



ORTHO2

Introducing the Coordinator System

Management is fun!" exclaimed no doctor ever as her two best assistants, on the same day, hand her their two weeks' notice. True story. This recently happened. The problem most doctors face is they have very little systems in place in the way of management – which is fine for a practice that has two employees. But as the business grows, the management structure should grow with it, but rarely does. The doctor ends up managing all fifteen team members, and calls me up at fifty-years-old to see how much he can sell his practice for on the open market. Rather than selling your practice young, I suggest starting the process of developing a solid coordinator system.

The coordinator system consists of three superstar employees that manage the three main areas of the orthodontic practice: the front office, the back office, and the sales/marketing office. The respective positions would be the office coordinator, the clinical coordinator, and the treatment coordinator. In many offices, everyone is a coordinator of something: the scheduling coordinator, financial coordinator, epic technician RDA superstar patient flow coordinator, etc. But the reality is you need three lead team members in the three key areas of the practice, and those leads manage their respective areas which ultimately reduces the management burden on the doctor.

The main purpose for developing management structure is to improve communication in the office. The coordinators should meet at least every other week, preferably once a week, to discuss how their area of the practice is performing and areas that can be improved. Many times the conversations revolve around training new team members, making sure the practice is fully staffed in each area of the practice, and reviewing the vital statistics of their respective areas.

The office coordinator should be monitoring the key numbers of the practice, including the income, production, past due accounts, etc. They should have a global view of

by **Ryan Alexander**

how the business is doing. The clinical coordinator should be monitoring treatment quality and control. What is your average treatment length, and is this over or under your estimates? Are the assistants staying on time with their chairs? (I'll be lecturing at the Users Group Meeting in February 2018 on developing a strong scheduling system, and in this lecture I will be reviewing the role of the clinical coordinator.) Finally, the treatment coordinator should be monitoring every single new patient exam, and should have a strong system for tracking new and observation patients.

Coordinators lead by example, and we like to associate their management style to that of a point guard on a basketball team. The point guard calls out the plays and directs the team. Rarely does the point guard score the most points, but oftentimes tallies the most assists, which don't always show up on the ESPN highlights. No matter how much the point guard wants to shoot the ball, their primary role is to help all their teammates feel a part of the game and to sense the satisfaction of achievement.

Once a month the doctor should meet with the coordinators. This is a great time to update the doctor and let him or her know what's going on in the practice. I find that many problems that arise in the practice are simply from not setting time aside to clearly communicate with the doctor and team members.

While this was but a brief introduction to the coordinator system that was developed by the Millenium Management Society 35 years ago, beginning the process of developing your management system is a first strong step toward reducing potential management headaches, and may someday even get you to a point where you exclaim, "Management is fun!" ◊

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About the Author



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