



ORTHO2

Status Reports: What They Mean to Your Numbers

by **Char Eash**

How important are status reports in your orthodontic practice?

In my opinion, very important! Many times when I consult with practices and review the status reports, I find that the patients represented in each status group are not being reviewed and as a result, the numbers are not accurate. What does this mean to you and your practice? I urge each practice to ask where these patients are, have they been followed up with, and at what point did we lose them as potential starts or referrals? Let's review what to look at when setting up the status definitions for a progressive practice.

When setting up the status sequence for your practice, be sure it reflects how you wish to track patients from the new patient exam to the final dismissal appointment. It is very important to have the correct number of patients in each status. This creates the balance for continued profitability. For instance, if I see 100 patients in the new patient status code and the practice has only 30 new patients on the schedule, I would ask my Treatment Coordinator where are the other 70 patients? The remaining 70 patients should be either in Recall/Observation, Records, Consultation, or Exam Pending. This one status will evaluate how promptly follow through is made with patients you have seen for the first time. It is always interesting to see in the New Patient status count how many patients have called or made appointments yet have never been seen in the practice. Do you lose these patients before they even walk in the door? Are you cultivating a patient base of no shows? Is your initial telephone screening inadequate? These are all great questions to ask!

The auto event process for your status report that is set up when you set up your procedure codes is very important in tracking patients on a daily basis. The Patient Status List should contain all definitions of patient tracking. Many times the statuses will follow the sequence listed: New Patient Exam, New Exam Pending, Observation/Recall, Observation/Recall Pending, Consultation, Consultation

Pending, Phase I, Phase I Retention, Phase I Supervision, Phase II, Full or Comprehensive Treatment, Invisalign, Limited, Surgical, Retention, Dismissal, and Delete or Inactivate.

When assigning accountability tracking to staff members, the status reports give a very clear picture of how swiftly and accurately patient follow up is being handled. I would assign the New Patient Exam, Consultation and Recall/Observation status reports to the Treatment Coordinator. The Full Phase, Phase I, Phase II, Limited, and Retention would be handled by the Scheduling Coordinator or shared with a second front desk person if present. The Doctor should pay close attention to the patients in any active appliance status who do not have appointments, as these patients create liability for the practice.

Things to look for on the status report that could be costing the practice:

Retention Status – The number of retention patients should not be larger than the number of active patients. The rule of thumb is to have equal to or slightly more retention patients as active patients. Otherwise you are clogging up your appointment system with unnecessary retention callbacks and appointments. For practices beyond the 5-year mark, the goals should be consistent for getting patients in and out of treatment. For example, if the goal for the practice is two starts per day, there should be two debands per day and one to two retention dismissals. Retention protocol is so important as you market your practice.

New Patient Exam and Consultation Pending Status – These numbers should change on a monthly basis as the Treatment Coordinator resolves the non-committed

Reprinted from

The Newsletter for Members and Friends of Ortho2
August 2005 - Volume 23 Issue 3

About the Author



Char Eash is the founder and CEO of Profit Marketing Systems South, Inc. an Orthodontic Communication Enhancement firm that specializes in efficiency and profitability for the Orthodontic practice. Char possesses an enthusiastic ability to create an office environment that fits the needs of the Doctor(s), Team, and the practice network.

Providing over 15 years of experience in orthodontic consulting with over 200 orthodontic teams across the country. Char is a consultant who strives to create a profitable and enjoyable environment for her clients and their teams.

Her many Seminars and Trainings around the country have been noted as "The best, most practical and useful information to benefit the Orthodontic practice."

patient list. The patients should not go into these statuses and just be forgotten. A standard follow through for non-committed patients should be no longer than 10 days. The first contact should always be by phone and that should be followed up with written correspondence. Patients should be moved through the pending status where they are resolved, whether by being converted to treatment or made inactive and dismissed from the practice.

Phase I Retention and Phase I Supervision – These two statuses will always be considered as potential starts. I see quite frequently patients beginning Phase II treatment when no charges have made for the second phase of treatment. The red flag here will be when the staff member sees on the daily schedule report that this patient is still in Phase I Retention or Phase I Supervision yet is being bonded or banded. In this case the question will be is there a charge to be made?

It is very important to keep your data clean! As the computer runs report, the numbers need to be accurate. When transitioning a practice, this report is very important in determining the potential for starts as well as how well patient appointments have been controlled.

The orthodontic practice has over 160 systems that will create profitability. Setting up and reviewing your status definitions and status reports is just one! ☺