



Accountability – That

by Tina Bryne

I embarked on a consulting career more than 15 years ago. With 21 years of orthodontic experience under my belt, it's fair to say I was confident in my knowledge and the ability to address and develop all operational aspects in an orthodontic practice. No doubt the way a doctor feels about his or her treatment skills completing an orthodontic residency and entering practice.

A decade and a half later, I continue to hone my business to satisfy my over-achieving personality, and so that my clients achieve the greatest return on their consulting investment. In theory, I have surmised my business is not different than that of an orthodontic practice. I have to be a manager and a leader – as does the doctor. My company, not unlike your office, requires systems and accountability! Oh – there I said it . . . ACCOUNTABILITY!

Most team members cringe at the word, and view accountability as something that only crops up when pinpointing the cause of a problem, when something isn't completed, or when something goes wrong and there is blame to be placed. For these reasons, we tend to circumvent accountability. Truth be told, accountability is necessary. In business or in the workplace, everyone is accountable to someone!

Research indicates that holding people accountable for their actions and results has a very positive effect on morale and performance. An environment of accountability produces team members who are vigilant problem solvers, better decision makers, and experience greater job satisfaction.

I characterize true accountability as a "position of responsiveness" rather than "a position of being responsible". So how does one create a culture of accountability? The first step is to be well organized with clearly defined job descriptions, tasks, and targets within specific areas of the practice. The second step, involving the entire team, is what I refer to as the "S.O.S."

approach: **"See It, Own It, Solve It!"**

See It: Quoting Peter Drucker, "What gets measured gets done." Gather information and know the results. Maintain a watch by developing a team reporting system.

Own It: Admit to mistakes or processes that are not working. Bring it to the table. Speak openly.

Solve It: Take the lead. Find solutions. Assume responsibility for corrective actions.

Place an emphasis on objectives and goals by 1) including them in your office documentation, and 2) instituting a performance based reporting system. All areas within the practice should be addressed and be a regular part of the monthly team meeting agenda. The accountability among your team may look something like this:

See It, Own It, Solve It - Clinical Team

▶ **Active Patients Past Estimated Treatment Time:**

Target ≤5% of Active Patients

Calculate:

$$\frac{\text{Number of active patients past estimated treatment time}}{\text{Total number of active patients}}$$

Ortho2 Reports: Patient/Exceeds Length of Treatment/
Subgroup Active Statuses and Status/Status Count
Comparison

Review the Exceeds Length of Treatment report, correct inaccurate statuses (these are many times Phase I patients who have now entered a "between phase" status) and generate the report again, if needed, for accuracy.

▶ **Extra Appointments (Emergency):**

Target ≤3% of All Appointments Seen

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Dreaded Management Word

Calculate:

$$\frac{\text{Number of emergency procedures seen in a month}}{\text{Total number of procedures seen in a month}}$$

Ortho2 Report: Appointment/Kept Procedure

In addition to your Ortho2 procedure report, you may consider tracking repairs made for patients during regular procedures. Include these in your total emergency count.

➔ Deband Analysis:

Number of procedures equivalent to 60-65% of the total treatment**

Calculate:

$$\frac{\text{Number of procedures per patient}}{\text{Total months of treatment per patient}}$$

Ortho2 Report: Appointment/Deband Analysis

**Applies to conventional appliances and a full treatment time of 20-24 months.

See It, Own It, Solve It - Financial Team

➔ Initial Fee Analysis:

Target for Initial Fees to Average 20-25% of Total Fees**

Calculate:

$$\frac{\text{Total amount of initial fees in a month}}{\text{Total amount of treatment fees in a month}}$$

Ortho2 Report: Financial/Patient Fees & Account Balance/ Subgroup by Date

**You may need to determine your target based on the percentage of insurance accounts with assignment to the office, as well as the percentage of paid in full accounts on an average.

➔ Overdue Patient Accounts:

Target ≤7% of All Patient Accounts

Calculate:

$$\frac{\text{Number of patient accounts past 30 days}}{\text{Total number of patient accounts with a balance}}$$

Ortho2 Reports: Financial/AR Aging/Subgroup Number of Days 30+ and Financial/AR Aging/Subgroup Accounts with Balance

➔ New Starts Delinquent:

Target ≤3% of Starts from the Past Four Months

Calculate:

$$\frac{\text{Number of patient accounts past 30 days starting in past 4 months}}{\text{Total number of starts in the past 4 months}}$$

Ortho2 Reports: Financial/AR Aging/Subgroup Number of Days 30+ and Start Date, plus Financial/Patient Fees & Account Balance/Subgroup by Start Date

By reviewing and following up with patients who are in their first four months of treatment and have already become delinquent – it gives you the chance to make a “financial care call” and review monthly payments, as well as encourage automatic payment.

See It, Own It, Solve It - Scheduling Team

➔ Missed Appointments:

Target ≤3% of Scheduled Patients

Calculate:

$$\frac{\text{Total number of missed appointments in a month}}{\text{Total number of scheduled appointments in a month}}$$

Ortho2 Report: Financial/Practice Statistical Analysis

➔ Overdue Pre-Treatment Recall:

Target ≤5% of All Pre-Treatment Recall Patients

Calculate:

$$\frac{\text{Number of overdue unscheduled pre-treatment recall/OBS patients}}{\text{Total number of pre-treatment status recall/OBS patients}}$$

Ortho2 Report: Recall/Appointment Recalls Date Rate/ Past 12 Months

➔ Unscheduled Active:

Target ≤5% of All Active Patients

Calculate:

$$\frac{\text{Number of active patients with no scheduled appointment}}{\text{Total number of active status patients}}$$

Ortho2 Reports: Appointment/Active Patients No Appointment and Status/Status Count Comparison

The key to a consistent flow on your schedule is appointing patients at the interval deemed necessary by the doctor. The more active treatment patients without appointments, and the longer they wait to schedule their appointments, the less chance of keeping them in their "rotation period."

See It, Own It, Solve It – Treatment Coordinator(s)

Lost New Patient Calls:

Target ≤5% of New Patient Calls

Calculate:

$$\frac{\text{Total NP calls 3 months previous on schedule/recall}}{\text{Total number of NP calls 3 months previous}}$$

Ortho2 Report: Actions/Subgroup List/Subgroup NP's by Entry Date

Review each patient for appointment/recall information.

Case Acceptance:

- Target ≥85% Child New Patient Exams
- ≥75% Adult New Patient Exams
- ≥85% Pre-Treatment Observation
- ≥95% Phase I Presented Phase II

Calculate:

$$\frac{\text{Number of patients presented with treatment \& scheduled in a month}}{\text{Total number of patients presented with treatment in a month}}$$

Ortho2 Report: Custom/Case Acceptance (go to Ortho2.com to download) – calculate by type of procedure (Initial Exam, Recall Ready)

Practice Goals:

Target 10-15% Over Previous Year for NP Calls, NP Exams & TX Starts

NP EXAMS

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PRV YEAR	Month		YTD	Month		YTD	Growth	
Jan	28	28		31	31	111%	↑	3
Feb	26	54		32	63	117%	↑	9
Mar	30	84		43	106	126%	↑	22
Apr	37	121		39	145	120%	↑	24
May	25	146						
Jun	30	176						
Jul	51	227						
Aug	37	264						
Sep	29	293						
Oct	40	333						
Nov	40	373						
Dec	30	403						
TOTAL	403							
	AVG	34		AVG	36			

When team members track results within the practice – they **See It!** A regular focus on results creates awareness and the team – **Own It!** Team members are critical resources and have unique contributions to their area of the practice, their input is invaluable – they can **Solve It!**

Focus on results. A good leader will not give a team the idea they only get paid for using their skills to perform a defined function or set of tasks. Task-oriented thinking leads people to believe that, if they perform their functions, they've done their job – regardless of results.

Contrary to popular belief the orthodontist does NOT want to micro-manage the practice, and team members DO desire accountability as it produces a sense of accomplishment.

Quoting Stephen Covey, "You can't hold people accountable for results if you manage their methods." ☺

About the Author



Tina Byrne's leadership qualities and upbeat presentation style provide a fresh perspective on the many challenges faced daily by the entire orthodontic team. She offers practical solutions to maximize practice productivity and profitability.