

Comprehensive Orthodontic
Practice Management, Imaging, and
Communications Solutions

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Share the Newsletter

Each issue includes articles from Ortho II staff and from industry consultants. Some will help you get the most from our software, and some have information and ideas to help you improve your practice. All will be of use to a variety of people on your team!

- Doctor
- Office Manager
- Treatment Coordinator
- Scheduling Coordinator
- Financial Coordinator
- Clinic Coordinator
- Front Desk Staff
- Clinic Staff
- _____
- _____
- _____

President's Perspective

Dan Sargent, Ortho II President

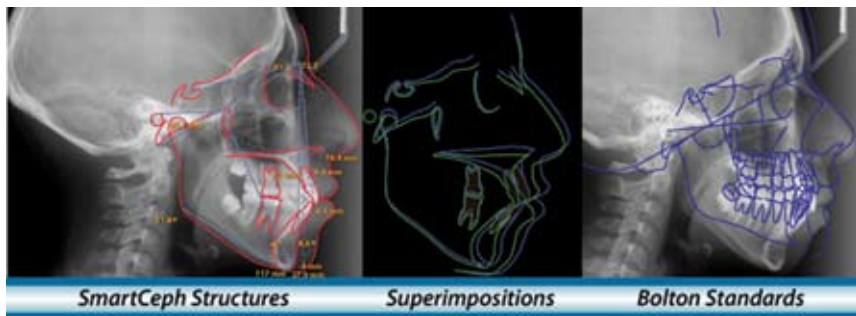
Complimentary Issue

We are surprised when orthodontists occasionally tell us that they hadn't been aware of Ortho II. We are, after all, the largest U.S. provider of orthodontic practice management software, with over 1400 orthodontic clients.

Beginning with this issue, we will periodically send our newsletter to all orthodontists as one way to share our story. We hope you enjoy it, and we invite you to explore "the Ortho II difference"!

SmartCeph's Introduction

In a word: Wow. We thought we were on to something with our innovative new cephalometric program coupled with ViewPoint's greatly improved imaging features. But even our most optimistic forecast didn't prepare us for the reception they received at the AAO! Maybe it was the unique SmartCeph tracing features, or the Bolton Template alternative to digitizing that was so compelling. Maybe it was the realization that



VP Imaging, though free, provides excellent and comprehensive image management capabilities. Some said they wanted to bring their imaging functions into ViewPoint to eliminate dealing with an integration between separate providers. Others were impressed with the long term savings that switching to Ortho II imaging provides. It's gratifying to see something you believe in be embraced by the community. Thanks to everyone who shared their time and interest in Denver!

If you haven't seen VP Imaging and SmartCeph yet, contact your Systems Consultant at 800 678-4644 to schedule your personalized, Web based demonstration.

Clarification of an Untrue Rumor

We learned during the AAO that some misinformation about ViewPoint was being shared. This rumor stated that Ortho II encrypts data for the

Welcome New Members

Welcome to our new members who made the move to ViewPoint during the second quarter of 2008!

James Ziuchkovski, DDS, MS, PC	~	Colorado Springs, CO
Dr. Chris J. Woolaver, DDS, MSa, FR CD	~	Phoenix, AZ
Dr. Natalia Tomona, D.D.S., P.C.	~	Germantown, MD
Stanley J. Wolfe, B.S., D.D.S., P.C.	~	West Haven, CT
William H. Olin Jr., D.D.S., M.S.	~	Cedar Rapids, IA
Michael J. Foy, D.D.S., M.S.	~	Colorado Springs, CO
Kendall E. James, D.D.S., M.S.	~	Santa Clara, CA
Martin Broermann, D.D.S., P.C.	~	Scottsdale, AZ
Rodney K. Ito, D.D.S., M.S., Inc.	~	Hayward, CA
Dr. S. Richard Scott DDS, MS	~	Marysville, OH
Dr. Laurence J. Colletti D.D.S.	~	Louisville, CO
Richard A. Schlein, D.D.S., P.C.	~	Norwich, VT
Dr. Eduardo Castellanos	~	Guadalajara, Jalisco
Tidewater Orthodontics	~	Virginia Beach, VA
Frank R. Besson, D.M.D.	~	Scotch Plains, NJ
William M. Shows, D.D.S.	~	Sheboygan, WI
Erickson Orthodontics	~	Silver Springs, MD
Dale Ranch Orthodontics	~	San Ramon, CA
Mark A. Bruhn, D.D.S.	~	Fond Du Lac, WI
Dr. David Rynearson	~	Moreno Valley, CA
Dr. David Walker Parks	~	Wenatchee, WA
Ocean Orthodontics, L.L.C.	~	Ocean, NJ
Chelsea Orthodontics PC	~	Chelsea, AL
Jerry S. Redd, D.D.S., Inc.	~	Vallejo, CA
Dr. Alexander Chung	~	Unionville, ON
Drs. Alan and Cindy Reed	~	Salina, KS
Orthodontics South P.C.	~	Pelham, AL
Arnold Orthodontics	~	Lakeville, MN
Sequim Valley Smiles	~	Sequim, WA
Carlson Orthodontics	~	Duluth, MN
Dr. David A. Pesavento	~	Aurora, IL
Dr. Andrew Chen	~	San Diego, CA
Dr. Austin Phoenix	~	Portland, OR
Alliance Orthodontics	~	Keller, TX
Luce Orthodontics	~	McHenry, IL
Jones Orthodontics	~	Sterling, VA
Dr. Dale McCune	~	Norman, OK
Sabat Orthodontics	~	Parma, OH
Vakani Orthodontics	~	Stuart, FL
Dr. Robert Watzke	~	Harvey, LA
Dr. Casey Warren	~	Lincoln, NE
Dr. Curtis Beck	~	Newtown, CT



Thank you to everyone who stopped at the AAO!



Ten Year Members

Congratulations and thank you to our customers who have celebrated their ten year anniversaries with us during the second quarter of 2008!

Samuel S. Berro, DDS	~	Long Beach, CA
Frank R. Besson, D.M.D.	~	Scotch Plains, NJ
Joseph Carastro IV, DMD, MS, APC	~	Santa Barbara, CA
Dr. Ann Marie Gorczyca	~	Antioch, CA
Gary M. Holt D.D.S., P.C.	~	Littleton, CO
Dr. Steven Kunihiro	~	Napa, CA
Family Orthodontic Center	~	La Mirada, CA
Dr. William Ziegler, III	~	Mountain Top, PA



Twenty Year Members

It is with sincere pride and appreciation that we recognize our longest-standing clients. Congratulations and thank you to our customers who have celebrated their twenty year anniversaries with us during the second quarter of 2008!

Thomas R. Bales, D.D.S., Inc.	~	Novato, CA
Joseph R. Gregg DDS, MSD	~	Vincennes, IN
L. Alan Jones, DMD, PC	~	Huntsville, AL
Dr. Carlton A. Shiraki	~	Mililani, HI
Jon R. Stowers, DDS, MS, PC	~	Loveland, CO
Dr. Edward J. Wnek	~	Cincinnati, OH

ped by our booth



Stacks

Part of an ongoing series spotlighting significant ViewPoint features

Are you discouraged by the huge pile of patient charts that seems to always be on your desk? Are you frustrated when a patient chart that you really need is missing or is buried in someone else's huge pile of charts? Then the Stacks feature may be your ticket to increased efficiency and happiness.

Stacks is similar to the piles, or *stacks*, of patient charts you have in your office... but with at least two major benefits: patient folders won't get lost, and a patient can be in more than one stack.

What's New?

We hope you are already using Stacks, and we have recently added several improvements to make it easier than ever.


Now in ViewPoint 6.0, stacks can be assigned to individuals. Janet can have several Personal Stacks that are her responsibility, and Dr. Jones can have his. This improves organization and makes it easier to concentrate on just the charts for which you are responsible.

Current Stack Highlight: While you are in the *Add Patients to Stacks* window, if the patient you are working with is already assigned to a stack, that stack is highlighted in yellow.

Select Different Patient: You can now click [Get Patient] to choose another patient to work with, without exiting and re-entering Stacks.

Add Subgroup to Stack: You can now add a group of patients to a stack, instead of adding them individually.

Try It!

Begin by clicking Add Patient to Stacks  on the ViewPoint toolbar. This opens the *Add Patients to Stacks* window.

You will need to click [Edit Stacks] to create a stack. Enter the name of your stack in the New Stack field—perhaps “Doctor Review” or “Send Correspondence.” Then select a Stack Owner. This stack can be a “shared” stack—accessible to all ViewPoint users—or be a personal stack—assigned to one ViewPoint user. Finally, click [Add Stack].

If a patient record was already open or active when you clicked Add Patient to Stacks, that patient's name will automatically appear next to “Patient.” If there is no patient listed, or if you prefer a different patient, click [Get Patient] and use Fast Find to select the correct patient.

Then select the stack you want to add the patient to. Any stacks to which this patient has already been assigned are highlighted in yellow. Finally, click [Add Patient(s)].


Note that it is also possible to add a subgroup of patients at one time. When you are finished, click [Close].

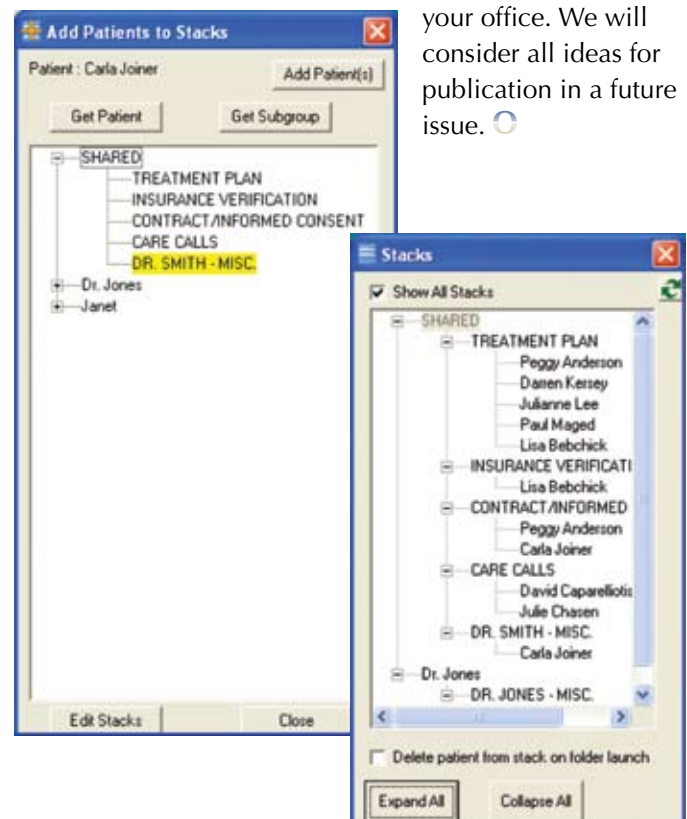
Staying on top of the work to be done is easy. Simply click View on the Menu Bar and select Stacks. This opens the *Stacks* window.

Double-click a patient name to open the patient folder. Or click a patient name to select it, and then click a ViewPoint toolbar button (e.g., Post Transaction or Treatment Chart) or select any appropriate menu item (e.g., Complete Patient History or Insurance Form) to activate that feature for the patient.

For more detailed instructions, refer to Chapter 2: Daily Activities in the 6.0 *Training & Users Guide*. This chapter can be downloaded from our Web site at www.orthoii.com > Support > White Papers. Stacks are also covered in Chapter 10 of the 5.0 Guide.

Share Your Ideas

Let us know at editor@orthoii.com how Stacks has helped you, or share a powerful way in which you use Stacks in your office. We will consider all ideas for publication in a future issue. 



Running Backwards in High Heels

Penny Mustard, Consultant, Mustard Seed Consulting

The other day at the airport... I had just finished an hour and half ordeal of clearing ticketing and security while trying to assist my temporarily disabled husband (motorcycle accident), when it was discovered he had left something at the ticket counter. So... as the plane was beginning to board I ran backwards (with high heels) through the terminal, through security, to the ticket counter and back again through security, and finally back to the gate.

It occurred to me as I laugh at the thought of myself doing this... this is exactly what “we” are doing to ourselves in the orthodontic office.

Technology in the orthodontic world is changing at such a rapid pace, it is difficult to keep up. The very technology that is supposed to make life easier, faster, and more efficient is tying us up in knots. Just because we can do something does not mean we have to.

We have gone from driving “Love Bugs” to driving “Ferraris” at record speed. Many offices now incorporate digital imaging (some 3-D cone beam), most have a practice management system, plus other software programs to help them go paperless and become a high tech office. I have seen offices get so caught up with all the new “stuff” they lose sight of what is really important.

Now, don’t get the wrong idea here... my consulting business is geared toward helping practices to become more high tech.

The point I am trying to convey is that **we use technology to get more from our practice, but not let technology be the focus** or eat away at productive clinical and staff time. There are, in many offices, hours spent trying to figure out what the software is capable of doing or what reports can be generated. And each time a practice employs a new staff member hours are spent on training, and often times re-structuring systems to accommodate changes.

Running Backwards continued on page 14



The Revolution’s Here!

Pat Rosenzweig, Consultant, Mosaic Management Professionals

While we’ve all been enjoying the latest push of the technological revolution in the last 20 some years as it has spread into every part of our lives (making them easier and more fulfilling), one part of that revolution is still playing catch up. The paperless and digital revolution in dental offices is still an area too heavily populated by young practitioners just out of school, and too sparsely populated by more established practices. Let’s look at some of the reasons why:

- Concern that the transition will be just “too much work”—That actually proves not to be the case. An office that decides to go paperless picks its “drop-dead” date and begins using no paper charting for all patients from that day forward. As the patients come in, their information is updated in Treatment Chart and paperwork for them is scanned into VP Document. By doing this one day at a time, the job becomes manageable and is done before we know it. It’s also a great way to weed out all those old charts that were still in the active file but are long past due to be archived. As time permits, we do a full audit of the paper charts to be sure no one slipped through the cracks, and then we’ve officially and completely joined the revolution!
- Concern that errors will be made and not caught—The fact is that we’re actually seeing fewer errors in our paperless offices than in offices using paper charts. The assistants have time to be working on the computer charting as the doctor is talking, instead of waiting for the doctor to relinquish the chart and then hurriedly writing in it while escorting the patient to the front desk. This also allows more time for one last important connection with the patient before they leave the office
- Concern that the computer will go down and all data will be lost—Every paperless office needs a good backup system, but so does any office that uses any type of computer scheduling and/or billing. If staff members are thoroughly coached



The Revolution’s Here continued on page 14

Stop By and See Us at the Fall Meetings

Graduate Orthodontics Residents Program 2008

August 2–3, 2008
University of Michigan
Ann Arbor, Michigan

Canadian Association of Orthodontists
September 12–13, 2008
Winnipeg, Manitoba

Northeastern Society of Orthodontists
September 12–13, 2008
Rhode Island Convention Center
Providence, Rhode Island

Southwestern Society of Orthodontists

September 26–27, 2008
Renaissance Worthington Hotel
Forth Worth, Texas

Rocky Mountain Society of Orthodontists

October 3–5, 2008
Green Valley Ranch Resort
Las Vegas, Nevada

Middle Atlantic Society of Orthodontists, Great Lakes Association of Orthodontists

October 11–12, 2008
Gran Melia Resort
Puerto Rico

Midwestern Society of Orthodontists

October 24–25, 2008
Sheraton Iowa City Hotel
Iowa City, Iowa

Southern Association of Orthodontists

November 6–8, 2008
Gaylord Palms Resort
Orlando, Florida

Pacific Coast Society of Orthodontists

November 14–15, 2008
Palm Springs Convention Center
Palm Springs, California

ORTHO II

Users Group Meeting

February 19 - 21, 2009

Scottsdale

Fountain Hills, AZ



New this year... a Western Round Up dinner and dance. This special event will be at La Puesta del Sol with 360° views of the McDowell, Four Peaks, Mazatzal, Superstition and Red Mountain ranges. Come for complimentary margaritas, dinner cooked on open flame grills, the Michelle Legacy Band, and a gorgeous sunset.

The 2009 General Session speaker will be Carol Eaton. Involved with the dental community for over 30 years as a practice management consultant and with hands on experience in orthodontics, she is an accomplished speaker who focuses on enhanced communications, internal marketing, team building, and presenting your practice message in a professional and fun format.

Then choose from forty classes presented by eleven other leading industry consultants and knowledgeable Ortho II staff. Options include improving your new patient conversion rate and improving collections, as well as classes with practical ViewPoint tips, some for beginners, others for experienced users.

Join us for fun and learning in the desert southwest.

Register on-line at www.orthoii.com > Meetings > Users Group Meetings or contact Kim Barker at 800 678-4644 or ugm@orthoii.com. Look for your complete Registration Brochure in the mail this fall!

Your Security and Record Keeping

Are they good enough to keep you out of trouble?

Rebecca H. Hohl, DDS, MS, ViewPoint User

Have you ever wondered who made that uninitialed chart entry? Or how about that extraction request? Did it ever get sent? If it did, who sent it and when did they send it? What about that credit card payment you just received? Who posted it? Who has access to the patient's credit card information? These are all questions many of us ask ourselves every day, but perhaps the most important question is, "Do you know the answer?"



Knowing the answers to these questions begins with user-specific log-ins in ViewPoint. Whether it is a chart entry, a posted payment, or a scanned consent, it is critical the user who is logged in to ViewPoint matches the actual person performing the task. With the simple right-click of the mouse on any item (chart entry, transaction, scanned document, etc.), the audit feature will tell you who made the original entry as well as when they made it. Additionally, the audit feature will tell you when the most recent changes were made. You can easily meet your need to determine who scheduled an incorrect appointment or who reversed a particular transaction.


Accurate and legible chart entries could be the difference in winning and losing your case if you end up in court. Often poor and illegible chart entries are heavily scrutinized and can be called into question. Although it may not take you much time to handwrite an accurate chart entry, it may take some of us (like me) all day to create one that is legible. Electronic chart entries are not just legible, they virtually eliminate the ability to alter historical entries—unlike paper charts where the "additional entry in the margin" might bring doubt in a court of law. ViewPoint Treatment Chart & Plan do allow you to alter an entry as long as it is the most recent entry on that chart and less than 24 hours have passed. Accurate, legible, date-time-and-user stamped entries in both the chart and plan are easy ways to avoid the ambiguity associated with paper charting. In addition, Treatment Chart & Plan entries are (and always have been) stored encrypted in your database, so that anyone auditing your records can be sure they have not been tampered with.

Perhaps the most important question is, "Do you know the answer?"

Has the wrong tooth ever been extracted by one of your referring colleagues? If so, this can lead to a misfortunate situation for everyone involved. If you have ever faced this situation, probably the first thing you did was to search for the treatment request sent to the referring dentist. If you are not paperless, you hope the original request was not mailed without keeping a copy in the chart! On the flip-side, if you are paperless, VP Document will contain all correspondence related to that patient, including a non-editable PDF version of the extraction request that was printed. The patient's treatment chart can also be viewed, as all extraction requests (which are made from the tooth chart) are automatically included in the patient's chart. In summary, as long as the correct tooth extraction is marked for extraction in the tooth chart, all the pertinent information is there to show it.

A number of offices now receive all of their payments through automatic checking/savings account withdrawals (ACH) and automatic credit card payments. This makes it necessary to add an extra level of security to protect the patient's personal banking account information, and ViewPoint stores this information in an encrypted format after it has initially been entered into the AutoReceipts contract in the patient folder. Because patients must give their consent in order for you to process their banking information without their presence, many offices choose to obtain this information as part of the Truth in Lending agreement, and a copy of the Truth in Lending agreement should be maintained in the patient's permanent record. However, since it may also contain personal banking account information it is suggested that only certain users have access to this and other financial documents. VP Document can be configured to restrict access to these types of documents based on a user's rights.

Therefore, only those employees who need access to these documents will have access.

Whether your office is 100% paperless or you are striving to get there, it is always a good idea to periodically check the systems you have in place. ViewPoint provides you with the necessary tools to help ensure the security of your practice. It's up to you to use them. The bottom line: protecting the practice is in everyone's best interest. 

*Dr.
Hohl
runs her
paperless office
in Lincoln, Nebraska.
Colleagues and patients
can find her on the Web at
www.hohlortho.com.*

Quit Blaming the Receptionist For a Faulty Schedule

Charlene White, Consultant, Progressive Concepts



In meeting orthodontists and staff across the country, I find that the majority of offices that have complaints regarding their schedule normally blame the bulk of the problem on the receptionist. The first thing I evaluate in a case of this type is whether or not the person filling that position has the qualifications that are essential for successfully assuming the responsibility of the front desk position.

Qualifications such as these:

- 1 Staying calm when the doctor comes in and says, "Oh, by the way, I've decided to take off two days next week. Could you please reschedule all of the patients?"
- 2 Having the ability to do five things at one time efficiently and effectively and keep a smile on their face.
- 3 Being able to magically create spaces in the appointment book when the clinical staff or doctor tells the patient, "We need to see you in one week for 45 minutes." The patient comes to the desk and relays this message while they blankly stare at the names they have already "squeezed in" that week.
- 4 Keeping their cool when they overhear the assistants or doctor say, "Who scheduled this mess?!"
- 5 Having the ability to sustain icy glares from the reception area when the doctor is on the telephone and the schedule is running 45 minutes behind!
- 6 Knowing how to tactfully tell the doctor that the banding patient didn't show up for their appointment.
- 7 Being able to keep from sliding under the desk when the doctor tells them that the urgency of Mrs. Jones's call was, "She needs to make an appointment. Pick up line two!"
- 8 Being assertive when a mother says, "I need to run a few errands while Johnny is being banded. You wouldn't mind if I leave my little ones here would you? They are such good children!"
- 9 Remaining calm when you have just reappointed the "walk in" patient and spent 15 minutes explaining your policy of "calling before you come" and the doctor makes one of his/her rare appearances at the front desk and says, "What are you doing here Joe? Got a problem? Come on back. Sure we can take care of you today!"
- 10 Being able to fill an entire day (8:00 A.M. to 5:00 P.M.) even though 80% of the mothers say, "Susie can't miss school, cheerleading, piano, or dance. We must have an appointment after 3:30 P.M.!"

If you have ever sat in that chair at the front desk, you know what a hot seat it can be at times. The person or persons that run the desk are normally the victims of the blaming game, especially in the area of scheduling. The receptionist is not totally responsible for scheduling. It is actually a combination of factors that create a smooth flowing day. The following is an outline of how the entire team plays a role in taking responsibility for an effective schedule and less stressful day.

Doctor's Responsibility

It will greatly speed the flow of patients if the doctor decides what will be needed on the next appointment and makes a note of it in Treatment Chart. This prevents the doctor from having to sit down and reevaluate the case on the next appointment date.

Everyone's number one priority should be treating the patients in the chair. This includes the doctor. Many doctors make the mistake of making their personal telephone calls a top priority. Doctors and

Quit Blaming the Receptionist continued on page 15

Bring Patients into Your Practice In Today's Economy

Natalie Beaton, Consultant, Joyful Change



While it is true that gas prices, grocery prices, etc. are affecting each family's total disposable income, there still are patients who are ready for orthodontic treatment and can manage payments for that care. Rather than focusing all your effort on getting more New Patients I believe you need to look to the patients with whom you have already established a relationship. These would include New Patients who have postponed treatment or missed their initial evaluation, as well as Pre-treatment Recall and Pre Phase Two Interim observations who have fallen out of the recall system.

Re-approach Your Never Treated

If you have a group of patients who were seen for their initial exam and had treatment recommended but never scheduled, I would follow up with the letter at right (Example #1) for just one more contact. This letter would only be sent to patients under the age of 15. (Anyone over that age is more likely to have started the work elsewhere and adult conversion tends to be so poor, I would not chase after them.)

I had one office send this out, and they had 26 starts result from the mailing.

To contact those patients who never started treatment, use the following subgroup:

Patients Age less than or equal to 15 AND
Patient Status equal to Never Treated (or equivalent) AND
Last Kept Procedure equal to any exam procedure AND
Last Kept Date range with the last two years.

See Example #1, shown at right.

Recall Your Pre-Treatment Observation

A different letter can be used for the pre-treatment observation patients who have no appointment scheduled, are past due on their recall, or have no recall date.

Subgroup A:

Next Appointment not greater than or equal to today AND
Next Recall equals No AND
Patient Status equal to Pre-Tx (or equivalent).

Subgroup B (overdue recalls):

Next Recall equal to Yes AND
Next Date less than (i.e., prior to) three months ago AND
Patient Status equal to Pre-Tx (or equivalent).

See Example #2, shown on page 13.

Dear «resparty_greeting»,

We have found that there are many reasons that families may choose to delay the start of orthodontic care. When «patient_nick_name» was last seen on «appointment_last_kept_date», you decided to postpone treatment at that time. We are sending this letter as a way to simply let you know there is no need to feel uncomfortable about that delay and we would be delighted to see you again if that would be helpful!

If circumstances have changed, Dr. Orthodontist can:

- Re-evaluate the areas of orthodontic concerns
- Discuss the benefits that «patient_nick_name» would receive from orthodontic care
- Discuss alternative orthodontic treatment
- Discuss alternative payment options

As always, a re-evaluation will be done as a courtesy to you and your family dentist and there is no cost to you. This gives you the opportunity to explore the role that orthodontics could play in your overall dental health before making any financial commitment.

Dr. Orthodontist recognizes the financial investment that orthodontics involves and continue to add new payment options to make orthodontics financially comfortable for all interested patients. If the various financial arrangements we discussed previously, did not meet your financial needs please feel free to let us know what might be more financially comfortable for you. In addition, please let us know if there might be new insurance benefits you would like us to verify so that they can be factored into any financial options discussed.

If we can be of service, we will look forward to speaking to you soon!

Sincerely,
Your Name

Example 1

Inside Ortho II

Information about the people of Ortho II and the resources available to you as a member

Free Webinars

In January we began offering clients monthly on-line learning sessions — what we call webinars. Each month throughout the year we will present a different topic. It's the perfect solution for training new users and for refreshing experienced users.

Learn more about the webinars and register on our Web site at www.orthoii.com > Members > Free Webinars.

Pre-registration, a computer with a high speed Internet connection, and a phone are required. Register on-line, or contact Judy Brown at 800 346-4504 or jkb@orthoii.com.

Third Quarter 2008 Webinar Dates

July 11

VP Imaging

10:00 A.M. – 11:30 A.M. Central Time

VP Imaging allows you to capture, edit, present, and print patient images. Learn how to use our powerful image editing tools for presentation and in printed documents.

August 8

Electronic Insurance

10:00 A.M. – 11:30 AM. Central Time

Filing insurance claims electronically saves both time and paper. Learn the steps for setup, selecting, reviewing, and transmitting claims, correcting errors, and monitoring insurance collections.

September 5

Subgrouping

10:00 A.M. – 11:30 A.M. Central Time

Subgrouping allows you to obtain your desired results for reports, letters, and other various tasks. This class will cover subgrouping starting from the very basics to more advanced techniques.

Remaining 2008 Webinar Dates

October 10

November 7

December 5

Support

Available by Phone, by E-mail, and More

Did you know that in addition to our 800 support line you can pose questions to the software or hardware support teams via e-mail at vpsupport@orthoii.com? We strive to respond the day we receive messages between 7:00 A.M. and 7:00 P.M. Central Time, or at most, within 24 hours.

By Phone: 800 346-4504

Available 7:00 A.M. – 7:00 P.M. Central Time, Monday – Friday

Contacting us by phone is recommended if your issue is urgent, you want assistance sooner rather than later, or would simply prefer to speak with someone directly.

The Software Support Team generally conducts their weekly team meeting on Fridays from 2:45 to 4:00 P.M.,

Free Seminars

As our client, you and your staff may attend these free small-group seminars as often as you wish. Attend classes initially to learn about your new system. Then as time goes on, return to train new employees and/or implement new features.

Four sessions are available for the remainder of 2008.

Third and Forth Quarter 2008 Seminar Dates

September 10, 11, 12

September 17, 18, 19

November 12, 13, 14

November 19, 20, 21

SmartCeph Tutorials

These additional webinars for Ortho II clients are designed to help you begin using the new SmartCeph module. Pre-registration is required.

Additional dates will be added, so be sure to check www.orthoii.com > Members > Free Webinars for up to date information

Register on-line, or contact Judy Brown at 800 346-4504 or jkb@orthoii.com.

July 9

SmartCeph Tutorial

2:00 P.M. – 3:00 P.M. Central Time

July 18

SmartCeph Tutorial

11:00 A.M. – 12:00 Noon Central Time

July 23

SmartCeph Tutorial

9:00 A.M. – 10:00 A.M. Central Time

July 31

SmartCeph Tutorial

12:00 Noon – 1:00 P.M. Central Time

and the Equipment Team meets on Fridays from 10:00 to 11:00 A.M. If you need help during these times, please leave a detailed message and your call will be returned promptly.

By E-mail: vpsupport@orthoii.com

This is good way to seek support for non-urgent issues without being dedicated to a phone call. Response time is usually the same day or at most within 24 hours. Send us a message while you are thinking about it after hours, and we will contact you the next business day.

This is also a great way to direct an e-mail to a specific support representative—better than using their individual e-mail address. In the event the person you are trying to contact is not in the office your e-mailed support request can be addressed by another representative within the department.

By Fax: 515 233-1454

You can also fax us support requests. While not required, forms that help us identify these requests are available at www.orthoii.com > Support > Fax Support.

Use the Emergency Fax form to alert our support team of a computer system emergency and receive priority attention over waiting calls—Please limit the use of this form to absolutely critical situations. Use the regular Support Fax form in other cases or when working with a member of our support team. Faxes regarding non-critical issues not already being addressed by a support representative will be placed in the regular support call queue.

And Don't Forget Our Web Site: www.orthoii.com

Our Web site gives you 24/7 access to our knowledge base, FAQs, white papers, visual help videos, and more.

Seminars are held 9:00 A.M. – 4:00 P.M. Central Time each day for three days at our office in Ames, Iowa. Class size is limited to assure individual attention, and pre-registration is required.

To register, or for more information about the seminars, contact Judy Brown at 800 346-4504 or jkb@orthoii.com. If you prefer, register on-line at www.orthoii.com > Members > Seminar Series Registration.

Wednesday's session focuses on the design options, features, tools, and daily use of the Grid Scheduler.

Thursday's session addresses ViewPoint operation, including understanding the Patient Folder, entering patient data, creating contracts, posting transactions, and filing insurance.

Friday's session covers reports, subgrouping, month-end routines, using Tools & Utilities, as well as creating and merging documents to produce customized correspondence using the ViewPoint/Word integration.

Ortho II Anniversaries

Congratulations to these Ortho II staff members who celebrated anniversaries during the second quarter of 2008.

Eighteen Years

Ken Hoffmeier

Sixteen Years

Kim Barker

Thirteen Years

Clarence Bryan

Eleven Years

Scott Elston

Katherine Roccasecca

Eight Years

Paul Lundgren

Seven Years

Ron Benifiel

Cathie Raley

Six Years

Barb Williams

Five Years

Jon DeWaard

Four Years

Micky Augustin

Two Years

Lindsey Spieker

One Year

Tim Rogers

Available from Ortho II

ViewPoint Software Modules

- Additional ViewPoint Client Licenses
- Grid Scheduler
- Treatment Chart and Treatment Plan
- VP Imaging (patient image capture, enhance & presentation)
- SmartCeph
- On-Deck Appointment Control (Patient sign-in and operatory display)
- VP WebAccess (Account access for patients/parents on the Internet)
- Electronic Insurance
- Data Move Utility (Transfer ViewPoint data from location to location)
- 3rd Party Product Integrations

Call your Ortho II Systems Consultant at 800 678-4644 for more details on any of these products and services.

Equipment & Networking

- Computers, Printers, and Other System Components
- On-Site Installation & Configuration

Services

- On-Site Refresher Training
- Web-Based Refresher Training
- VP Credit Card transaction processing
- VP Backup on-line storage
- Data Split (split ViewPoint database on doctor, location, or other criteria)
- Data Merge
- Data Conversion (put non-ViewPoint data into ViewPoint file format)
- Custom Reports

On a Personal Note

Congratulations to Dr. Casagrande and his wife on the birth of their daughter Kennedy in April and to Dr. Bobby Ghandehari and family on the birth of their new baby.

Best wishes for Dr. Kelly Morrison from Feldman Orthodontics on her recent marriage.

We'd like to also congratulate Joe Levenhagen (Ortho II Quality Assurance Analyst) and his family who welcomed a little girl into their family May 13th. Avery Levenhagen was 6 lbs., 14 oz. Both mom and baby are doing well.

For more resources, visit our Web site: www.orthoii.com

Dear «resparty_greeting»,

It has been some time since we have been able to visit with you and your «patient_son_daughter», «patient_nick_name»; we were hoping to hear from you so that we could schedule an appointment for «patient_him_her1». We have made several attempts to reach you but have been unsuccessful in speaking with you directly. Our plan in «patient_nick_name»'s case is to continue to monitor «patient_his_her1» dental growth and development. The following are some common questions and answers regarding this pre-treatment observation stage.

ANSWERS TO SOME COMMON QUESTIONS

When should we schedule our next visit?

At this point, the appointment can be scheduled immediately.

Why are follow up visits important?

These follow up visits allow us to monitor...

etc.

Please give the office a call at your convenience and we will be happy to schedule an appointment for «patient_nick_name». If we do not hear from you we will place «patient_nick_name» on a recall for twelve months from now and try again at that time.

Sincerely,
Scheduling Coordinator

Dear «resparty_greeting»,

cc: «dentist_full_name»

It has been some time since we have been able to visit with you and «patient_nick_name»; we were hoping to hear from you so that we could schedule an appointment for «patient_him_her1». We have made several attempts to reach you but have been unsuccessful in speaking with you directly.

As we discussed at the start of «patient_nick_name»'s orthodontic treatment, once Phase One orthodontic treatment was completed it is important that «patient_nick_name» be seen regularly so that we have the opportunity to monitor «patient_his_her1» dental growth and development for any future Phase Two orthodontic needs. «patient_nick_name» was last seen on «appointment_last_kept_date».

Please give the office a call at your convenience and we will be happy to schedule an appointment so «patient_nick_name» can be evaluated. If there have been circumstances that are preventing you from scheduling, please call the office so that we can discuss how best to proceed. We look forward to hearing from you soon.

etc.

Dear «dentist_first_name»,

We want to thank you for referring «patient_full_name» to our office for an orthodontic evaluation. We had scheduled an extensive evaluation exam for «patient_first_name» on «appointment_last_missed_date». Unfortunately «patient_first_name» failed that appointment and as of this time, the appointment has not been rescheduled.

We wanted to keep you informed of «patient_first_name»'s status with our office so you can update your records in regards to orthodontic treatment. We have left instructions for «patient_first_name» to call us at the earliest convenience to reschedule, if still interested in pursuing an orthodontic evaluation.

Feel free to call me with any questions or concerns.

Sincerely,
Your Name

Example 4

Bring Patients into Your Practice *continued from page 9*

Recall Your Phase II Observation

The Pre-Phase Two observation letter (Example #3) is simply adapted from the Example #2 letter.

Subgroup A:

Next Appointment not greater than or equal to today AND

Next Recall equals No AND

Patient Status equal to Pre-Phase II (or equivalent).

Subgroup B (overdue recalls):

Next Recall equal to Yes AND

Next Date less than (i.e., prior to) three months ago AND

Patient Status equal to Pre-Phase II (or equivalent).

Contact Missed New Patient Evaluations

Just because a patient misses one New Patient Evaluation does not necessarily mean that they cannot become a

valuable patient in your practice. It is worth one more effort to reach them.

Use the following subgroup:

Patient Status equal to New Patient (or equivalent) AND

Last Missed Procedure equal to any exam procedure AND

Last Missed Date range for the period you are working on.

If you've never re-approached them you may want to include the status of Never Treated and run your dates for the entire last year. You would use the same letter as Example #1, just rephrase for a missed exam. At the same time you send that letter you may want to send a letter to the family dentist: See Example #4, at left.

With a few simple letters you can reach out to patients who are all potential production for the practice. By keeping the family dentist informed throughout this process you can demonstrate that you have thoroughly followed up with the patients that they have entrusted to your care. 🌟

Example 3

Over 17 years of hands-on experience in the industry and a warm teaching style have allowed Natalie Beaton to guide orthodontic teams around the country to greater practice success. For a consultant's insight at a fraction of the cost, she can use VP Remote to access and analyze your practice systems. She can be reached at joyfulchange@comcast.net or 804 608-0780. Her Web site is www.joyfulchange.net.

Running Backwards *continued from page 5*

So how do you best use this powerful tool? First think about what you track and why. Although we are able to track a new patient 60+ different ways with status codes (including what color the little brother's eyes are), is it necessary? What you really need is an accurate profile of the new patient.

The focus of many practices has been on practice stats and as a result many practices have taken their attention away from a powerful tool within the software... procedure codes. Procedure codes are the core of what we do... treat the patient.

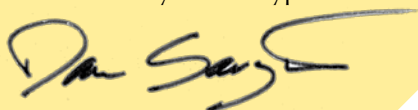
Procedure codes are the core of the electronic treatment chart... and quite frankly many of us did a better job of it when we wrote on paper charts. I challenge you to review your treatment chart entries and see if they make sense. Not only do procedure codes document what clinically was done, with Auto-Events they can trigger communications, financial charges, scheduling, patient tracking, treatment planning, and staff assignments. Maybe it is time to re-evaluate how your procedures are set up and used.

Bottom-line: Your practice management system is a powerful instrument. Learn to use it to wisely... attend users meetings—an excellent time to hear how others are using the systems and attend classes to learn more about how to use the software. Take advantage of webinars, on-line teaching sessions, and don't shy away from the consulting help you need. All of this can save you wasted inefficient staff hours trying to figure it out... time that can be focused on what you really do... patient care. ☺

Penny is the founder of Mustard Seed Consulting Group. As an expert on integrating and customizing major orthodontic software systems into everyday practice management, Penny is dedicated to providing the "hands on" difference in consulting. She can be reached at pmustard@cox.net or 480 205-6122, or through her Web site: www.mustardseedconsulting.com.

President's Perspective *continued from page 1*

purpose of preventing customers from ever being able to convert to another product. Rest assured this is not true. We do encrypt some data, like treatment chart entries, credit card numbers, and passwords. This protects the information from easy access, and assures that you can't be accused of altering old chart entries with a simple file editor. Given the HIPAA mandate to secure sensitive information, we encrypt data to protect you, and believe all systems should do so. This does not mean the data can never be converted. A competent technician can access data, even when encrypted, through redirection of printable reports and other means. We do this frequently when pulling data for new customers from competitive products. Having heard this rumor repeatedly during the AAO, we thought it was appropriate to explain the real reason why we encrypt certain information. ☺



The Revolution's Here *continued from page 5*

in the importance of daily backups, there is very little data loss (if any) if the office experiences a power failure or computer glitch.

- Concern that a computer issue will cause lost production time—In the same way that the retail store pulls out the old “knuckle-buster” when the power goes out, we always have the option of putting today's notes on paper until we can enter them into the system. The real piece of good news, however, is that the days when the computer was always down are pretty much a thing of the past. Now that technicians and support staff are able to “come into the system” and assist us electronically in seconds, we have very little computer down time.
- Concern that the conversion to paperless is too expensive—This is actually my favorite objection to relinquishing paper charts. “It's just going to cost way too much to do the conversion and buy the new software and hardware.” For an office that's in its early or mid years, I suggest the doctor do the astronomical math and tally up the cost of storage for current and future charts as well as the dollars spent purchasing all these paper and x-ray products... it will come to one whopping number!
- Concern that the staff will hate going paperless and have difficulty learning the process—This one couldn't be further from the truth. I've worked with staff members of all ages and computer backgrounds who absolutely love working with paperless systems because it makes their jobs so much easier.

My final thought on this paperless/digital revolution is that your patients are a very savvy, educated group. As they see other offices heavily marketing the safety and convenience of their new technology, an office that hasn't joined the revolution starts to look a bit old fashioned and behind the times. You know your orthodontics is excellent and on a par with any other office, but when it comes to attracting patients, it's frequently the perception that counts. A modern office that's up to date with technology will get the perception nod every time. Maybe it's time for you to consider joining the revolution! ☺

Pat Rosenzweig is a dental practice consultant based in Colorado and specializing in working with orthodontic and start-up practices. She can be contacted at pat@mosaicmanagementpro.com.

Quit Blaming the Receptionist *cont. from page 8*

staff should not take personal calls unless it is absolutely necessary. It is not fair for doctors to expect their staff to stay off the telephone if they do not. Everything in a practice filters down from the top! Make your patients top priority and watch your practice grow.

Doctors should limit their consultation to 15 minutes. Many doctors spend too much time going over clinical details that parents and patients do not want to hear. Patients and parents want to know three things: how long will it take, how much will it cost, and what will it look like when you are finished? One of the biggest complaints I hear from staff is, "The only problem we have with our schedule is when we have new patients scheduled, because the doctor talks too long." I recommend reevaluating what you are saying and what time of the day you schedule new patients and consultations.

If the doctor allows "special patients" to break the office policies, this creates problems. The staff loses all credibility when the doctor overrides the policy. This also creates a situation where the patients run the schedule.

The doctor must agree to hire an adequate number of staff to efficiently run the practice. If a chair in the bay is fully booked all day, you need an associate to run the chair. For every \$15,000–\$20,000 collected each month, you need a front desk person.

Investing in an adequate number of instruments can make a difference in a schedule. Get feedback from the staff in regards to what instruments are needed.

The doctor must invest some time in training of new and existing personnel. Adequately trained assistants can run a chair more efficiently.

If there are problems in the schedule, the doctor should have a meeting with the receptionist and assistant to discuss solving the problem. Making blanket statements like, "Who scheduled this mess?" solves nothing and diminishes moral.

Clinical Staff's Responsibility

It is the clinical staff's responsibility to be supportive of the front desk. If there is a problem with the schedule, it should be discussed. Many times the assistants complain about having to stay late and blame the situation on the receptionist. The receptionist is not always in control of how late the schedule runs.

The doctor can spend less time at each chair if the

assistants record all information in the patient's record.

A time goal should be set on each procedure. If every assistant is working toward the same goal, the schedule will flow smoothly. If some assistants are twice as slow as others, the schedule will not work.

Staff should not take personal calls while seeing patients unless it is an emergency. Patients should be the top priority for everyone.

All assistants need to be supportive in training new staff.

Clinical staff have the responsibility to be in the office when needed. When one person is out, the schedule is greatly affected.

Receptionist's Responsibility


The receptionist has a responsibility to follow the guidelines set up by the office in regards to schedules. If the receptionist finds she does not have the assertive skills necessary to enforce policy, it is important for her to seek assertive training.

It should be the receptionist's responsibility to keep up with missed appointments. This must be done on a daily basis in order to prevent patients from running over schedule.

The receptionist needs to make an effort to learn the clinical aspects of treatment which will help her in scheduling patients properly.

If a receptionist is having problems scheduling properly, it is her responsibility to ask for help from the doctor and the rest of the staff. Complaining gets the practice nowhere.

Additional Comments

If you are having problems setting up an effective schedule for your practice, we would be happy to work with you. This is one of the main areas evaluated in a consultation. We can help you classify your scheduling templates, set up a missed appointments system, and set up an effective pre-treatment recall system. 

A consultant and speaker since 1980, Charlene White's flexible, realistic approach takes a "facilitator's path" to success, emphasizing how each practice can adapt Charlene's methods to their own style. For details on her consulting services, please call her office at 800 445-7805. Her Web site is www.charlenewhite.com.



“Delivering practical solutions for success to the orthodontic profession...”

H o l i d a y s

Our corporate office is closed on the following holidays:

New Year's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Christmas Day

If a holiday falls on a Saturday, we observe the holiday on the prior Friday. If a holiday falls on a Sunday, we observe the holiday on the following Monday.

The Friday after Thanksgiving, Christmas Eve, and New Year's Eve are optional holidays. We offer limited support on those days.

S e r v i c e E x c e l l e n c e

We invite you to recognize Ortho II employees by sending Extra Mile Cards. An Extra Mile card is enclosed in this newsletter or you may send Extra Mile cards on-line from the Contact Us page of our Web site. Our goal is to uphold our tradition of excellence in customer service, and with our Extra Mile program, you can let our employees know when you appreciate their extra effort. We encourage you to send an Extra Mile card whenever an Ortho II employee goes the extra mile for you. The recognition is valued by the recipient and is acknowledged by our management team. We continue to look for better ways to serve you. Thank you for helping us recognize excellence.



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H e l p U s H e l p Y o u

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