



Practice Complete Management

President's Perspective

One year ago, I sent you a letter lamenting the challenging economic times, and announcing a price freeze for all Ortho2 products and services throughout 2009.

This freeze also eliminated the inflation-related increase to your annual System Support Agreement renewal. That increase, based on the 2007 CPI* value, was otherwise scheduled to have been 2.9%.

The 2008 CPI,* which we associate with 2010, was 3.8%. But this amount reflects inflationary factors that occurred long ago, and doesn't seem correct for today's economy. As with anything that relies on old data, there are times when the current inflation will be understated, and others when it will be overstated. One might argue that the best approach is to simply apply the value consistently nonetheless, and let time balance out the discrepancies.

But we are still moved by the factors that led us to freeze the increase last year. And while we can't maintain a price freeze forever, we have decided to cut the 3.8% value in half for 2010. So there will be a 1.9% increase to your SSA when it renews this year. Combined with the 2009 freeze, this represents a less than 1% average increase over the prior two years.

We can live with this, and hope you can too. And we sincerely wish you a wonderful (and profitable) 2010!

* Note: we use the Consumer Price Index from the second year prior because the value for the previous year isn't finalized in time for the new year. ☺



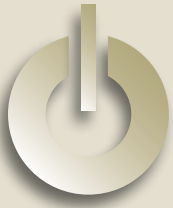
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Comprehensive Orthodontic Practice Management, Imaging, and Communication Solutions



Dan Sargent, Ortho2 President



In Recognition

Our mission... benefitting and fostering our Ortho2 family

Connecticut Magazine sent surveys to every dentist licensed in Connecticut asking, "To whom would you send a loved one in need of dental care?" Congratulations to all our Connecticut customers who were recognized as top orthodontists, and especially to Dr. David Feldman (Cheshire, Connecticut) for being featured in this issue.

Dr. David E. Paquette (Charlotte, North Carolina) wrote a fabulous article which was printed in the October 2009 American Journal of Orthodontics and Dentofacial Orthopedics. You really covered the bases in highlighting how a great practice management system uses all the latest technologies. Thank you for describing how you use ViewPoint to send e-mails and text messages to your patients.

Dr. Chris Roberts (Findlay, Ohio) routinely hosts University of Michigan residents at his office. Thank you, Dr. Roberts—both for supporting new orthodontists and for speaking highly of Ortho2.

Thank you Dr. Rebecca Hohl (Lincoln, Nebraska) for passing out ViewPoint information at your November 16th lecture at the University of Missouri - Kansas City.

If you are planning a presentation or lecture at a society meeting, university, or local meeting, we can provide you with any screenshots you need and can discuss how to best use ViewPoint in any situations you may be illustrating. We appreciate the good word you spread and would like to assist in any way we can!

Contributor Contact Information:

LeeAnn Peniche – For more information on Peniche & Associates Consulting Service or a complementary copy of Peniche & Associates monthly planning meeting agenda, e-mail info@leeannpenicheandassociates.com with your name, practice name, and request.

Alena Pacheco – To view or participate in the Women in Orthodontics forum, visit www.womeninortho.org. Alena can also be reached by e-mail at alena@womeninortho.org or by phone at (888) 321-4744 or (559) 846-8091. You can even follow her on Facebook!

Char Eash – Char Eash is the founder and CEO of Profit Marketing Systems South, Inc., a systems and communication enhancement firm for the progressive orthodontic practice. Visit www.pmsconsulting.com, or contact her by e-mail at chareash@hotmail.com or by phone at (813) 891-6002.

Special Offer From **Ortho2**

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Ortho2 is offering you a complimentary ticket to attend

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Increase Your Production, Profit & Referrals
on **April 8 - 9, 2010** in Chicago, Illinois

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or call Customer Service at **888.973.0000**



Chicago, Illinois
April 8 - 9, 2010



ORTHO2

Levin Group^{Inc.}
Orthodontic Division



Don't Wait – Seating is Limited!

Receive a FREE Educational Grant toward registration valued
at \$1,250 for 1 doctor & 2 staff to attend Levin Group's

"Increase Your Production, Profit & Referrals"
Seminar Experience

This grant can be used to cover the full seminar tuition of one doctor and two staff members. Not to be combined with other courtesy offers. Copyright © 2009 by Levin Group, Inc. All rights reserved.

Contributor Contact Information Cont.:

Nancy Hyman – Nancy has written articles for Orthodontic Products magazine, Bentson Clark reSource, and the Ortho2 newsletter. She is also the author of Winning Marketing Strategies workbook and Winning Treatment Coordinator Strategies. She may be reached at nancy@hymanortho.com or (323) 308-9817.

Rosemary Bray – Rosemary lectures nationally and internationally on a variety of topics, specializing in new patient exams, marketing, customer service, communication skills, and team building. To contact her, visit www.rosemarybray.com, e-mail rosemarybray@msn.com, or call (760) 268-0760.

Evaluating the Past... Making Plans for the Future

As 2009 has come to a close, it ended more than just a year... it was the end of a decade. A decade full of new advancements, especially for those techno-savvy individuals, like my ten and eleven year old kids!

Looking back, we had the iPod in 2001. The Nintendo Wii in 2004. And let's not forget the debut of applications like Facebook, without which my kids could not play Farmville on their mother's Facebook page! (I keep telling my FB "friends" it's really the kids and not me who plays Farmville!)

Then there was the launch of the iPhone in 2007. With more than 100,000 applications, it has changed the way that Americans communicate on a daily basis. My son recently suggested I buy him one, saying that we can activate the Find My iPhone feature so I can "Find My Son" and know where he is all the time. Good try! Maybe when he's 16 and driving—though I'm not sure that by then he will think it's such a great idea!

With all of these amazing advancements, and the hundreds of others not mentioned here, one might assume that Americans were generally happy in the last ten years. As is often the case, however, technology does not always equal happiness.

A December 2009 survey report from the Pew Research Center indicated that more than 50% of respondents had negative feelings about the last ten years. The word most often used to describe the last decade: "downhill." It seems that we've had a lot to deal with lately.

The events of 9/11 may have had something to do with that terrible feeling people have when looking back on the past ten years. Or perhaps it is the war in Iraq or maybe a Hurricane named Katrina. It seems that even great technology can be overshadowed by more significant events... events that even iPhones can't help us explain to our kids. The 9/11 terrorist attacks were rated on the survey as the most significant event of the last decade.

There were several bright spots in the Pew Research

Center report that orthodontic offices should take note of. Cell phones led the way with 69% of respondents saying that cell phones have been a change for the better. I can personally attest to the great benefit of getting a text message reminder not to miss my son's next orthodontic appointment.

There were several bright spots that orthodontic offices should take note of

The Internet, which has long been viewed as one of the best advances of the last few decades, continues to be widely embraced, with 65% of respondents rating it as favorable. So if you haven't already had a website designed, please run out as soon as possible and get one!

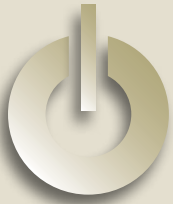
The results of Social Networking, however, are not as clear. Across all ages, approximately 35% rated sites like Facebook and Twitter as favorable. 21% say they have been a change for the worse and 31% say they have not made much of a difference. (12% were unsure.) That's surprising, considering statistics that indicated that by the end of 2008, social networking had overtaken e-mail in terms of worldwide reach. People are sending more than 4 million tweets a day and Facebook has more than 350 million active users. I guess we are using social networking, we're just not quite sure yet if we like it!

Making Plans for the Future *continued on page 17*

About the Author



Alena Pacheco is the founder of Women in Orthodontics, an online forum dedicated to educating, empowering, and inspiring women in the orthodontic industry. She will offer a social networking class at our 2010 Users Group Meeting.



Get Away from Giveaways

I was in an office in the Midwest and a team member brought to my attention the fact that an orthodontist in their community had presented in the local newspaper a \$1000.00 coupon for any person who would begin treatment in their practice. The question from the treatment coordinator to me was, “How do we compete with that fee?” My answer to her was be competitive not by dropping fees but by creating profitability through other systems.

I have seen some crazy fee adjustments in this unfriendly economic environment that seem to make no sense at all. No matter what a practice does with their fees when treating a case, it must be profitable. Otherwise, you are far worse off than not treating the case at all! It is bad enough that the general dentists have taken a portion of the orthodontic market by undercutting fees and providing orthodontic services as a weekend warrior. To even think an orthodontic specialist would drop a fee so dramatically as to have starts but no profit is crazy! The fee wars in orthodontics have been there for as long as I can remember. Even before this downturn with the economy!

Let's take a look at how you set your fees and stay competitive in this economic climate without putting the practice in the red!

When setting your fees please consider a comprehensive deband analysis. Ortho2 has provided the Deband Analysis report. When it is set up correctly, information needed to evaluate your fee schedule properly is at your fingertips. The deband analysis evaluates the value per visit you create when you treat each case.

The number of regular visits plus the number of emergency visits during the estimated treatment time divided by the quoted fee determines a dollar value. Each type of case will vary in the dollar value according to the complexity of the case.

For instance a standard case may vary from 10 to 15 visits over a 24 month period. In contrast the deband analysis may show that a case with impactions will have at minimum of 8 to 10 extra visits, sometimes within the same estimated months of treatment.

When the doctor or treatment coordinator quotes the fee, it must reflect the complexity of the case. I recommend setting your fee schedule in levels. Describe the levels not in months but in visits! Many times we do not have to raise fees to create profitability. You just have to quote fees properly according to the complexity of the case. Do your fees reflect the true cost of doing treatment?

An example of leveling fees may include Level I being on average 10–13 visits over an 18 to 20 month period. Level II complexity may include an additional appliance or impactions. This type case may present the standard 13 visits plus an additional 8 over a 24 to 26 month period. A Level III fee may involve missing teeth or require interdisciplinary communications. It is all in how you do the math—the number of visits will dictate the profitability of each case. The leveling should be defined for Adult and Child treatment types to ensure accuracy.

The thought behind some of the new mechanics and brackets speak of decreasing visits. The months in treatment may be the same, but if there are fewer visits the profitable for each case will certainly increase.

Giveaways *continued on page 19*

About the Author



Char Eash strives to create systems that enable each team member to contribute at the highest level. At our 2010 Users Group Meeting she will offer a two part course “Building Your Family Care Program” and a session on customer service.

Users Group Meeting

Don't forget to make plans to attend the 2010 Ortho2 Users Group Meeting February 18–20 at Caesars Palace in Las Vegas.

If you have not registered yet, we hope to hear from you right away! Now is the time to reserve your spot.

Register online at www.ortho2.com > Meetings > Users Group Meeting or contact Kim Barker at (800) 678-4644 or ugm@ortho2.com. Then be sure to mail or fax your registration form with your course selections!

Our 2010 keynote session **Become Your Brand** will be offered by LeeAnn Peniche, Consultant and President, Peniche & Associates. Through innovative, proven, and proprietary systems, Ms. Peniche has consistently brought smiles to orthodontists for more than 20 years.

Then choose from nearly forty classes presented by eleven other leading industry consultants and knowledgeable Ortho2 staff.

Photo Credits: Blackjack, Paul Harckham; Vegas at Night, Las Vegas News Bureau/LVCVA



USERS GROUP MEETING
February 18 - 20, 2010

Las Vegas, NV

Look for articles written by some of this year's presenters in this issue of our newsletter.

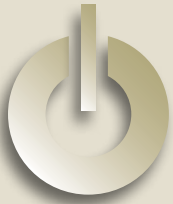
Alena Pacheco, Founder, women in Orthodontics, wrote **Evaluating the Past... Making Plans for the Future** which begins on page 5.

Char Eash, CEO, Profit Marketing Systems South, Inc, has written **Get Away from Giveaways** which begins on page 6.

Rosemary Bray, Speaker, Trainer, and Consultant to the Dental and Orthodontic Profession, wrote **Communication 101** which begins on page 8. Part one of this article appeared in the October 2009 issue.

Nancy Hyman, Consultant, Ortho Referral Systems, has written **Igniting Your Referrals** which begins on page 9. Part one of this article appeared in the October 2009 issue.

LeeAnne Peniche has written this quarter's feature article **Become Your Brand** which begins on page 10.



Communication 101

Part 2. Part 1 appeared in the October 2009 issue.

As we covered in part one (in the October issue, available in the Members section of www.ortho2.com), there are three forms of communication we use daily in our orthodontic practices:

1. **The telephone...** every time we pick up the handle of that annoying phone,
2. **Our written words...** every letter, postcard, and form we send, now including fax, e-mail, and text,
3. **And the most important, the verbal...** face-to-face, verbally talking to each other.

Every time we write an insignificant postcard to an 8 year old patient or a 3 page technical letter to the oral surgeon... Every time we pick up that darned ringing telephone... Every time we speak face-to-face with our patient, their parent, our co-worker, or the doctor... ***The image of the entire practice is now on the line!***

Written Communication

The primary parts of your written communication are your **logo** first and foremost, your **brand** as we say, including letterhead, business cards, and all forms and papers given to patients and referring offices. We also must have great looking note cards, envelopes, practice brochures, thank you cards, referral cards, billing statements, mailing labels, and of course our very important Welcome Packet for the new patient and the Walk Out (or Exit) Packet for the patient leaving our initial exam.

Everything we mail or hand to another person that is written must be letter perfect. That means no tiepos, no mizpelled wurd, no grammer ereors, no punkuasion miztaeks (you get what I mean). And of course nothing is a copy of a copy of copy laid on the copy machine crooked with toner lines down the side. And sadly, I see this over and over in quality offices. ***Every piece of paper given out is a representation of the entire practice, and it must look as great as the treatment looks.***

Once again, the most important written communication

goes to our new patient, so that Welcome Letter must be outstanding, with the patient's name spelled correctly and nothing being a copy. It is the first thing they will read (after your webpage of course, which is also written communication) so it has to be impressive, crisp, and very professional both in look and in content. The quality of the paper is also critical. Does it warrant your fee?

Be sure everything you have on paper is *branded*, showing your colors and your logo so that name recognition becomes easy for patients and the public alike. McDonald's did it well, Starbucks has done it, and Coca-Cola and Shell Gasoline are easily recognizable without having to read any words. And so it should be with your ortho practice.

Verbal Communication

I have learned some interesting statistics about verbal communication:

1. 7% of our message is
the actual choice of words we use
2. 38% of our message is
the tone of our voice, the speed, the pausing, the up, the down, the soft, the loud... what we call the inflection
3. 55% of our message is
our body language, what we do with our eyes, our

Communication 101 continued on page 18

About the Author



Rosemary Bray is an orthodontic consultant and professional speaker with more than 30 years experience in the dental profession. She will present "Wadda Ya Mean I Ain't Talkin' Good?" and another course at the 2010 Ortho2 Users Group Meeting.

Igniting Your Referrals

Scripting and marketing materials can create the “WOW” effect

Your Practice Representative is the key to a successful link between your practice and your professional referrers, placing you in the forefront of the dental teams’ minds when suggesting an orthodontic referral. In researching client feedback, two areas of planning have consistently proven effective: a consistent message scripted for each visit and presentation of superior collateral materials promoting your practice and its unique qualities.

When choosing orthodontic care, patients have many options, and it is paramount that you develop messages that promote your practice, messages developed from your “strengths” list. To build a “strengths” list, focus on the services and amenities that set you apart from your competition. These are services that other orthodontists may or may not offer that you claim as your own. Consider very specific attributes, avoiding general concepts such as “great customer service,” “friendly staff,” etc.

Examples of well-defined strengths may include: free consultations, free digital photographs and panoramic x-rays, evening hours, before work and school hours, Saturday hours, referral rewards, complimentary retainer, and no charge for retainer checks for 1 year following treatment. I suggest you use your team and your current patients to create your “strengths” list.

Strengths List

Ask your full team to develop a list of positive attributes about your office. Divide your team in to groups of two or three members. Each group will meet prior to a full staff meeting and create a list of 10–12 practice strengths. A leader from each group will announce the resulting list at a staff meeting. From this list create 12–20 talking points.

Once your strengths are identified these should be used by your team on Practice Rep visits to educate referring dentists and non-referring dentists on the benefits of referring specifically to your office. Your list may also become part of your new patient calls.

At each Practice Rep visit relay 2 “strengths” list

messages, and present marketing tools: practice brochure or folder with stepped inserts, doctor resume, and referral cards. I prefer stepped inserts as the subject and/or copy may be changed on an individual insert as new services or technology are added. I suggest full color fold-over referral cards, size 4”x8” when unfolded. Include space for the referring doctor’s comments, several “strengths” and a call to action: complimentary exam and panoramic x-rays, no charge for upgrade to clear braces, etc.

Practice Rep Script

Use this script for outside calls to dental offices.

“I am Mary from Dr. Smith’s orthodontic office. Thank you for your wonderful referrals.” Drop food or gift item in front of person.

If the office has never referred to you: *“I am Mary from Dr. Smith’s orthodontic office. I would like to introduce you to our services. Do you refer to an orthodontist? (Response: “Yes.”) We’d like to be part of your referral mix. Several dentists in the area refer to us. We offer (insert here a few benefits of your office).”*

“What is your name?” Response: *“Susie.”*

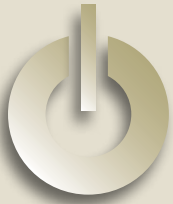
“Susie, tell me what you do here.” Response: Susie explains her role in office. Respond appropriately to Susie’s comments: what a great job, you sound busy, etc.

Igniting Your Referrals continued on page 17

About the Author



Nancy Hyman, founder of Ortho Referral Systems, is dedicated to maximizing patient referrals and case acceptance with innovative, cost-effective solutions. She will present “12 Marketing Concepts in 12 Months” at our 2010 Users Group Meeting.



Become Your Brand

We've all heard the saying, "Seek and ye shall find." In other words, when we look closely, we will find that the answer to our particular query has been right in front of us all along.

True, it may not always be in plain sight, but it is there. If you look hard enough you will find what you seek, though likely not where you thought it would be. This is often the case when it comes to our marketing efforts.

So many among us are hunting for the holy grail of marketing—the secret to unlocking excess income potential, drawing in legions of new clients, and making a prominent mark in the orthodontic arena. These seekers are willing to pay thousands of dollars in this pursuit, all the while never realizing that it's not the money that counts, but rather the creativity and thought it takes to establish an image and a campaign that is an extension of their individual practice, one that speaks to who they are and what they believe.

It's like the old saying, "If you don't stand for something, you'll fall for anything." This is the trap into which many

that you know the premier brands out there. Think about it. The most successful brands have become household names, even replacing the product they represent. A primary example of this is Band-Aid... When minor injuries occur, we cover our cuts and scrapes not with just a sticky bandage, but with a Band-Aid. Let's face it, "We're stuck on Band-Aid." Poor Curad just can't compete. The same is true of a number of other successful brands... think Chapstick and FedEx... They have eclipsed their competitors and become the name we use when we refer to a genre of product. In the same way, we as a practice want to become "the name" in orthodontics. We want to be the brand that eclipses all the rest.

Recently, I spoke with a new client who was frustrated with his decline in new patients. He moaned about the economy, complained that he had invested in several new technologies, and grumbled that he had purchased every gadget, bell, and whistle and all the monthly support that goes along with said gadgets. But this doctor had not taken the time to invest in his own community, schools, and patients at a meaningful level. Although he had written checks for charities, fundraisers, schools, and sport teams, when I inquired as to how his teams did during the

So here it is, the secret to marketing success, the insight to reach your potential, the holy grail of orthodontic greatness...

of us slip. We believe that if we put enough money into something, we will succeed. But when it comes to marketing our orthodontic practices, success relies much more on the thought, effort, and ingenuity we put into it than the money we put behind it. That's the stand you have to take, believing that it is you, not your finances that will lead you to your marketing pinnacle. So here it is, the secret to marketing success, the insight to reach your potential, the holy grail of orthodontic marketing greatness: **Create your own Signature Brand.**

You've heard the term "branding" before and it's certain

season, he had no idea. I asked how many patients and professional partners joined in the charity race. I asked if the fundraiser met the goals. Not surprisingly, he had no clue.

I explained the difference between the practices who simply survive an economic downturn and those who continue to thrive. The biggest factor? The ones who walk the walk always come out ahead. They attend events, track fundraising results, share the message, spread the word, and donate time. They are more than a checkbook. They are active in their community and in touch with needs of

their neighbors. These involved and caring practices are “the name” in orthodontics. They possess and promote their own Signature Brand.

In this economic climate, it is especially important to pay attention... to your target market, your community climate, and the atmosphere all around you. Our target is a blend of alpha moms (leaders of the pack who influence how other moms spend) and generation “G” (the generation that cares about giving back). These two influential groups expect technology, progressive treatment and excellence. They seek out community leaders who are committed to excellence and are willing to make a difference on a visible scale inside and outside of the office. They want the complete package.

This doctor friend of mine was only half the package. His opinion was that he had donated to charities and hosted school presentations in the past and “gotten nothing out of it.” I explained the difference between an annual “school presentation” and establishing a school campaign consisting of several distinct programs, which create “arms and legs” on which your program can stand, reach out, and thrive. Ultimately, the goal is to touch the educators, fundraisers, and sports programs involved in your school system or whatever arena you choose to target.

The parent and adult demographics that you are targeting are willing to spend their hard earned dollars on a dream they have for themselves or their children. They are willing to sacrifice and are committed to making concessions in other areas in order to obtain a beautiful healthy smile. However, in this economy, these patients are more selective than ever when it comes to spending their hard-earned dollars. They demand excellence, customer service, and community involvement. You must be the brand and the name that gives these to them.

The next question my new doctor asked was, “Where do I start?” To which I answered that successful marketing is “all about ME.” Allow me to elaborate....

There are 5 rules of ME that must be learned and followed in order to truly succeed at the marketing game:

1. **Maximum Exposure** – Think Nike, MasterCard... be everywhere you want to be. Be available to the schools, fundraisers, scouts, charities, and community, not just for the annual event but to create an entire campaign. Create press opportunities for the cause and for your support.
2. **Marketable Event** – Will you have an audience? If you are going to be at an event, is this someplace that is destination or a high traffic? Take opportunities to make yourself known.
3. **Minimal Expense** – Affordable does not mean cheap. Look for opportunities to market that do not require a lot of money, but rely on making an appearance or utilizing your creativity to establish your name and brand.
4. **Masterful Execution** – Measure twice, cut once. Rehearse and use check lists. Have contingency plans and practice your conversation scripts. Always give your best effort and have no regrets.
5. **Memorable Experience** – The experience must feel, look, smell, taste, and sound amazing. This is the “WOW factor.” This is your Signature Experience.

Become Your Brand *continued on page 16*

About the Author



Founder and president of Peniche & Associates, LeeAnn Peniche has earned a reputation as one of the country's premier orthodontic consultants. She will present the keynote session at our 2010 Users Group Meeting.

Inside Ortho2

Information about the people of Ortho2 and the resources available to you as a member



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.

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 preregistration is required. To register, or for more information about the seminars, contact Judy Brown at (800) 346-4504 or jkb@ortho2.com. If you prefer, register online at www.ortho2.com > Members > Seminar Series Registration.

2010 Seminar Dates

January 13, 14, 15

March 10, 11, 12

June 9, 10, 11

September 8, 9, 10

November 10, 11, 12

This three-day session covers the design and daily use of Grid Scheduler; basic ViewPoint operation, including understanding the Patient Folder, entering patient data, creating contracts, posting transactions, and filing insurance; and additional topics such as reports, subgrouping, month-end routines, and using Tools & Utilities, as well as creating and merging documents to produce customized correspondence with the ViewPoint/Word integration.



Retraining

Have you hired new staff since your original ViewPoint software training? Have you had staff members take on new responsibilities? Do you feel you might not be taking advantage of the enhancements that have been added over the years?

Ortho2 offers many options for refreshing your knowledge of “old” features and informing you of new features, but do you want to be able to set your own agenda to meet the specific needs of your practice?

A “retraining” —either in your office or over the Internet—addresses all these issues. To learn more and to schedule one for your practice, contact your Ortho2 Systems Consultant today at (800) 678-4644.



Support

By Phone: (800) 346-4504

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

By E-mail: vpsupport@ortho2.com

Response time is usually the same day or at most within 24 hours.

By Fax: (515) 233-1454

You can fax us support requests. While not required, forms that help identify these requests are available at www.ortho2.com > Support > Fax Support.

And Don't Forget Our Website: www.ortho2.com

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

Free Webinars

In addition to our free classroom seminars, we offer you online real time webinars. Each month throughout the year we present a different topic. It's a great solution for training new users, refreshing experienced users, or learning about new features. Selected past webinars are available online at www.ortho2.com > Support > Visual Help.

New in 2010, webinars are offered twice each month so that you can choose the one that fits best with your schedule. Preregistration, a computer with a high speed Internet connection, and a phone are required. Register online at www.ortho2.com > Members > Free Webinars, or contact Judy Brown at (800) 346-4504 or jkb@ortho2.com.

First Quarter 2010 Webinar Dates

January: Tuesday, January 5th, 2:30–3:00 P.M. or Wednesday, January 20th, 10:00–10:30 A.M. Central Time

VP Timeclock: With VP Timeclock, you and your staff can easily clock in and out, check the work status of co-workers, use the message feature to keep each other informed of your schedules, and track time for payroll. User accounts will need to be created for all staff using VP Timeclock.

February: Tuesday, February 2nd, 2:30–3:00 P.M. or Wednesday, February 10th, 10:00–10:30 A.M. Central Time

Using Stacks: The Stacks feature allows you to flag patients for further action. This system is similar to the 'stacks' of patient charts you may have in your office, with at least two major benefits: patient folders won't get lost, and a patient can be in more than one stack at any given time. If your office is paperless, or going paperless, this is one feature you can use for organization. Stacks are used for keeping track of additional record work that needs to be completed for a patient, at a later time. When you have finished the task, you can remove the patient from the list.

March: Tuesday, March 9th, 2:30–3:00 P.M. or Wednesday, March 24th, 10:00–10:30 A.M. Central Time

Needs Appointment List: The Needs Appointment tab in the Grid Bar and the Needs Appointment report help keep patients from falling through the cracks. Whenever a patient is in a status that requires an appointment (as defined in your Status table) but does not have an appointment, they will appear on this list. There are three sections in the Grid Needs Appointment list: Pending, OverDue, and the last section that has no title. Each section will be explored, as well as the Needs Appointment report.

ViewPoint and Windows 7

ViewPoint is compatible with Microsoft Windows 7 Professional and Windows 7 Ultimate when they are installed on a workstation or "small server." (A small server is one running SQL Express on a network of five or fewer workstations, as opposed to a dedicated server.)

To run ViewPoint and Windows 7 the computer should have 2 GB RAM or more. For a workstation, 1 GHz or greater is required. For a server, 2 GHz or greater is required.

Customers using X-Charge will want to delay upgrading that workstation, as the ViewPoint/X-Charge integration is not yet Windows 7 compatible.





Tricia Rose

When Tricia Rose began working at Ortho2 twenty years ago, she was employee number seven. She started as a Software Support Representative and helped customers learn to use the (then) newest innovation from Ortho2: Grid Scheduler. And when she helped callers with word processing questions, it wasn't Microsoft Word... or WordPerfect... but WordStar 2000!

Although her title and job duties have changed in the years since, she has continued to help customers every step of the way. In her current role as Report Specialist she modifies existing ViewPoint reports and creates new ones to meet the unique needs of practices.



In fact, helping customers is what has made Tricia stay with Ortho2 for so long. "I have stayed because I like what I do. I like the satisfaction I get when I have helped a customer with what they need."

Tricia grew up in Iowa, and although she lived in Washington, D.C. for a year, she returned and has lived here ever since. She says it is "because the people are friendly and have good values." It can't be because she likes the weather.

"On Saturday, November 12, 2005 at 4:42 P.M., an F3 tornado came through our small town of Stratford. From the time it hit the first house, which was two miles west of town, till it hit the last house, five miles to the northeast of town, it took seven minutes. An elderly woman was killed and some injured, but for the most part everyone was fine. My husband and kids were home at the time. They made it to the basement safely. My husband said that he really didn't hear anything but the wind and a loud boom. Then it was over. He thinks the boom was when it sucked the roof off of the house. I had been working in Ames and was on my way home when I noticed the sky was all different colors. I never imagined as I drove into town that my house, my in-laws house, and many others were destroyed."

This wasn't Tricia's first tornado. Her family home was destroyed by a tornado when she was four. But still she stuck it out. The community and people from the surrounding area came together and helped clean up Stratford. Tricia's home and all but three homes have been rebuilt.

Most of the time Tricia's life is more peaceful. She enjoys reading and scrapbooking. She spends a lot of time watching her children's sporting events. Dylan (8th grade) loves motocross and races every summer in addition to wrestling and playing baseball and football. Makenzie (5th grade) plays softball and basketball and does tumbling almost at the advance level.

She and her husband, Kevin, get away to Sturgis every year. And, yes, she rides her own motorcycle.

Photo: Ortho2 building after a snowfall, December 2009

Ortho2 Anniversaries

Congratulations to these Ortho2 staff members who celebrated anniversaries during the fourth quarter of 2009.



Twenty Years

Tricia Rose

Fifteen Years

Michele Eich

Seven Years

Richard Kelley

Four Years

Derek Dohrman

Seventeen Years

Todd Schuelka

Eleven Years

Lowell Davis
Denise Sargent
Jennifer Shaffer

Five Years

Corey Schmidt

Three Years

Erik Strabala

Career Milestones

We're happy to welcome Kurt Bacon to the equipment department. Kurt obtained his degree in Biology from UNI and has worked as a Biological Science Technician in California prior to spending two years in PC technical support and network administration in Illinois. Kurt joined us on Monday, October 5th.



On a Personal Note

Peyton Caleb Johnson arrived in the world at 5:26 P.M. on October 14th. He weighed 7 pounds 3 ounces and measured 20 inches. Proud Grandma Judy Brown (also known as Ortho2 Customer Service Coordinator Judy Brown) let us know that he has long dark hair and is, of course, "a cutie pie." Congratulations Judy, and best wishes to your family!



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Become Your Brand *continued from page 11*

Look for and create opportunities to parlay the event into additional touchpoints; e.g., community, patient, professional, and charitable efforts.

Now that you know the five keys to making your marketing all about ME, the next all important question is, **“How do we get everyone on board?”**

This begins with committing as a team to tracking your success every month. First, you must diagnosis your referral patterns during your monthly planning meetings. A monthly planning meeting by Peniche and Associates’ definition follows these rules:

- The first two hours of every first Tuesday of every month, the team meets to review the previous month’s goals and results.
- Every month a different team member facilitates the meeting agenda and sets goals for the current month based on the trailing 12 months and the same month the previous year.
- You will review and discuss patients with special needs, community projects, and schools as well as referral sources that need special attention and developing targets.

Here are some tips for diagnosing referral patterns:

Community referrals: These are typically thrown into the lovely category of Miscellaneous, but should be broken down into the areas of school programs, charitable events, tours, and the like. Track the results from each event, in other words, the number of referrals, since many times these events show up in your tracking of secondary referral sources.

What is a secondary referral source? Let’s say Dr. Smith referred Lisa Jones to your practice; however, he actually gave her two or three names of local orthodontists. What was the deciding factor? Why did she call you? Was it just because he provided the name or did she recognize you through school programs, sporting events, fundraising, or possibly her website search? You want to know the real answer and that is why you must track the secondary referral source to find the true “deciding factor.”

Patient referrals: What percentage of your practice is patient referred? Who are the top patient referrals? Most practices do not have a clue! The staff and doctor can tell me who won American Idol, Dancing with the Stars, the

World Series, and the Super Bowl, but they can’t tell me the top five referring families in their practice!

Once we know who our referring patients are, how do we thank them? Have we made it memorable? Were the gifts personal? Did the doctor make a thank you call?

Professional referrals: In our practice, each of our team members is responsible for tracking three to five doctors and giving a report each month on details of the referral pattern and current month. They will track the details of the dentist and the dentist team. This allows us to determine where the strongest referrals come from and how we can develop the weaker professional referrals. Remember to keep in mind that if you have a new referral source referring a lot of young children to you then your case acceptance may be low for that doctor because he is helping you build your savings account for the future.

The next area on the monthly planning meeting is **Existing and New Campaign Opportunities**, which includes community events (e.g., parades, health fairs, wedding fairs), school events, clubs, charitable events (Race for the Cure), and professional events.

Never forget that when determining what event warrants participation and is worth building a campaign upon, follow the primary rule: **Marketing is all about ME!**

When you follow this vital guideline, you will discover that it is simple to build a campaign and an image that is essentially you. You will find that creating campaigns that have many arms and legs will help you target diverse groups of people, broaden your reach and your influence, and define your Signature Brand. So go on, make that your goal. Become the Band-Aid brand of your community and watch as patients, families, and friends start using your name as the orthodontic standard. I know you can do it! ❖

Igniting Your Referrals *continued from page 9*

"I have a wonderful new offer for your patients." Present offer card and brochure.

(As an example) "Your patients will receive two free x-rays, digital photographs, and a free consultation. This is a doctor-referred benefit. Kindly give your patient this offer card and ask them to bring it to our office." On subsequent visits always replenish the offer cards.

The offer may be your talking point or you may add a "one minute message" regarding benefits of choosing your office.

Also carry a "notice." This can be a flu shot save the date, monthly staff drawing, dx/tx letter for patient specific to the office you are calling on, monthly lunch drawing entry handed to each office visited in that month, newsletter, etc.

On the first visit present the welcome packet with stepped inserts and doctor resume for the dentists' review.

On subsequent visits offer the welcome packet to key staff members. The packet may also be distributed at sponsored events: lunch and learns, continuing education seminars, etc.

Options to ask:

- "Is there anyone else I should speak to while I am here?" Or, "Does anyone else handle your referrals that I may speak with?"
- "May I meet with your staff to explain our free patient offer?" Or, if no offer, "May I meet with your staff to explain our patient amenities?"

- "May I have a tour of your office? It is so lovely."
- If dentist offers Invisalign and/or braces, compliment the staff on their efforts and assure the team that you would appreciate referrals for "cases you don't wish to handle."

Conversational tools:

- Compliment the office.
- Ask staff member about their job duties.
- Inquire about accepted insurances plans, office hours, doctor's background, etc.

View each contact with your professional referrers as an opportunity to educate the full team with points selected from your strengths list. Create an image that reflects your unique practice qualities and script your qualities for each visit. An aggressive and well-planned marketing calendar incorporating a strong message will assist you in achieving your goals in 2010. ♡

Making Plans for the Future *continued from page 5*

So what are we to make of all these statistics? As we evaluate our marketing plans for 2010 (which we should have done already!) how do we decide where to focus our time, energy, and resources? What new technologies do we need to embrace, and where should we choose to sit back and wait? It is time to run out and create a Facebook page or start sending hourly tweets?

Perhaps the most important point to recognize is that just as we embrace change in orthodontic treatment options, it's important to do the same with our marketing options. Where would orthodontics be today without embracing

digital imaging and self-ligating brackets? The same may be said one day about Facebook and Twitter. Well, let's not get too carried away. I'm sure you can see the point of the analogy.

Great advancement can happen through technological change. Regardless of how people are rating the usefulness of social media and other new technologies, they are indeed using them. So perhaps it's time that we started using them, too. (Well, I better get going now...I need to update the status on my Facebook page and I'm sure the kids have crops to harvest in Farmville!) TTFN ☺ ♡

Communication 101 *continued from page 8*

hands, our smile or lack of, do we touch, do we move, do we look comfortable or rigid?

So understand right away, it is not so much that we carefully choose the exact best words to use when we communicate with others, it is more how we *sound* when we say the words we happen to choose. I love the saying, "Say what you mean and mean what you say; just don't be mean when you say it!"

Communication with our patients has to be on a professional level with proper English, no slang terms, and not like a totally like Junior High vocabulary (and I do know you get that one!). We are being judged every time we talk to a patient, a parent, a referring general dentist, or the mail carrier. It is all critical to the image of the entire practice.

Improper verbal skills can lead to failure in three ways:

1. Failure to the practice... because of loss of the business, not keeping the patient
2. Failure of the person whose responsibility it is to represent the office well
3. Failure to the patient or parent who does not receive the customer service and the response that he or she anticipates and deserves

Always keep in mind that people may not remember WHAT you said to them, but they will never forget HOW you made them feel!

Again, it comes back to not so much the words themselves but the tone of voice, the hands on the hips, the rolling of the eyes and the sigh... that accompanied the word choice!

And lastly, work hard on being a great listener. Being interrupted is the **number 1** complaint in all communication surveys. So do not be an interrupter, even when you want to, and you know how often you want to. Refrain! Remember that **silent** and **listen** have the same letters in them, and I think for a very good reason. If you're not silent when you're listening, it means you're talking and not listening at all. Use your **two** ears and your **one** mouth, because to listen twice as much as you speak is more important and also more difficult than being the talker. Great communicators are superb listeners.

Remember that *great communication is a learned trait*, so be patient with yourself and keep practicing! There are so many books, audio tapes, and CDs, and a variety of excellent courses to take to help improve communication. but the best teacher is practice, practice, practice! ☺

Giveaways *continued from page 6*

It is important to make sure when the Treatment Coordinator and the Financial Insurance Coordinator are challenged with fee comparisons they have the right scripting at hand.

“Our goal is to provide quality orthodontics at a fair fee! Our fees are based on the complexity of the case, the months quoted are only a vehicle for payment and an estimate of treatment time.”

“Our practice does not compromise in quality, our patient’s experience, infection control or the most updated technology. Our Doctor is an orthodontic specialist who strives to provide an end result of lasting smiles!”

Also, make sure before defending fees you are comparing apples to apples. Many times these large discounts are presented with the records and retention as a separate charge.

Don’t raise fees—look at your discounts! Cap all discounts at 8% to gain profitability. If you are giving a professional discount no other courtesy should apply.

Look at your phase II discount level. Phase II fees after review of many debond analysis reports generally play out as a complex standard or Level II fee in visits. Phase II discounts should be capped and the correct full fee should be quoted to complete this type of treatment.

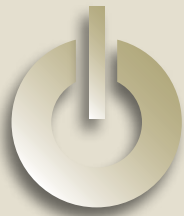
Consider what you are giving away! Retreatment, retainers, and broken brackets alone add up very quickly. My suggestion is not to nickel dime patients it is to just charge

fairly for the services you are providing.

Many doctors look at the fee that was charged to other family member’s years ago and set current fees to reflect that. Beware of discounting fees based on work that was completed two years ago! All treatment fees should be based on complexity of the case with a standard sibling discount. When giving an additional discount please make sure the Treatment Coordinator has presented dollar amount in light of the current fees in writing! Many Orthodontists give away so many services without indicating this to the patient. What a missed opportunity to market the generosity of the practice!

Be competitive with your fees by first reviewing how you can charge appropriately and fairly for treatment without raising fees or giving it away! On average a Phase I fee is anywhere from \$250.00 to \$350.00 per visit where a comprehensive Level I value per visit may be \$350.00 to \$450.00 per visit. Please review all treatment methods to maintain a standard rotation, combine visits where appropriate, and reduce emergencies to increase the value per visit.

Do not fall into the trap of setting fees for less than it costs to treat the case! The liability for treatment you are providing has not changed. There are no shortcuts to profitability—it is all about systematizing the standard of care. Most of the time creating a profitable future lies in reviewing the past! Your debond analysis is the key to creating profitability through the evaluation of your treatment plan process. ♡



ORTHO2

"Delivering practical solutions for success to the orthodontic profession..."

BECOME Your BRAND



Just as we embrace change in orthodontic treatment options, it's important to do the same with our marketing options.

page 5



No matter what a practice does with their fees when treating a case, it must be profitable.

page 6

It's not the money that counts, but rather the creativity and thought it takes to establish an image and campaign that is an extension of their individual practice, one that speaks to who they are and what they believe. *page 10*

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