

# Pre-Consultation / Staffing Key VT Staff Roles Defined



## Lecoq Practice Development

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**The following information is intended to help you choose or hire key positions that are involved in fully utilizing our practice development system. Although you may or may not use the titles, filling these roles is essential in order to have your staff take full responsibility for building and running your ideal practice.**

*Doctors with small staffs may find this document daunting. They imagine having to immediately hire and develop numerous people. Please remember that it is adaptable, and one person could fulfill the Patient Care Coordinator, Vision Therapy Administrator and Marketing Coordinator position at first, adding new staff members as you grow. The article can be used as a roadmap for planning. Also, it can add specifics to a visualization for your future practice.*

### **Staff roles:**

There are several roles that staff will play in our system. In most cases, you either know who will fit each role best, or the right person will emerge during the training.

Here are the suggested roles you might wish to adopt and fill. These are the basic duties, make sure anyone in these posts know and understand that they require initiative, thinking and some independent, self-starting efforts that cannot be anticipated or codified. The VTA, MC and PCC roles are profit centers for the practice.

You may wish to discuss with sources for locating great prospective employees.

**Vision Therapy Administrator:** The VTA is usually the person who guides the parent from the initial phone call, through testing, and through the parent (sign-up) conference. This person is seldom the same as the chief therapist, although the VTA may sub as a therapist or work part time as a therapist until the therapy load is high enough for the VTA to spend full time at the task. At first, the VTA may complete reports and do the monthly marketing activities. Later, as your marketing person comes on board, the VTA will supervise and guide the marketing effort and report to the doctor the efforts and results of marketing. The VTA is a critical role for any practice that wants to expand past 30 visits per week. If the VTA is full time, they may also serve as the back-up triage person or handles triage in the event the Patient Care Coordinator is not available, on vacation or not yet sufficiently educated to handle triage.

VTA deals with parent training and information during second testing. Schedules and presents recommendations and report during conference, coordinates and schedules Dr. to appear during conference for about 15-20 minutes. Presents all financial information and handles the payment options and agreements. Stresses compliance is for benefit of the patient. Makes sure all materials and information required at all stages of parent interaction are plentiful and on hand. Supports doctor during talks and workshops.

Monitors, plans, coordinates, supervises and monitors results of all marketing done by the marketing coordinator. Makes sure all workshop invitation displays are full and that all invitees receive phone confirmation call. Makes sure attendees receive NETwork letter and certificate. Coaches and reminds doctor of need to invite people effectively and conducts practices with Dr. should effectiveness slacken. Invites people to workshops at every opportunity.

Should truly love and support VT as a passion. Always stresses the impact of therapy on a particular adult or child. Schedules and coordinates vision therapy oriented training and development—assumes the load from the doctor in this area. Examines and clips optometric publications for ideas for training. Coordinates any staff travel and tuition for out of office training.

**The VTA reports weekly at time \_\_\_\_\_, day \_\_\_\_\_ on the following:**

- Number of candidates triaged and seen for first exam
- Number of candidates who needed and advanced to second exam (testing)
- Number of candidates who participated in parent (sign-up) conference
- Number who signed up for therapy at conference
- Number of sign-ups after/before the conference (out of ordinary)
- What worked in each area of testing and sign-up
- What didn't work (why people didn't sign)
- Quality of Triage (were all points on form covered or did weakness appear during testing and sign-up process) What breakdowns occurred and need retraining
- Did someone on staff do an exceptional job? Who and specifically what did they do.
- VTA presents doctor at workshops and may eventually deliver workshops as well.

**Marketing Coordinator:** This is an 8 to 12 hour per week post, more if you want to accelerate growth immediately, and more hours later to sustain consistently high patient referral and enrollment levels. The MC is responsible for inputting information into NETwork, including many research calls to make sure information is correct and current. The MC coordinates all mailings, reports, follow-ups, and other marketing actions with the VTA. The MC researches and contacts potential referral sources, organizations, schools, professionals and others we will specify, to set up talks and workshops, to follow-up with information and reprints.

The MC makes calls to selected high-potential contacts to set up interviews, talks, inservices events, teacher trainings, workshops, media coverage in print, radio and TV (if desired). The MC makes extensive use of the NETwork computer program and the many additional marketing oriented materials that are provided by Lecoq Practice Development

The MC identifies, collects, copies, produces and mails regular outreach materials and letters using the NETwork system and its contents. This person should have basic familiarity and fair comfort with using a Windows computer. Word processing skills are sufficient. They should have a relatively quiet workspace with a phone. A cordless handset plus a headset is very helpful since the MC will be capturing information during calls. You must supply them with an ordinary Windows based PC plus an inkjet printer (we support and recommend only Epson at this time), and a supply of 24 lb paper, window and plain #10 envelopes. You must have some version of Microsoft Word. (Version 2000 is not recommended since Microsoft made several undesirable and incompatible changes in the file format in order to preserve its monopoly.)

The MC will input names of workshop attendees, send thank you letters and certificates. They will set up and print reports and distribute them as required. The MC will research media for your area, gathering names, addresses, titles, and contacting editor and writer names. Using material we supply as well as “found” material, the MC will prepare publicity releases and plant newspaper and other media stories and articles to cause media coverage for workshops and initiate feature and other stories. The MC position is often best filled by a graduate patient’s mom, someone who is an activist, open and friendly and who really enjoys getting on the phone. Schedule about 10 - 15 hours of time to generate and sustain about 30 patient visits per week. If you hit 60 visits, schedule about 24 hours weekly, for 90 visits or higher, this is a full time post.

The MC keeps in touch with Jean Lecoq for help and guidance (for 1 year free) on marketing efforts. The MC has free, unlimited support for the operation of the NETwork software.

**Patient Care Coordinator:** This person and a back-up trained for the PCC post, conducts the triage interview with all prospective patients. This person and back-ups answers the phone to make appointments. The PCC determines the type of case for each caller and handles the differential appointing our system teaches. The PCC must develop and have sufficient knowledge of vision to do a preliminary assessment of the patient's needs and to make an appropriate type of appointment. This is a critical role and ideally should be assigned to an experienced person.

The back-up for this position is any other staff person who answers the phone, who also must develop the same ability to make a preliminary assessment. The 2<sup>nd</sup> day of training provides the education for this role and that is the reason all staff should attend most of day 2.

The PCC prepares the parent or adult VT candidate for the initial evaluation and the step by step process they will be going through.

The PCC also makes sure they understand both the cost and time commitment required to proceed so that doctor sees only patients who have a high probability of committing to a VT program if one is required.

The PCC also initiates gathering for computer input of candidate names and information.

The PCC uses the triage form for every single vision therapy candidate and forwards the form to the VTA.

The PCC makes certain that pre-visit letters and forms, handouts, invitation flyers and other materials are sent to candidate patients within the same shift the appointment is set.

**Chief Therapist or Head Therapist:** The CT manages the training room and schedule. The exact role depends on the skill and confidence of individual therapists. This person makes sure every patient is properly and appropriately programmed, that each therapy session for each patient is productive and effective, and usually trains parents on how to do home therapy. The CT often works with difficult or 1:1 patients.

If you elect to do some sort of group therapy (our preferred method), the CT makes certain each station is set up right and that each therapist working with the group is supported with advice and feedback. The CT reports on the status of each patient to the doctor. If you elect to use the management system we recommend, the CT goes over each patient record with the doctor at some point during the day, either in person or by phone. To the extent the CT is capable, they monitor progress and problems and seek feedback from the doctor.

The CT reports to doctor at a specific time \_\_\_\_\_ and day \_\_\_\_\_ each week on the total number of sessions, new VT starts, missed or canceled sessions, drop-out or likely to drop out patients and parents, problem patients or parents or about breakthroughs and accomplishments of patients or other therapists. The CT also reports any potential breakdown areas and is responsible to initiate and schedule monthly staff training and development sessions, including helping the doctor to plan and develop material to be covered based on weaknesses of staff or high curiosity about a new area of care.

Organizes all therapy procedures and equipment. Makes sure there is sufficient, appropriate and well located storage for all equipment. Plans and sets up storage and materials for therapy as you grow so you stay organized. Develops detailed and coherent training and activities notebooks and a library of appropriate reading materials for training new therapists. Sets up an activities originals system so staff can instantly find fresh copies (and laminated originals for copying) of all your standard procedures. May set up laminated guide sheets beside every VT station.

Provides therapy for an appropriate number of patients each week. At 70-90 VT visits / week, does about 16-18 hours of therapy weekly, the rest is devoted to management and administrative time. Focuses on more difficult patients who require knowledge beyond the rest of the staff.

**Please contact Thomas Lecoq if you have any questions regarding these roles.**