the activities, and all advantages offered.

It is essential to create a schedule of who answers these calls to ensure that each team member is properly trained to represent the practice during this important initial phone call. The individual at the front desk should answer the call, and if available, transfer the call to a second team member who is not sitting directly at the front desk so that one person may remain focused on the call from the prospective new patient without interruptions. This second team member, or back-up front desk individual (scheduling coordinator or financial/insurance coordinator), can spend more time with the new patient during this important phone call. A treatment coordinator, if available, can also respond to the new patient phone call if they are not busy with a new patient examination.

Having the new patient placed "on hold" or receive a recorded message, such as being busy with other patients, should be avoided. Consideration must be given to having someone available to answer the telephones during the lunch hour and nonpatient workdays to avoiding missing important calls, such as the initial patient call.

All office personnel who will be taking new patient calls must be properly trained, using scripts if necessary, and should have the knowledge necessary on how to answer predicted questions about the doctor and the office, and also how to best promote the practice. It is suggested that an individual be hired or identified who would act as a potential "secret new patient" and would call the office as a new patient to provide detailed feedback of how the "new patient call" is being carried out.

Scripting Suggestions for the New Patient Telephone Call

"Thank you for calling Dr. _____'s office. This is _____ (identify self). How may I help you?"

Identify the name of the person calling and their relationship to the new patient. Use the caller's name, and the patient's name, during the phone call.

"Mr./Mrs./Ms._____, I'm so glad you called. Let me get some information (on you, your daughter, your son), in order to set up that first appointment."

Obtain the patient's name, nickname (if any), gender, age, and date of birth.

"This is an excellent time to begin orthodontic treatment (age 11 and older) or an excellent time for an orthodontic evaluation (age 10 and under)."

Obtain the name of the patient's general dentist and the date of the last check-up/cleaning. If it has been more than 2 years since the patient has seen a dentist, recommend that he or she schedule that appointment as soon as possible and/or give them a referral to a dentist if needed (the office should keep a list of general dental offices that are recommended).

Next, identify the general dentist's concerns and the referral source:

"Whom can we thank for referring you to our office? Are there any other friends, neighbors or coworkers who have mentioned our office to you?"

Identify the chef concerns or primary reason for orthodontic evaluation (ie, "Have you ever seen an orthodontist before?") Use some screening questions to check for potential shoppers looking for low fee, a second or third opinion, transfer patient, or have insurance coverage with a company with whom you do not work.

"May I have your mailing address so I can send some information to you that you can complete at home?"

An offer to have them print out forms online from the office website can also be made. A typical form is shown in Table 1.

Table 1. Patient Information Form (to be Sent to the New Patient)

Patient Name:	*Patient Address:*
Mother's name:	Home phone:
Address, city, state, zip (if different):	
Place of employment:	
Work phone/cell number:	
Father's name:	Home phone:
Address, city, state, zip (if different):	
Work phone/cell number:	
Are there any orthodontic insurance benefits that you'd like us to research for you?	
Insured employee:	Insured employer:
Insured ID#/SS#:	Insured group number:
Name of insurance company:	Phone number:
Address:	

"This initial consultation will be for a thorough examination and time to discuss treatment recommendations, appointments, and steps in getting started with treatment. This is a complimentary visit which takes approximately 60 minutes."

The time should be adapted for the specific needs of the practice. If an examination fee is charged, make sure that is mentioned during this phone call as well as what the fee includes:

"The examination fee of (cost) includes the clinical evaluation, a digital x-ray, and digital photographs."

Many offices choose to waive any examination fee as a courtesy to referring offices:

"As a courtesy to your general dentist (or previously treated family member) we will be waiving the exam fee of (cost)."
"Are there any other family members who would benefit from seeing Dr._____?"

Discuss early evaluation at age 7/8 recommended by the American Association of Orthodontists, and your Pre-Treatment Kids Club if applicable.

"Let me find my first available appointment for you. I have _____ (day, date) available at either _____ or _____ (offer two options of time slots available). Which would work best for you?"

Do not give away primetime appointments until you need to. Fill up first available times first.

"Your welcome letter should be arriving in the next few days. There are some acquaintance forms for you to fill out at home and bring with you to your appointment. We have reserved 60 minutes for this initial evaluation, and look forward to meeting you on (confirm day, date, and time of appointment)." I know you will enjoy meeting Dr. _____ and our entire team."
"For more information about this first appointment, including directions to our office, you can visit our Web site at: _____. There is a complete tour of our office as well as background information about Dr. _____ and the entire team. As a convenience to you, you can also download the acquaintance forms and health history information from our website."

Office Web site and Welcome Packet

Having the new patient visit the Web site before coming to the office allows the family to connect with the doctor/office, as well as begin educating themselves about orthodontics and specifically informing them about the practice. If the patient has been given more than one recommendation for an orthodontic office, the difference of a "high-tech" educational Web site might be a strong indicator in selecting this practice over another.

The investment in a well-designed, informative, and visually appealing Web site is critical with the present "internet-savvy" generation. Not only can the Internet be used for educating more of the current orthodontic patients, but it can also be an excellent marketing tool for potential patients searching for an orthodontic office to take care of their needs. It is estimated that 74% of people use the Internet to research medical/dental needs and influence their decisions (http://www.pewinternet.org/Trend-Data/Online-Activites-Total.aspx).

The office Web site can often be the first visual introduction to the practice, setting the foundation of your practice standards: quality, precision, branding, service, experience, and reputation.

If the office is still mailing out the new patient materials, it must be ensured that written materials that address the quality of your practice are included. Proper grammar, spelling, and quality copies are essential as the new patient is initially informed about the practice.

To obtain the greatest impact out of these written materials, they should be sent in a large envelope with a hand-addressed label. Items that can be included are:

- a welcome letter, including confirmation of appointment date and time;
- a brief biographic sketch or curriculum vitae of the doctor, and/or the doctor(s) and the team;
- map/directions to the office facility;
- acquaintance and health history forms;
- practice brochure or an American Association of Orthodontists educational brochure; and
- a fun fact-finding form for the patient to fill out (personal interests, hobbies, sports involvement, etc.).

Patient Fees

Depending on where your practice is located, there are a variety of ways to manage the new patient fee. Although many practices today offer

a complimentary initial examination to the new patient, there are also other options to consider:

1. Charge for the initial examination and include a panoramic x-ray and digital photographs.
2. Charge a fee that can be applied to treatment fees when treatment begins.
3. Charge only for adult examinations if there is a desire to limit the number of adults in the practice. This fee can also be applied to treatment fees when treatment begins if so preferred.
4. Charge a fee for a transfer patient already in active treatment. This fee can include some diagnostic records if preferred, and also 1 adjustment or repair (as needed).
5. Charge a fee for a temporomandibular joint or temporomandibular dysfunction examination, which is typically more complex and requires more doctor involvement.

Confirmation Call

The next contact that usually takes place is the "confirmation call," which is made to the new patient or parent of an adolescent child. This call is so much more than confirming the day and time of the appointment as it provides an opportunity to verbally express the excitement to meet the new patient/parent at the upcoming appointment.

This is also a great time to ask if the patient or parent has any questions about the office location or length of time for the appointment, as well as highlight what will take place during the initial consultation. Ideally, this call should be made at a time when it is more likely to have direct contact as opposed to leaving a telephone message. Ensure it is confirmed that they will be bringing all the completed paperwork with them to best use the time frame allotted for the thorough initial examination. If appropriate, the fact that this initial appointment can combine 3 appointments (initial examination, diagnostic records, and consultation) in one as a convenience to them can be mentioned.

Initial Examination

Although the initial examination had previously been a short screening appointment to assess orthodontic needs and treatment recommendations, at present the initial examination is far more complex as the new patient receives a warm welcome, a tour of the office facility, plus personal attention to the specific needs of the patient/parent. This is the time to match patient/parent needs with the orthodontic treatment and services that the office and team provide.

With many choices currently available in selecting an orthodontic practice, patients and parents alike tend to look at 3 key areas in helping them make their final decision:

- personal interaction
- operational excellence; and
- product quality

Personal interaction needs to be a constant theme throughout all contact with the new patient and parent. From the first contact, either by telephone or the Internet, the patient and parent needs to feel that they are receiving full attention of the doctor and the staff, and are being treated as important persons.

A TC or NPC can be assigned to oversee the process of guiding the new patient from the initial phone call through their path to an active patient in treatment. This major role allows an experienced team member to act as a liaison between the doctor and the new patient.

The TC/NPC delivers educational information about orthodontics and how the process works in meeting the needs and expectations of the patient. This important staff position can often have the new patient deciding to proceed with treatment at the office long before they even actually meet the orthodontist.

An operation of excellence should be a standard in the practice, not only in orthodontic treatment biomechanics and finished results, but also in all areas of operating an orthodontic practice. Patients understanding of excellence will be judged by 2 strong factors:

Time: Seeing a patient on time for appointments, spending quality time with a patient beyond their teeth, and finishing treatment on time

Money: Providing clear communication about fees and services, establishing high-value for orthodontic benefits, and offering easy and flexible ways to make payments

Product quality in an orthodontic office is more than making sure the appliances remain in place on the teeth. Ensuring that all necessary equipment and supplies are available and in excellent working order is essential. Product quality also includes limiting the number of appointments for emergencies or repairs on bands, brackets, appliances, or retainers.

During an average new patient consultation, one-third of the time allotted for this appointment will be spent with the TC/NPC before the actual clinical evaluation provided by the doctor. During this first part of the examination, the TC/NPC, representing doctor and the practice, can establish the chief concerns of the patient and parent, research in detail all referral sources, and inform the patient and parent about the orthodontic process and what will take place during the initial appointment.

The taking of a digital panoramic film and digital photographs on the new patient can greatly enhance and support the diagnostic findings and treatment recommendations for the orthodontic needs of the patient. The use of these visual tools as part of the examination can increase the rate of treatment acceptance as it creates more value of the practice. Often, it can also eliminate the need for additional appointments.

The doctor can then perform the examination and become more acquainted with the patient and parent. Once the orthodontist notes the clinical findings and discusses the treatment recommendations, the remainder of the examination can be focused on walking the patient through the steps in getting starting with treatment along with the fee presentation and scheduling the appropriate appointments.

It should be assumed that any new patient entering the office is either ready to begin treatment now or soon, when dental development warrants it. The goal is to ensure that they see the benefits of selecting this practice for their orthodontic needs.

After reviewing the diagnostic findings and treatment recommendations made by the doctor, open questions should be asked of both the patient and the parent to assess what information is still needed for them to make a well-informed decision about treatment. Asking these questions involves the patient and parent in the process of meeting their wanted orthodontic goals and objectives.

The use of interactive visual tools is an innovative way to educate patients about specific details about orthodontic treatment and the highlights of the practice. This is also an excellent method to illustrate the progressive approach of the practice to advancing technology.

One of the most common questions asked before starting treatment is the fee for the treatment. Ideally, this is a topic that can be presented and discussed in detail by the TC or, in some cases, the financial coordinator.

Fees should only be discussed after the value of orthodontics has been established; specifically, what each individual patient can expect after the results of treatment. By presenting the fees in an inclusive manner, a better base of trust and an enhanced value can be established. Hidden costs and surprises should be eliminated. There is also great value in knowing that the practice is an easy one with which to do business. Flexible payment choices and convenient payment options are important protocols to have in place.

Ideally, the goal is to have the patient and parent so greatly impressed by the professional and personal office that they have no hesitation in proceeding with treatment. As a convenience to the patient, offer to set up any appointments with your office as well as coordinate any appointments needed with other dental offices or specialists. If the schedule allows some flexibility, patient and parent time may be saved by taking some diagnostic records the same day as the initial examination.

Continuing with the goal of personal interaction, the TC/NPC should remain in contact with the new patient/parent after the examination to ensure all of their questions have been answered, and to offer any assistance needed in making their final decisions regarding treatment. This might include a combination of follow-up letters, personal notes, phone calls, or e-mail contacts.

To reinforce the entire new patient experience, a “walk-out packet” filled with information that reinforces the message that has been given should be provided (Appendix 1). This will be a tangible reminder of the informative appointment they experienced with the practice. A suggestion of review of key areas of the practice

Web site may be provided in the event more questions or information needs to be addressed.

Notification should be provided to the general dentist, or any other specialists involved with the patient's treatment, as to the orthodontist's findings and recommendations. It is important for everyone involved to know that the role of the orthodontist and orthodontic team is to help support the overall benefits and long-term goals of a healthy, beautiful smile for the patient.

Appendix 1: New Patient Exit Packet

The new patient exit or "walk-out" packet serves as a patient communication system that allows the delivery of concise and consistent administrative and clinical information to the patient and parents during the treatment presentation. It acts as a checklist of both written and verbal communication to ensure understanding of orthodontic treatment, as well as helpful information regarding office protocols, policies and procedures.

1. **Treatment consultation summary—**Reviews treatment and sequence of events.
2. **Patient care handbook—**List of guidelines for eating with orthodontic appliances.
3. **How to handle emergencies—**Calling in for appointments when an emergency occurs or when something is broken.
4. **Appointment guidelines—**Office hours and an explanation of why certain procedures are performed at certain times of the day.
5. **Insurance guidelines—**how the office manages orthodontic insurance and what is done to assist in acquiring benefits.
6. **Transfer guidelines—**how to arrange for continued treatment if the patient should move out of the area, complete with an explanation of fees based on completed treatment to date.
7. **Introduction of staff—**Share the office "Mission Statement" as well as introduce each team member and their role in assisting patients and parents.
8. **Informed consent—**Benefits of treatment as well as potential risks of treatment listed together, with a treatment acceptance form signed by parents or guardians of any minor patients.
9. **Orthodontic fee agreement—**what the treatment fee covers as well as the payment plan and options offered.
10. **Patient cooperation agreement—**List of the patient's responsibilities and agreement to cooperate to receive the best results.
11. **Referral cards—**Specifically designed forms given out as an early opportunity to ask for referrals from satisfied patients and parents.
12. **Business cards—**Personalized business cards for the TC/NPC so the patient and parents can learn to rely on the TC/NPC as their liaison if they have questions following the initial examination.
13. **Additional information—**printed image of digital panoramic x-ray and/or digital photos.