

The value of post-treatment consultations

Dr. Mark McDonough shows how patients and practices gain insight from reviewing the treatment experience

Practice management consultants often present systems to improve referrals, increase patient satisfaction, improve clinical results, gain patient feedback, and augment doctor-patient relationships. Often, there is a long list of steps to achieve these results, and these changes can be time consuming and costly. Over the last 13 years, I have developed a Post-Treatment Consultation process to achieve these same goals. It is a cost-effective and timely tool to gain insight into your practice from the patient's perspective. It takes approximately 10 minutes per patient and is free. This may sound too good to be true, but it is possible if you always, "Begin with the end in mind."

Patient satisfaction

One of the goals of an orthodontic office is to create satisfied patients who value our services. The Post-Treatment Consultation encourages our patients to share their experience at our office with their relatives, friends, and referring dental professionals. Many articles have been published, and full-day seminars have been created that focus on the "New Patient Experience" from the initial phone call to the placement of the appliances. Often, the goal of these seminars is to enroll the patient in the office to start treatment. This is an important part of the patient experience. However, few articles focus on how to conclude the orthodontic experience and have our patients become ambassadors to the community about the services we provided. This often-overlooked part of the patient experience is important to a patient-centered practice that relies on patient referrals for continued growth. The Post-Treatment Consultation is a critical part of the patient experience.

Begin with the end in mind

The keys to an effective Post-Treatment Consultation are high-quality initial digital photographs and radiographs that clearly document the original problems. This same attention to detail needs to be taken with the post-treatment records. Then, you need to share these records with the patients and their other dental professionals. It is also important to celebrate the day appliances are removed because this is often a day patients will remember for the rest of their lives. We have a tremendous impact on our patients, and we are fortunate to play an integral part in one of the top 10 days people remember in their lives. We utilize Post-Treatment Consultations for Phase I and Phase II debands. The Phase I Post-Treatment Consultation is valuable to make it clear

which results have been achieved and emphasize that the majority of our patients will require a second phase of treatment. This has tremendously increased our conversion rate for Phase II treatment.

The post-treatment process

On the day the orthodontic appliances are removed, all patients are given a "Super Smile Award" certificate and have a graduation photograph with the doctor and parent or siblings who are present (Figure 1). This is not done for our Phase I patients, since I want them to know that there is usually a second phase of treatment, and they will get their certificate when treatment is completed. One copy of the graduation photograph is posted in our reception area on the "Graduation Board" and will stay up for 2 to 3 months. This board is located in our reception room and is visible as soon as the patient enters our practice. Patients often comment how much they have looked forward to the day when they will see their photo on the "Graduation Board." I recently had a patient who I treated for Phase I, and I was pleased to tell her that she would not need a second phase of treatment. She seemed sad. When I questioned her and her mother, she confided that she wanted a second phase of treatment so she could get her diploma and have her picture on the board. This problem was immediately solved with a picture and a diploma explaining that she was simply graduating early.

When the photo is taken down, it is placed in a binder



Figure 1: Dr. McDonough presenting a patient with her "Super Smile Award" in her graduation photograph



Figure 2: Facial photographs with pre-treatment (top) and post-treatment (bottom)

in the reception room. I am always amazed at how often we need to replace these binders because they are so heavily used. Patients and parents often comment about how many of their friends were treated in our office. This creates the impression that “Everyone I know has been treated here.” A second copy of the picture is given to patients during their next appointment, which patients are informed is a “Post-Treatment Consultation.” This is when we will review all records and check their retainers. It is important that your Informed Consent notes that clinical pictures taken in the office are used for teaching purposes, and “Graduation Photographs” are for display on our “Graduation Board.” Rarely, I will have a patient who does not consent to this. It is noted in our “alerts” in the electronic chart, and these pictures are not displayed.

Patients will receive a letter within a week of the deband appointment congratulating them on completing treatment. The letter also reviews our retention policy, the need to follow through with wearing their retainers, and reminds them that there will be a charge if retainers are lost. It invites the patient and parents to the Post-Treatment Consultation

and states the date and time. Another letter is sent to their dentist as well as any other specialists who participated in the treatment, outlining the original problem list and the results achieved. All doctors receive a printout of the photographs as well as any relevant radiographs.

The Post-Treatment Consultation usually occurs 8 to 10 weeks after the deband appointment and is conducted in our consultation room with the parents present. I always review all records prior to meeting with the patient and parents to confirm the photos are edited properly so the presentation goes very smoothly. This review of the records forces me to critically evaluate the results of all patients. I review the original treatment plan and goals and note if treatment was completed by the scheduled time. If it was not, I review the records to see why. Often, we tend to blame the patient, but it can also be due to an underestimation of the severity of the original malocclusion. This process has made me much better at estimating the critical question we are asked at all new patient consultations, “How long will treatment take?”

At the Post-Treatment Consultation, the patient is

Figure 3:
Cephalometric
radiographs





Figure 4: Intraoral photographs

seated in the exam chair, and the retainers are evaluated. I give an honest appraisal to the patient and/or parent about the stability of the result. I encourage the patient and parent to comment on the result to try to address any concerns as soon as possible. It also allows me to focus the presentation to address their concerns or to emphasize aspects of the result that they already brought up. We use Dolphin Imaging to store and present all our records, which has a presentation mode that allows for presentations to be prescreened based on different time points. I have Phase I, Phase II, surgical treatment, and transfer protocols already programmed. This allows me to click on one button, and all records are arranged in proper sequence to compare the before and after results. I always begin with the facial photographs (Figure 2), and if there was a skeletal change, I emphasize how important this is to the long-term stability as well as facial esthetics. I also have my clinical assistants make sure that the final full-face smile photograph is excellent. Many parents comment that our photography is better than their school photographs. Next, I review pre- and post-treatment cephalometric radiographs (Figure 3) with an emphasis on skeletal changes that are apparent, as well as reduction in overjet or torque changes to the incisors. I feel it is important to build value for our results. Often, we spend months of treatment to achieve proper torque in incisors for a difficult Class II division 2 patient. This is the moment the light bulb goes off in the patient's mind that this is important.

Next, I review all intraoral photographs (Figures 4 and 5) and comment on improvements that were accomplished. I will also note any objectives that were not achieved and why this happened. I feel this is a critical step in the process, and I would prefer that the patient hears about any problems from me rather than from another practitioner in the future. If it is a significant issue that needs to be addressed with further treatment, such as decalcification or cosmetic build-up of undersized teeth, a note will be made in the electronic chart while the patient is present. Often, the post-treatment photographs reveal gingival inflammation that has usually resolved by the time they return for the Post-Treatment Consultation. If it has not, this is an ideal time to address any gingival issues. This same information was already noted to the dentist in the deband letter that was previously sent. From a medical-legal standpoint, it is important to document that the patient and dentist were informed of any

problems during treatment.

Finally, I review the post-treatment panoramic x-ray (Figure 6) and emphasize the root parallelism that has been achieved. I discuss wisdom teeth and make any appropriate recommendations for future observation by their dentist or oral surgeon. At this point, I ask for any final comments about their results. The vast majority of parents and patients comment that they had no idea so much had been accomplished or that they had so many problems before treatment. I also remind them that all their records are available on our secure website to share with other family members who were not available to come to the consultation today. I am often informed about grandparents and relatives in different parts of the county who have been given passwords to log in. This is a very valuable marketing tool. I also present the patient with a copy of the graduation picture. Many patients have commented that they have seen this picture on the fridge at their friend's houses.

Post-treatment survey

The final step is to ask the patient and parent to fill out a post-treatment survey (Figure 7), which they deposit in a survey box in our reception room. I want to know how satisfied they were with our practice, and I ask specifically for them to comment on any aspect of their experience that can be improved. Over the years, many changes in



Figure 5: Occlusal photographs

Practice management




Figure 6: Panoramic radiographs

our practice have been implemented due to this survey. During the last few years, I added a line to ask for three words to describe our practice. It is amazing to find out that you may not be perceived as what you think you are. I thought we had a high-tech practice. What I learned is that patients often use the words “friendly, efficient, fun, results-orientated,” and “accommodating” to describe us. I am not ashamed of this, but it is important to know how people are describing you to their friends. This has changed our tag line in our marketing to read, “Creating beautiful smiles in a warm, personal and professional manner since 1994.” It is important that our marketing match the perception of our practice. That builds trust.

The final benefit to the survey is that I share them with our team members. They are posted in our break area for everyone to read. Because the team members know each patient will be given a chance to rate their experience, I feel they are more willing to work to make each visit as enjoyable as possible. It also allows for me to address problems in a timely fashion and come up with solutions to problems our patients have noted. This is very different than pointing out things the doctor wants to change. I have found that they are very willing to make changes that patients have suggested.

Summary

The Post-Treatment Consultation is an efficient system to conclude treatment. It has increased our conversion of Phase I to Phase II patients. It has forced me to critically evaluate the result of each patient, which has improved the quality of treatment. It provides value to the patient and the parent to review the results that have been achieved. The post-treatment survey has added to our knowledge base on how our patients perceive our practice and allowed for us to tailor our marketing to match the perception of our patients. The post-treatment survey has also improved our customer service because team members know that patients are continually grading them. Finally, I feel that the patients

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Post Orthodontic Survey

In an effort to provide you with the best possible care and service, we ask that you help us by completing this brief survey. Please feel free to make any comments in the space provided at the bottom of the page or on the reverse side. Place completed survey in the "back buck" box at the front desk. Surveys are confidential.

Thank you,

Dr. Mark McDonough

The person completing this survey is the patient _____, the parent _____ (check one).

Codes for Grading:

1 = Always
2 = Usually
3 = Sometimes
4 = Rarely
5 = Never

_____ The doctor was open, honest, and thorough in answering my questions.
 _____ The doctor spent sufficient time with me (my child).
 _____ I understood from the beginning of treatment what (my child) must do to achieve a good result.
 _____ I was kept informed of my (my child's) progress during treatment.
 _____ I am confident I (my child) received the best possible result.
 _____ Treatment was completed on schedule.
 _____ I usually had to wait _____ 0-5 min. _____ 5-10 min. _____ 10-15 min. (check one) to be seen by the doctor.
 _____ The office hours were convenient for my schedule.
 _____ The front desk staff was courteous, friendly, and helpful.
 _____ The assistants were courteous, friendly, and gentle.
 _____ My finances/insurance were handled properly.
 _____ I feel the orthodontic treatment was a "good value" for the amount of time and money spent.
 _____ I would recommend this office to my friends and family.
 _____ I plan on telling my dentist that I was pleased with the results and service I received at this office.
 My overall experience with the practice has been:
 _____ Excellent _____ Good _____ Fair _____ Poor
 Three words I would use to describe this practice:
 1. _____, 2. _____, 3. _____
 _____ I am pleased to answer these questions to help improve the practice.

If there was one thing we could do to improve the quality of care what would it be? _____

Additional Comments: _____

(Continue on Back if necessary)

Figure 7: Post-treatment survey

are more willing to become ambassadors to the practice when they have seen the results. This increases referrals, which is critical for orthodontic practice success. **OF**



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