



ORTHO2

Effective Ways to Re-energize Your "Recall" System

by **Carol Eaton**

Quite often in the orthodontic process, we find that the "recall" system takes a back burner to new patients along with production goals. It's important to invest time, energy, and creative action steps in building an effective recall system.

First things first, let's eliminate the term "recall" from our orthodontic vocabulary since recall refers to something defective such as tires, baby cribs, etc. Our "recall" patients are certainly not defective, and are an important part of practice growth when worked properly. I prefer to refer to these patients by another name and separate them in different categories for tracking:

1. **Growth and Guidance, Pre-TX Observation, or Early Evaluation** (Pre-treatment patients who are being monitored for dental eruption until ready for treatment.)

This is an ideal opportunity to build rapport and relationship with these patients and parents before treatment begins. After the initial new patient consultation, your goal for seeing these patients back for regular appointments should be less than 6% and by offering complimentary visits, you can eliminate the barrier of money. Ideally, schedule these patients at least once a year to visit your office to keep the ongoing contact. Involve them in all activities and/or events in your practice so they feel they are already part of your orthodontic family.

2. **Serial Extraction Cases, Ortho/GP Combo** (Pre-treatment patients who have severe crowding and require serial extractions and/or serial extractions along with space maintainers or limited treatment; often times working closely with the general dentist or pedodontist.)

Again these patients have an opportunity to get to know your practice and team well before actually starting treatment. See them on a regular bases;

minimum once a year and keep them involved with all of your practice activities and/or events. These patients also provide a joint mission with the GP or pedodontist to work in conjunction with each other and share treatment philosophies, a healthy base for good referrals.

3. **Pending Phase I** (Patients who eventually will need Phase I treatment yet not dentally ready to start.)

These patients have already been identified as good candidates for Phase I treatment although we are still waiting for some dental eruption to begin. Provide them with educational materials describing the benefits of early interceptive care. Again, see them a minimum of once a year and keep them involved with all of your practice activities and/or events.

4. **Interim between Phases or Pending Phase II** (Patients who have completed Phase I or Limited Treatment in your office, or perhaps even a transfer patient who has already completed Phase I/Limited Treatment elsewhere; they are in a holding retention phase until ready for Phase II treatment.)

With good finished results in Phase I treatment, it might be difficult to stress the need for a 2nd phase of treatment. Education on the different goals of Phase I and Phase II are important to discuss with parents in guiding them to begin Phase II. Always present Phase I treatment as the first phase of a two-phase treatment plan. Schedule a Phase I deband consultation complete with before and after digital photos/pano to discuss the accomplished goals, the retention holding phase, and the best time to begin the Phase II treatment.

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Make sure when the timing is right to begin Phase II treatment, you schedule enough time to again mention the achieved goals of Phase I, discuss the goals for Phase II treatment, and update all pertinent information (health history, GP name, last visit w/ GP, insurance information, etc.) on this patient along with new signed financial contracts, risks and limitations form, and a patient agreement sheet. Unless a patient family moves out of your area, your conversion rate for Phase II patients should be 95%.

Categorize each of these patients in pre-treatment subgroups as you track them for follow-up pending calls, schedule on-going complimentary appointments to see them a minimum of once a year, and communicate the benefits of the recommended treatment. Run monthly reports to stay on top of those patients that are not already scheduled on the books for their next visit and for all of those patients who are still undecided about starting treatment.

Stay connected with all of these patients/parents by including them in any office activities/events, sending your office newsletter, updated emails, birthday cards, and invitations to participate in any contests. Show school support by getting involved with their sports programs, school fund-raisers, auction items, and school carnivals.

Create a practice kids' club that recognizes these specific patients and secures their relationship with your practice. Provide a custom ID card (back-pack tag) with their membership, specific activities that involve them such as spin the wheel for extra prizes at each of their visits, extra points from the rewards hub program, a yearly themed event (i.e. super hero party, early Halloween party, pizza party, sports theme party recognizing all sports and players, etc.).

As you schedule these pre-treatment or in-between treatment patients, look at your yearly calendar and massage the best times for seeing these patients. During peak production months, limit the number of time slots given out to these patients. During slower production months, plan ahead and book potential patients ready to start their recommended Phase I or Phase II treatment.

Pre-treatment or observation appointments can be scheduled in the treatment area with your clinical team or with the treatment coordinator based on your patient flow and number of patients seen per day. Anyone potentially ready to start treatment should be scheduled with the TC so finances and payment plans can be discussed in a private area. Create a category of observation/pending patients that are coded as a ready start which will be scheduled with a TC instead of the clinical team.

Create VALUE for all of these future patients during the process of monitoring dental growth and development and providing

any necessary guidance along the way.

This is a perfect opportunity to establish a relationship with your patients/parents, introduce them to your comfortable environment, start motivating the patient, educating them about benefits of treatment and your specific practice as well as establishing early healthy oral habits and dental care. ☺

Advantages of Early Treatment

1. Prevent and intercept orthodontic problems.
2. Improve outlook and attitude by increasing self-identity and pride.
3. Treat majority of problems when child is most cooperative, not during the independent teenage years.
4. Improve chances of avoiding extraction and surgical procedures.
5. Utilize deciduous teeth for anchorage.
6. Utilize orthopedics when sutures are actively adjusting.
7. Guide eruption of permanent teeth, regulating space where needed.
8. Rotate teeth as erupting, before differentiation to prevent relapse via periodontal fibers.
9. Eliminate adverse habit patterns (tongue, thumb, etc.).
10. Avoid fracture of protruding teeth.
11. Prevent impaction of cuspids with early expansion.
12. Improve changes of good speech development.
13. Change functional factors (lip pursing, tongue posture, etc.) that can morphologically change and worsen the problem.
14. Utilize early expansion to help eliminate some breathing problems; early maxillary orthopedics can help increase nasal airway.

About the Author



Carol Eaton is best known for her expertise in training treatment coordinators and streamlining the new patient process. She will be presenting at the 2017 Users Group Meeting in Orange County, California.