



ORTHO2

Schedule Outliers

Part Two

by **Sue Hanen**

Now that the second half of 2017 is upon us, it is a perfect time to revisit your 2017 goals. It is not too late to jump in and improve your schedule outliers. There are four schedule outliers that are often overlooked when setting goals. In this article, we will examine how to calculate each metric, review the industry target for each, and provide recommendations on how to improve each outlier. *Part one of this article appeared in the April 2017 issue.*

Emergency Visits /Repair Percentage

Formula: Total Emergency/Repair Visits ÷ Total Appointments Completed

Target: Repair Visits 5% or less of Completed Appointments

Every scheduling coordinator cringes when the voice on the phone says, "I have a loose bracket." The coordinator is dealing with a full schedule, and this is the third call this morning. What to do? Often her solution is to override the schedule. OUCH!

These extra visits are not only costly in chair time and doctor time, but patients, parents, and team members are also frustrated. It is well worth a focused effort to evaluate this metric. First, confirm that your emergency retainer visits are not used when calculating this percentage.

Recommendation: Do not use the term emergency. Choose a different terminology, such as a care visit or an extra visit, that will add value, not cause alarm. Two or three procedure codes are needed to track the extra visits.

- Extra Visit – Short: This procedure will handle non-doctor extra visits. (AW poking, tie off, chain broken, etc.)
- Extra Visit – Repair: This procedure will handle broken bracket calls.
- Extra Visit – Long: This procedure will handle all other doctor-needed extra visits.

Evaluate the historical counts for each of these codes.

My guess is that the largest number may fall under the Extra Visit – Repair code. Review your written bonding protocols. When I am in a practice, and we are working on a GPS schedule – Guided, Productive, and Sustainable – there often is a clinical variation between the assistants when bonding. I find that etch times and light-curing times often vary. Systematize all bonding, and have a written protocol for each procedure.

An entire population of broken brackets flies under the radar, and these are the brackets that are repaired inside a regularly scheduled appointment. Please create one more code to track the brackets that are not scheduled into an extra visit. The problem of broken brackets may far exceed the extra visit count. Monitor your repair inside regular appointment count monthly.

The Value of Time Calculation: This practice has an average of 198 extra visits per month. Don't be surprised; these add up quickly. Again, we set a conservative first-round goal: a 2% decline that would lower the rate to 15%, still nowhere near the 5% target.

The decline in extra visit count – 23 patients times a 20-minute appointment – would yield 8 hours total, or an entire extra day!

Patient Over Estimated Completion Date

Formula: Patients over ECD ÷ Total Patients in Active Treatment

Target: 10% or less of Active Patients

Active treatment patients who are beyond their estimated completion date (ECD) may be the most costly overhead factor. These patients require more appointments than planned, which impacts the schedule and requires more

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doctor and staff hours to deliver treatment.

that timely active visit adjustments are required to complete treatment on time.

| Extra Visit Goal \leq 5% | # Of Completed Apts | Current # of Extra Visits per Month | Current Extra Visit Rate | Enter your Target Extra Visit Rate | Projected # of Extra Visits per Month | 20 Min Appt Hours Saved per Month |
|--|---------------------|-------------------------------------|--------------------------|------------------------------------|---------------------------------------|-----------------------------------|
| <i>Total Extra Visits Completed/Total Apts Completed</i> | 1,165 | 198 | 17.0% | 15.0% | 175 | 8 |

A daily action plan is needed for all patients that are over treatment time on the daily schedule. Report over

Recommendation: If you are over the 10% target, let's first validate your data. In Edge, run the Exceeds Length of Treatment report, or in ViewPoint, run the Past Completion report. Confirm all active patient statuses. I often find that three areas may need to be cleaned up.

- Limited Treatment – An active retention phase that does not have a defined finish line. Create a process to close all types of limited treatment cases.
- Invisalign – What I often see is that the data gets messy at the refinement or deband decision point of care. You may need two codes to track this process: Invisalign decision to refinement or Invisalign decision to Deband complete, which would then change the status.
- Phase I – Often the Phase I Deband gets missed. Depending upon your Phase I treatment plans, you may need multiple Phase I Deband codes:
 - Phase I Deband w/Brackets
 - Phase I Deband Appliance Only

treatment time patients who are on the schedule during the morning huddle. You may consider printing tray covers for these patients and dispersing them to the clinical team during the huddle. Another consideration would be to print this report a week in advance for the doctor's review, so excess doctor time is not required during the visit, as notes can be made the prior week if needed.

| NAME OF PATIENT (Enter on Deband Day) | Sex | Age at Deband | Diag Class | Comprehensive Tx Fee | Estimated Months in Tx | Actual Months in Tx | Months over / under Est Tx | Number of Tx Visits | Number of Emergency Visits | Appbs Prior to Tx | Total Appbs (except retention) | \$ Per Tx Visit | \$ Per Total Visits | Notes |
|--|-----|---------------|------------|----------------------|------------------------|---------------------|----------------------------|---------------------|----------------------------|-------------------|--------------------------------|-----------------|---------------------|-------|
|--|-----|---------------|------------|----------------------|------------------------|---------------------|----------------------------|---------------------|----------------------------|-------------------|--------------------------------|-----------------|---------------------|-------|

Select a dozen Debands at random, and complete a Treatment Efficiency monitor. Use this document to determine if there are particular cases that are consistently over the estimated treatment time.

Check with your team to determine what date is entered into the Estimated Treatment Time field. This date does not mirror the contract payment months, but rather should be the actual estimated treatment time. You could have considerable variance here depending upon your financial arrangements: estimated treatment of 22 months, and payment arrangements for 30 months, which would hide the over treatment time, or 22 months treatment and a 12-month contract, which would inflate the percentage.

When reviewing a report of patients over treatment time, I often hear that the patient has had a lot of broken brackets, failed numerous reports, or had a compliance issue. I then ask if the practice has an "iFactor" protocol – issues that are an "inconvenience" for the patient as well as the practice. What steps are consistently taken for poor oral hygiene, missed appointments, or noncompliance? You need a swift one-two step protocol, with the third notification being a call to action for the patient or parent. Developing this protocol will send an important message that you care. This iFactor is a second chance to inform, educate, and reach out. The patient who fails to improve from conversation or letters will have one last opportunity to re-boot his treatment at no additional cost. If, however, there is no improvement after one rotation, then alternate treatment outcomes need to be reviewed.

Review the list of patients over treatment time in detail, and look for patients who have also fallen out of relationship with the practice. Review the following fields for these patients:

- Last Visit Date
- Last Visit Status
- Next Visit Date
- Account Balance

Consider an oral hygiene club, or an app that can remind patients to wear their elastics and send supportive messages. The iFactor in all areas must be deployed quickly and consistently, and your team must have it committed to memory.

All too often, with a family's busy schedule, a patient will schedule an appointment and then reschedule multiple times before she finally completes her appointment. These patients tend to fly under the radar as they always have a future appointment; however, the length of time between appointments may be extended. Set up a custom report for active patients who have not been seen in 120+ days. Review this report monthly. In addition to contacting these patients via phone, email, or text, you should send a formal notification

The Value of Time Calculation: Finding an over-ECD rate at 21% is not uncommon, but this unmonitored metric is costly. For this practice, we set an interim goal of a 3.2% decrease in the over-ECD percentage. The resulting decline of 32 patients, all having 20-minute appointments, yields five hours recovered this month and five next month, for a total of ten hours.

Total Gains: By addressing each schedule outlier, and implementing new systems and protocols, the return translates

into many hours that can be used more productively!

| Over ECD Goal \leq 10% | # of Active Patients | # Patients Beyond ECD | Current ECD Rate | Enter Your Target ECD Rate | Projected # of ECD Patients and ECD Visits Per Month | 20 Min Appt Hours Saved per Month |
|--|----------------------|-----------------------|------------------|----------------------------|--|-----------------------------------|
| <i>Total Patients over ECD/Total Active Patients</i> | 991 | 210 | 21.2% | 18.0% | 178 ECD Patients | 5 |

Below is a summary table that adds up the outliers that we have reviewed. At the bottom, you see a total savings of 32 hours if the appointments were lined up one after another. When we translate this into the practice schedule, and there are six clinical assistants, the monthly savings is slightly more than five hours at 20 minutes apiece!

| No Show Goal \leq 5% | # Of Scheduled Appts | Average # of No-Show Patients per Month | Current No Show Rate | Enter your Target No-Show Rate | Projected # of No Show Patients per Month | 20 Min Appt Hours Saved per Month |
|---|----------------------|---|------------------------------|--|--|-----------------------------------|
| <i>Failed Appts/Total Appts Scheduled</i> | 1,898 | 209 | 11.0% | 9.0% | 171 | 13 |
| Extra Visit Goal \leq 5% | # Of Completed Appts | Current # of Extra Visits per Month | Current Extra Visit Rate | Enter your Target Extra Visit Rate | Projected # of Extra Visits per Month | 20 Min Appt Hours Saved per Month |
| <i>Total Extra Visits Completed/Total Appts Completed</i> | 1,165 | 198 | 17.0% | 15.0% | 175 | 8 |
| Retention Visits Goal \leq 7% | # Of Completed Appts | Current # of Retention Visits per Month | Current Retention Visit Rate | Enter Your Target Retention Visit Rate | Projected # of Retention Visits per Month | 10 Min Appt Hours Saved per Month |
| <i>Total Retention Visits Completed/Total Appts Completed</i> | 865 | 150 | 17.3% | 13.0% | 112 | 6 |
| Over ECD Goal \leq 10% | # of Active Patients | # Patients Beyond ECD | Current ECD Rate | Enter Your Target ECD Rate | Projected # of ECD Patients and ECD Visits Per Month | 20 Min Appt Hours Saved per Month |
| <i>Total Patients over ECD/Total Active Patients</i> | 991 | 210 | 21.2% | 18.0% | 178 ECD Patients | 5 |
| TOTAL TIME SAVINGS IN CHAIR TIME: | | | | | 32 Hours per Month | |
| Number of Clinical Assistants | 6 | TOTAL TIME SAVINGS UTILIZING 6 ASSISTANTS: | | | 5 Hours per Month | |

Time is the one resource we cannot control, but you can certainly choose how you spend that time. Select one or two outliers in your practice, make your plan and increase the value of your time in 2017. ☺

About the Author



Sue Hanen has spent the past 20 years with Impact360 as a practice management consultant, implementation specialist, and national and international lecturer. She is an iPEC Certified Professional Coach, a Kolbe Certified Consultant, and an expert in the Kolbe suite of assessments.