



ORTHO2

Navigating Though Tough Times

You Can't Direct the Wind—But You Can Adjust Your Sails!

by **Tina Byrne**

I've spent more than thirty years in the orthodontic industry, and recently I've encountered the obstacle of economic paralysis among some doctors and their teams. Allow me to address this mind-set.

More millionaires were created during the Great Depression than any other era of American History. These successful business owners of the 1930s possessed two things: specific knowledge and timely action.

When growth or compliance issues get in the way of achieving a timely and successful end result to treatment, the astute clinician promptly modifies the plan. When unprecedented economic challenges threaten the bottom line, the savvy business owner takes steps to identify inefficiencies and improve productivity. So, chart your course to weather the storm—it's time to ignore THE economy and take control of YOUR economy.

New Patients & Case Acceptance

"THE" economy has left many practices with a decline in the number of new patients. In no uncertain terms do I advise abandoning efforts to increase referrals, but I do strongly encourage a focus on increasing case acceptance. Some offices look at conversion (the number of starts versus new patients) as opposed to case acceptance (the number of patients moving forward when treatment is presented).

Ortho2 has been most gracious in customizing a report I've implemented in my offices to effortlessly determine case acceptance. Like the Kept Procedure report, this report details selected procedures for any range of dates, offices, and doctors. In addition, there are columns for the next scheduled date and procedure, as well as the next scheduled recall date and recall procedure.

I recently spent a day with an orthodontist and treatment coordinator to enhance the new patient process and increase conversion. It wasn't long before the economic paralysis became apparent—paralysis on the part of the office, not the patient. This team was convinced that because their case acceptance was so poor, it meant patients could not afford their treatment. There was frustration as to why patients even spent the time to come for a consultation. Take my word, a patient/parent who contacts your office *wants* treatment! Let's view it as our job to make it happen whenever possible!

During this economic slump, many practices have chosen to reduce the amount of initial payments and become flexible with the terms of their contracts. A great strategy for increasing case acceptance—*only* if properly implemented. The last thing we want to experience as a result of our compromise is an increase in the rate of

CASE ACCEPTANCE

All Patients -- Office: ALL, Doctor: ALL

Doctors Smith and Jones, PC, Ltd.
CASE ACCEPTANCE - Friday, May 15, 2009 to Saturday, May 30, 2009

Date: 6/05/2009
Time: 12:25:36 PM

Code	Procedure	Units	Date	Time	Patient Name	Status	Next Date	Next Procedure	Recall Date	Recall Procedure
EXAM-A Initial exam										
5	05/18/09	8:50 AM	Howell, Katelyn	PHI	7/13/2009	81-ADJ				
5	05/18/09	11:00 AM	Smith, Kaitlin	OBS	11/24/2009	12-OBS				
5	05/18/09	12:10 PM	Dryer, Anna	OBS	11/24/2009	12-OBS				
5	05/19/09	8:50 AM	Reese, Logan	FUL	6/22/2009	34-SEPS				
5	05/19/09	11:00 AM	Hoff, James	RDY			5/19/2009	TC -WC TX PR		
5	05/20/09	2:00 PM	Wilkes, Larissa	RDY			6/15/2009	TC-ST CANC		
5	05/21/09	8:50 AM	Gang, Sophia	OBS	11/12/2009	12-OBS				
5	05/21/09	11:00 AM	Swift, Carolina	XRF			5/21/2009	TC-TX PR IDT		
5	05/21/09	12:10 PM	Graft, Brendan	OBS	11/19/2009	12-OBS				
5	05/21/09	2:00 PM	Burton, Austin	FUL	6/15/2009	81-ADJ				
5	05/26/09	8:50 AM	Sanders, Erica	OBS	9/1/2009	12-OBS				
5	05/27/09	8:50 AM	McDowell, Lauryn	OBS	11/19/2009	12-OBS				
5	05/27/09	2:00 PM	Frish, Ryan	FUL	06/17/2009	81-ADK				
5	05/28/09	8:00 AM	DeWitt, Kristina	PHI				5/28/2009	TC-TX PR IDT	
5	05/28/09	12:10 PM	Woods, AmyKate	LTD	7/13/2009	CK-CK RET				
5	05/28/09	2:00 PM	Carroll, Sarah	FUL	6/18/2009	47-B/B FULL				
(16 records were printed)										
EXAM-B Initial Exam										
5	05/18/09	2:00 PM	Byrd, Keith	RDY			5/18/2009	TC -WC TX PR		
5	05/19/09	12:10 PM	Howell, Caroline	OBS	10/28/2009	12-OBS				
5	05/19/09	2:00 PM	Groom, Bethany	FUL	6/24/2009	14-Rec				
5	05/20/09	8:50 AM	Skyler, Michael	OBS	11/18/2009	11-RC READY				
5	05/26/09	2:00 PM	Pope, III, Arthur	PHI	7/13/2009	34-SEPS				
5	05/27/09	11:00 AM	Adams, James	INA						
5	05/28/09	11:00 AM	Frye, Sarah	INA						
(7 records were printed)										
(23 records were printed)										

You will find the Case Acceptance report on the Ortho2 website under Report Repository > Appointment. Please contact support for assistance in placing it into your system.

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delinquency. If not already a tool in your practice, I urge you to implement risk assessment with a Web-based tool designed for our industry and the ease of your team. My recommendations: OrthoBanc at www.orthobanc.com, or the new Zuelke Automated Credit Coach (ZACC) at www.getzacc.com. This is definitely not the time to throw caution to the wind.

You can expect a high percentage of conversions when your team successfully handles each area of interaction in the new patient process: the connection, establishing confidence in your care, and the closing.

- 1. The Connection** with a new patient begins the minute you take the call. I have had a personal experience in which I made the decision *not* to be treated by a health care provider due to the manner in which they handled my initial call. It may sound trivial, but the simple misspelling of a name or inaccurate documentation tarnishes the patient's perception. Don't underestimate the importance of making a connection between your practice, the patient, and the primary care dentist. Failure to make a positive connection (and impression) is the first obstacle you will have to overcome in establishing confidence.
- 2. Confidence** in your care is achieved by identifying objections, addressing concerns, and overcoming obstacles relating to the patient/parent's mind-set. It's about establishing very open communication. If a patient is seeking a second opinion with your office, ask "was there something you weren't comfortable with in the other office?" How do we accomplish this in the 45 or 60 minutes we allot for a new patient consultation? Ask, ask, ASK questions throughout the exam, and don't do all the talking. Prepare yourself with information from the initial call and the welcome call prior to the exam—CONNECT!
- 3. Close** by asking for the commitment. This is an area of new patient interaction where many teams fall short. A common concern conveyed to me by team members is that they "don't want to appear pushy." Finances will be the major reason the patient will not commit to scheduling the next appointment. If you choose not to assess credit risk, establish guidelines for offering some flexibility. An example may be a lower percentage of the fee as the initial, or the initial divided into the first two or three months. Give qualified patients more options and give your team "some breathing room."

If your case acceptance needs improvement, don't miss a step with new patient interactions. If you fail to connect, it's more difficult to establish confidence. With little or no trust, don't expect open communication, and it's not going to be an easy close!

Maximize Technology

In a time when we are forced to do more with less, let's look at making the most of what we've got and managing YOUR economy. The lack of software utilization in many offices makes my head spin. Where do I begin? Since this article is for Ortho2 users, let's start with your ViewPoint system. Allow me to share a few of the many ways we customize ViewPoint in my offices to maximize efficiency and productivity:

1. Financial

- Subgroup for any patient who is within the first three months of their payment schedule and has fallen delinquent. This allows the office to make that first collection call a "financial care" call. We communicate a concern that we may have not adequately explained due dates.
- Subgroup for the 45–59 day age group of accounts targeted for the first collection call. A subgroup list is generated and a dedicated Notepad tab labeled "FINANCE & INSURANCE" is used to document conversations.
- A patient tag of "DC-NA" is used for any patient who has had delinquent communications with our office and has a new arrangement for payment. The contract is not changed until there has been at least a three month history of on-time payments of the new arrangements. A subgroup is created on this tag to follow the commitment.
- VP To Do records dates of ongoing follow-up for a delinquent account or a promise to pay.
- Contract classes are customized with a list of any PPO or DMO plans so that the office can ascertain both the production and adjustments given to these patients.
- Proposed contracts are prepared once a banding date has been scheduled. The financial coordinator is able to arrange all of the insurance information and merge contractual documents either to the Print Later Queue or in hard copy.

2. Scheduling

- Subgroup active treatment patients who are overdue or require an appointment in the upcoming weeks so that an automated phone reminder, e-mail, or text message can be generated weekly until those patients are scheduled.
- Subgroup recall patients by type of procedure so automated reminders and merge documents can be easily generated for upcoming and overdue recalls.
- Stack scheduled start patients in a ViewPoint stack labeled

START DOCS for efficient communications to the financial coordinator.

3. Treatment

- Subgroup patients by start date for easy search and tag of patients due for treatment progress reports.
- Subgroup pre-treatment recall patients by upcoming procedure and date as well as last kept procedure and date to identify needed updates of patient and financial information. Automate reminders to the group as well.

Other much under-utilized areas of technology include case presentation software. Many offices have implemented the programs, but use only the very basic features. Consider customizing it for use as lunch and learn presentations, and invite referring doctors and staff. Expand on marketing orthodontic and office events with newsletters on a regular basis.

I am a firm believer that within every challenge lies hidden opportunity. Manage YOUR economy in this time of recession and identify inefficiencies and the untapped sources you've invested in to enhance your bottom line. ◊

About the Author



Tine 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.

For more information on team building, strategic marketing, and comprehensive consulting programs from Byrne Consulting, visit www.byrne-consulting.com or call (800) 580-6580 or (410) 836-7848. Orthodontic excellence is a matter of practice.