



ORTHO2

The Key to Solving the Sudoku Puzzle

Just as a precise combination of numbers is required to solve a Sudoku puzzle, it takes a delicate balance of exceptional patient care and a network of closely monitored protocols and systems to build a successful orthodontic practice. When one area of the practice is out of sync (as when a number is out of place in the puzzle) it affects many areas of your practice.

Excellent customer service is the common denominator in top orthodontic offices throughout Northern America. Unsurpassed patient care goes hand in hand with a profitable practice running strong on all eight cylinders. Knowing your target goals and monitoring your numbers on a daily basis enables you to make mid-course corrections if you happen to get off track. Let's look at some of the key numbers you should track on a daily, monthly, and yearly basis.

Exam to Start Conversion Rate 75% or Higher (Practice Statistical Analysis Report in ViewPoint, NP Exam Analysis in Edge)

To calculate this percentage take your total starts (excluding Phase 2 treatment starts) and divide it by the number of new patients seen. Starts can be generated from new patient exams or from your observation/growth guidance program. When patients take the time to pick up the telephone to schedule an initial evaluation they have expressed a desire to explore orthodontic treatment in your office. Their opinion is often formed before they ever step foot in your office, from visiting your web site to the way your telephone is answered. Create raving patients by wowing them before they walk through your door, and then knock their socks off by delivering phenomenal service. They should be sold on your practice before they even meet the doctor. Use your computer program to track the status of pending patients, ensuring that consistent contact is made following the new patient experience.

by **Debbie Best**

Phase 1 to Phase 2 Conversion Rate 85% or Higher (Practice Statistical Analysis Report in ViewPoint, Procedure Analysis in Edge)

How often is it that when you recommend the second phase of treatment parents and patients are caught off-guard? They had forgotten or never been told that a second phase of treatment was necessary. Patients and parents should never be surprised when the second phase of treatment is recommended. From the start of Phase 1 treatment, the goals of the initial phase and the value of Phase 2 should be discussed. Put together a handout with bullet points covering the goals and time frame of the initial phase of treatment, discuss the waiting phase, and then follow it up with the goals of the second phase of treatment. Patients are more likely to remember the specifics of the two phase treatment if you discuss it often and have given them a handout explaining the process.

Dollars Collected Per Patient Visit \$275 or More (Practice Statistical Analysis Report in ViewPoint, Deband Analysis in Edge)

To track this statistic, run a deband analysis at the end of the active retention phase. Take the treatment fee and divide it by the total number of patient visits (including emergency appointments, retainer checks, etc.). Separate your types of treatment (Class I, Class II, Class III, Invisalign, Phase 1, and Phase 2) to help guide you in setting reasonable treatment fees. Some guidelines to follow to help you reach this magical number are:

1. Use a standard rotation of 6 to 10 weeks, depending on your treatment plan. Gone are the days of seeing patients every four weeks. Stretching out the rotation not only helps your bottom line, but patients and

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parents also appreciate the reduced number of times they have to miss school or work for an appointment.

2. Make every appointment count.
 - Place all appliances at one visit if possible.
 - Change two wires instead of one at a time.
 - Combine a panorex with the reposition appointment.
3. What is \$275 worth to your patients? It might be a car payment, two weeks of groceries for their family, or electricity for a month. Deliver patient service that exceeds this dollar value at each visit, eliminating the word 'just' from your orthodontic vocabulary (it is never just a short check, just a retie, etc.)*

Emergency Patients Seen 5% or Less (Practice Statistical Analysis Report in ViewPoint, Procedure Analysis in Edge)

Taking the extra time to thoroughly review patient instructions, carefully checking the distal ends, and ensuring the doors are closed on all brackets will eliminate extra patient visits, potentially saving the practice thousands of dollars each year. For example:

• Treatment Fee	\$5,300
• Typical number of visits	19
• Average fee per visit	\$278.94

Add three emergency visits and it reduces your per patient average to \$240.90. If you see 60 patients a day, not including new exams and observation/growth guidance patients, you could be losing as much as \$2,200 a day. Assign a team member the responsibility of tracking all emergency or extra visits and have them share the statistics at your monthly team meeting.

Evaluate the emergency appointments and statistics at your monthly meeting. Brainstorm ideas to keep the extra visits to a minimum through patient education, using a check list at the end of each appointment, checking the pull date on the adhesive, looking for contamination in the water lines, a curing light malfunctioning, team training on specific procedures, etc.

Patients Beyond Their Estimated Completion Date 7% or Less (Exceeds Length of Tx Report in ViewPoint and Edge)

I remember a patient telling me that he would be getting his braces off on a certain day at a specific time, eight months in the future. The doctor had told him that his treatment time would be 20 months and he had the big day figured to the exact date and time. Patients might not remember everything we tell them at the start of treatment; however they do remember the estimated completion date. Be realistic when you estimate the months of treatment required to complete a case; over-estimate if necessary. Patients seldom will complain if we finish treatment

early, however will tell their friends and family if we go over treatment time. When you run your deband monitor at the end of treatment keep track the type of treatment and the actual treatment time compared to your estimate of time.

Patients Seen per Hour (This can be calculated in ViewPoint if you have each template marked with doctor and staff hours.)

Do you see 20 patients an hour before and after school, then drop down to 1–5 patients around midday hours?

On an average the goal is to see eight or more patients for every doctor hour worked, and 1.5 patients for each team member hour. To keep this number up, encourage patients to schedule their appointments during non-prime time hours by offering the Brunch Club program. If patients schedule all of their appointments only during non-prime time hours and keep their account current, they will receive a courtesy off of their treatment fee or additional points on their reward card at the completion of treatment. If you use the Reward Hub program another option is to give patients additional points on their card every time they schedule and keep an appointment during school hours. Although parents initially balk at missing school or work for appointments, they often change their mind when they find out there is something in it for them. It is a win-win for all – you fill up the slow times of the day, lightening the load before and after school, and the patients receive the cash courtesy or extra reward points.*

Stay Ahead of the Technology Curve

New technology is emerging on a daily basis. What was new yesterday is outdated technology today. Although it is fun to get all of the newest bells and whistles, new "toys" are expensive and must be purchased wisely. Evaluate your current systems to determine what technology changes can be made to improve your patient experience on a daily basis. Management software is one of the first major purchases a practice makes, and is often under-utilized. Invest the time and money to send your team to the annual user's meeting to ensure that you are maximizing all aspects of the program. Save a tree and make the jump to paperless. From computerized charting to the signing of forms on a tablet, everything is available with a couple of key strokes. Just think, no more searching for lost charts or paperwork.

Put away the paper and pencil; use your computer program to accurately track and monitor your statistics. Partner this information with lessons you learned throughout childhood, from your elders and through life experience.

Just as in life, patients will walk away if they do not feel valued as an individual. Sixty-eight percent of the time when we lose a patient it is due to poor care or a rude/indifferent attitude. Give patients and parents your utmost attention and respect, making sure that you are tuned in to their needs. Surprise them

by surpassing their expectations. Monitoring your numbers and following these simple rules will help to ensure that you successfully complete your Sudoku puzzle and you will have the systems in place to ensure consistent EPC- EXCEPTIONAL PATIENT CARE.

*If you would like a copy of the deband monitor form or a sample copy of the Brunch Club form, please contact Debbie at (925) 447-6993. ☺

About the Author



Debbie Best, practice management consultant and lecturer for Consulting Network, has more than 35 years of experience in the dental and orthodontic field. She is presenting two classes at the 2013 UGM in Las Vegas.