



ORTHO2

Building the Revolution

In order to build Edge from the ground up and make sure it met the needs of our practicing orthodontists, Ortho2 sought input from many sources and invited 21 doctors, 3 staff, and 4 consultants to actively participate in the development. Char Eash, Dr. Dana Shaltry, and Dr. John Dumas were a part of this group.

Most people may never put any thought into what goes into creating a major new software release. What is it like?

Dr. John Dumas: Going into the process I had *no* idea what would be involved. I assumed we would start with the ViewPoint software and make improvements from there, but essentially we started from scratch! Thinking and re-thinking every step along the way. Once we got the ball rolling, we began to realize that there really aren't any limitations to what we could ask this program to do.

Char Eash: For me it was very enlightening how you have to connect the dots when developing orthodontic software! By this I mean that the foundation of the software dictates all future functions. When making decisions on treatment chart, for instance, one has to consider how this information will then be applied to the reporting system.

Every day, an orthodontic practice must work with so many products. How important is practice management software?

Dr. Dana Shaltry: I describe the basic administrative goal of orthodontists and their team members as "managing compliance": The patients' compliance with their appointments, finances, oral hygiene, elastic wear, orthodontic appliances, and retainer wear—and the orthodontic team's internal compliance to the new patient exam workflow, insurance billing, delinquency control, referring office communications, maintenance

Char Eash



Char has 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.

Dr. Dana Shaltry



Dr. Shaltry practices in Port Angeles, Washington. He practiced hospital-based general dentistry before earning his Master of Science Degree in Orthodontics from Loma Linda University. He has been an Ortho2 client and friend for almost 20 years.

Dr. John Dumas



Dr. Dumas completed his training at Tufts University and is a graduate of the University of Michigan School of Dentistry. He served in the Air Force as a Captain in the Dental Corps. He practices in Michigan and can be seen at www.tdrortho.com.

EDGE

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and housekeeping, inventory, etc. Simply put, today's practice management software is the essential tool for managing, reporting, and alerting us to the success or failure of the systems we create.

Eash: The software is essential in monitoring the business of orthodontics! It should be designed to free up time for the team members by processing, calculating, and tracking patient needs. Patient tracking is profitability—whether it is keeping patients appointed on their standard rotation, monitoring progress reports, or knowing the treatment plan, all of these systems define profitability.

When you were asked to participate, what did you think about making the commitment?

Dumas: My initial interest was self serving in that I wanted to make sure that what I wanted in the program was in there. But it quickly became obvious that the real power of this new software was that it could be easily customized to work for everyone, and that each user could define the look of their individual system... very cool!

Eash: My commitment to the development of Edge is the same as my commitment to my clients—that is to make every system in the practice work for them at the highest level. There are over 100 systems in an office that contribute to the profitability of the practice and it is very important to me that the computer software provides the technology to help, not hinder, the users.

Shaltry: We met five times in the past two years in different locations around the country. In between meetings we used webinars to review the progress. As most orthodontists, I invest a great deal of time and effort in my own office systems, so I appreciate a forum in which my ideas are reviewed by a select group of my colleagues.

Dumas: At the off-site meetings, we met till all hours of the night (as programmers frequently do) and had some great brainstorming sessions. We got a little insight into the life of a computer nerd!

So the nights went pretty late sometimes. Did anyone get any sleep at these meetings?

Shaltry: The first meetings went from 8 A.M. to midnight with an afternoon break, and later meetings ended around 10 P.M. Despite the long days, it always seemed that we ran out of time before we ran out of ideas.

Dumas: I think without the golf and breaks we would have had brain meltdowns. The time to get out of the rooms and recharge our batteries was *critical* to keeping the free flow of thought going. Some of the best ideas actually happened on the golf course, by the way!

What were some of the best ideas—from the golf course or from the formal meetings?

Shaltry: I suggested we look at which “screens” are the essential representations of the typical orthodontic job descriptions. For example, Grid Scheduler in ViewPoint represents a screen that the receptionist/scheduling coordinator “lives in” throughout the day. However, such convenience of design did not exist for the treatment coordinator, financial coordinator, records technician, or orthodontic assistant. The powerful user-definability of Edge provides such job-specific user screens.

Dumas: I was pushing very hard to make this product as customizable as possible. While widgets were certainly not my idea, I pushed to get many of the new ideas into a widget form that could be customized. I don't use doctor time scheduling and I don't use some of the reports that others run regularly. I have a “dashboard” that gives me the pulse of my practice. I want all of my staff to have immediate access to the information they need to make their day more productive, without flooding them with information or steps that they don't need.

Eash: There are many things in Edge that I feel will benefit my clients. One is treatment sequencing. When setting up a treatment plan, the doctor will be able to define a sequence of visits needed for treatment which then will transfer easily to the chart for completion. This is an awesome tool to keep doctors and teams on track. Treatment sequencing is all about the number of visits needed to complete a treatment plan which in turn *creates profitability*. Then, having the treatment sequencing convert to a true deband analysis to *evaluate profitability* of each visit is the icing on the cake!

Is there anything else you would like to add?

Eash: The evolution of software is not about bells and whistles, but about making sure the software is an asset to serving the patient and team. Ortho2 has placed its priority on making sure Edge is such an asset.

Shaltry: Consider the conversation that would occur if you sat down with several of your orthodontic colleagues and listed every administrative system and procedure that occurs in your office. Now, compare and contrast just one of those processes with the lists from the other offices. The variations are mind-boggling. The challenge for the Ortho2 programmers was to create a framework that allows each office to create our own set of unique systems and protocols. I am impressed with their results. ◊