WannaCry. Crypto. Ransomware. Malware. Viruses. Are you familiar with these things? Unfortunately, the risk associated with data attacks and data hostage schemes just keeps growing. You need your data to be secure. What can you do to minimize your risk?

One thing you might consider, if you haven’t already done so, is to outsource your data storage and backup responsibility. In 2010, Ortho2 released Edge – a truly optimized cloud solution. Edge data is stored in a private building with 12-inch reinforced pre-cast concrete walls and 24/7/365 video monitoring. It is compliant with PCI-DSS v3.0 and HIPAA/HITECH guidelines. Or, in a word: SECURE. The Edge data that resides in this facility is also backed up to other locations for the ultimate in redundancy. Keeping your data secure is VERY important to us. It should be for you, too.

And while your data in Edge is safe, ViewPoint data, or even personal data on your computer may not be. Here are a few tips to help you make sure your computers don’t fall prey to hackers and viruses:

• Logins and Passwords – Longer is better, even up to 12 digits, and always include lowercase and uppercase letters, numbers, and symbols if permitted.

• Updates – Software providers regularly provide updates to address evolving threats. This includes Windows and the programs you use like Edge and ViewPoint. But to be fully protected, you must regularly install the updates. Which brings me to the next item:

• Antivirus Software – Make sure you use it, and keep it current.

• Firewalls – Whether you use a hardware or a software firewall, having something in place to protect your practice is important. Talk to our Network Engineering Team to discuss the best option for you.

• Retire Windows XP – Its support ended on April 8, 2014. Since then, security updates have not been regularly provided. Yet XP is still the fourth most-used version of Windows. If you have Windows XP in your office, please update the computer or, at a minimum, the operating system.

• Be cautious with email links and attachments, and instruct staff to do the same!
Thank you to everyone who stopped by our booth at the AAO!

We would like to thank the following staff who worked hard in the Ortho2 booth at the AAO and contributed to our success:

- Dr. Barry Feldman – Feldman Orthodontics
- Laura Force – Tyler, Dumas, and Reyes
- Specialists in Orthodontics
- Gina Good – Good Orthodontics
- Jodi Miller – Certified Ortho2 Training Specialist

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 Edge and/or 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:

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Dr. Roger P. Levin – Dr. Roger P. Levin and Levin Group provide expert orthodontic practice management and marketing solutions. For more information, contact Levin Group at (888) 973-0000, or visit them at levingroup.com/ortho.

Join us for the 34th annual Users Group Meeting February 22-24, 2018. The meeting will be at the Savannah Marriott Riverfront Hotel in Savannah, Georgia. Come listen to the best in the industry talk about how to improve your practice and take advantage of Ortho2 staff who can show you the ins and outs of your practice management software.

Let us know you are interested in the UGM and you will be one of the first to receive your brochure with full course descriptions in the mail this fall. See more information about the UGM and let us know you are interested at www.ortho2.com > Meetings & Webinars > UGM, or contact Kim Barker, Meeting and Event Coordinator, at (800) 678-4644 or ugm@ortho2.com.

Come visit us at these fall meetings.

- Angle Society Biennial Meeting
- Great Lakes Association of Orthodontists/Midwestern Society of Orthodontists/Southwestern Society of Orthodontists
- Canadian Association of Orthodontists
- OrthoVOICE
- Southern Association of Orthodontists
- Pacific Coast Society of Orthodontists
- MKS Forum

AAO Wrap Up
Edge Pop

Part of an ongoing series spotlighting significant features

Edge Pop, a new, free feature available soon for Edge and a future version of ViewPoint, shows which patients and responsible parties are calling into your office with a pop-up notification. With just a few simple clicks, you can quickly access a patient’s or responsible party’s folder.

In order for Edge Pop to work, your phone system needs a VoIP network that supports SIP capability. In addition, the account you wish to use needs to be in the ring group for the phone number used for Edge Pop. Once logged in to Edge, click the Services drop down menu from the Tasks tab of the Home Ribbon Bar and select Pop. The Edge Pop icon will now appear in your system tray. Right click the icon to bring up the Settings window.

Call your phone company or IT provider to fill in the required settings. You have the ability to select if you want Edge Pop to open with Edge on this screen. These settings are machine specific. When a patient or responsible party calls in, and the number they are calling from is in the contact information section of either the patient or responsible party folder, a notification will pop-up to alert you who is calling.

Right click the notification to open either the patient’s or responsible party’s folder, or directly to the financial or insurance tab of the folder.

If a call comes in and the number is not associated with a particular patient or responsible party, right click the notification to either create a new patient or responsible party or associate the number with an existing patient or responsible party.

When you are finished with a notification, right click it and select clear. To view a history of all calls, right click the Edge Pop icon and select Call History. This history will be cleared each time Edge or Edge Pop is closed.

Approaching my 50th year anniversary in orthodontics, I find myself taking more time than ever before to reflect on those numerous years, the extensive travels, the treasured friendships, the many practices visited, and the valued things learned. Fifty years! Was I really only 2 years old (as I love to say) when I began this journey? I would sure like to think so. Looking back, I was merely a child though, right out of a dental assistant program and into my first job in an ortho office, welding strips of metal into bands, handwriting appointments by pencil on the huge green Colwell appointment book, and taking periapical film X-rays to place into that plastic full mouth mount. Young ortho team members today have no idea what that means.

The last 19 years of this journey have been gloriously spent travelling the world teaching and speaking about ortho and patient care. Though that often sounds remarkably “glamorous” to many of those who hear this, the reality of it is also grueling on one’s health and stress level. I have forced myself now to take care of me in all of this hectic, and sometimes, non-stop life I have come to adore; there has got to be “me time” to preserve myself in order to serve others. I did not think about that for a very long time.

After logging 2 million miles with United Airlines, I have come to understand the value of perhaps actually sleeping on the plane ride, or playing a mindless card game, or reading a novel in lieu of the business book. Now I understand the value of the back and neck massage to alleviate what I call, “computer neck”. Now I treasure the moments spent with my small grandchildren reading Dr. Seuss or making pancakes instead of working at the computer or writing this article.

In the last 12 months, I have been blessed (I think that is the right word, some days I say cursed instead) to have been in 12 countries. United Airlines loves me. A pilot actually came out of the cockpit on one of my longer international trips, stooped down near my seat, handed me a handwritten note, and thanked me for writing his paycheck. That was both funny AND grand customer service, yet it was also an eye opener to me. How much time am I spending sitting on the plane to get here and there? Am I walking enough on that plane to keep the blood flowing? Am I doing leg stretches at my seat?

Without being overly cautious or obsessive, we all need to take care of us, especially when our call in life is to take care of others. Just as those of you who work all day long in the practice, taking care of patients, and then you go home to care for your families, YOU need to be aware that YOU have to be a priority, too.

Over the years, I have taught teams something which I call “Doctor Preservation”. I believe teams are there to preserve their doctors, to allow the doctor to make the diagnosis, to do the actual treatment, and create the beautiful clinical and aesthetic smiles that only they can do. Everything else can be done in full or in part by the well-trained team. “Preserve your doctor,” I tell them, “and help to keep your doctor out of court, off of drugs and alcohol, free from burn-out, and seated at an ortho chair wearing gloves that are wet!” That’s a happy doctor! Important as this is, we also all need to preserve ourselves. I applaud the ortho team who has the masseuse come in now and then for neck massages, who does yoga together at lunch time or who heads off to the gym right from the office after a full day of patients. I applaud the financial service, yet it was also an eye opener to me. How much time am I spending sitting on the plane to get here and there? Am I walking enough on that plane to keep the blood flowing? Am I doing leg stretches at my seat?

About the Author

Rosemary Bray has spent nearly 50 years employed in the dental profession, both in clinical and administrative roles, with experience in general dentistry, periodontics, and 18 years in orthodontics – all in San Diego.

About the World continued on page 15
Schedule Outliers

Part Two

Now that the second half of 2017 is upon us, it is a perfect time to revisit your 2017 goals. It is not too late to jump in and improve your schedule outliers. There are four schedule outliers that are often overlooked when setting goals. In this article, we will examine how to calculate each metric, review the industry target for each, and provide recommendations on how to improve each outlier.

Part one of this article appeared in the April 2017 issue.

Emergency Visits /Repair Percentage

Formula: Total Emergency/Repair Visits – Total Appointments Completed

Target: Repair Visits 5% or less of Completed Appointments

Every scheduling coordinator cringes when the voice on the phone says, “I have a loose bracket.” The coordinator is dealing with a full schedule, and this is the third call this morning. What to do? Often her solution is to override the schedule. OUCH!

These extra visits are not only costly in chair time and doctor time, but patients, parents, and team members are also frustrated. It is well worth a focused effort to evaluate doctor and staff hours to deliver treatment.

Recommendation: Do not use the term emergency. Choose a different terminology, such as a care visit or an appointment.

Evaluate the historical counts for each of these codes. My guess is that the largest number may fall under the Extra Visit – Repair code. Review your written bonding protocols. When I am in a practice, and we are working on a GPS schedule – Guided, Productive, and Sustainable – there often is a clinical variation between the assistants when bonding. I find that each times and light-curing times often vary. Systematize all bonding, and have a written protocol for each procedure.

An entire population of broken brackets flies under the radar, and these are the brackets that are repaired inside a regularly scheduled appointment. Please create one more code to track the brackets that are not scheduled into an extra visit. The problem of broken brackets may far exceed the extra visit count. Monitor your repair inside regular appointment count monthly.

The Value of Time Calculation: This practice has an average of 198 extra visits per month. Don’t be surprised; these add up quickly. Again, we set a conservative first-round goal: a 2% decline that would lower the rate to 15%, still nowhere near the 5% target.

The decline in extra visit count – 23 patients times a 20-minute appointment – would yield 8 hours total, or an entire extra day!

Patient Over Estimated Completion Date

Formula: Patients over ECD – Total Patients in Active Treatment

Target: 10% or less of Active Patients

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Appointments Completed

Formula: Total Appointments Completed ÷ Total Appointments Scheduled

Target: 85% or more of Appointments Scheduled

Extra Visit – Long: This procedure will handle all other doctor-needed extra visits.

Active treatment patients who are beyond their estimated completion date (ECD) may be the most costly overhead factor. These patients require more appointments than planned, which impacts the schedule and requires more doctor and staff hours to deliver treatment.

Recommendation: If you are over the 10% target, let’s first validate your data. In Edge, run the Exceeds Length of Treatment report, or in ViewPoint, run the Past Completion report. Confirm all active patient statuses. I often find that three areas may need to be cleaned up:

- Limited Treatment – An active retention phase that does not have a defined finish line. Create a process to close all types of limited treatment cases.
- Invisalign – What I often see is that the data gets messy at the refinement or deband decision point of care. You may need two codes to track this process: Invisalign decision to refinement or Invisalign decision to Debands complete, which would then change the status.
- Phase I – Often the Phase I Debands gets missed. Depending upon your Phase I treatment plans, you may need multiple Phase I Debands codes:

- Phase I Debands w/Brackets
- Phase I Debands Appliance Only

Check with your team to determine what date is entered into the Estimated Treatment Time field. This date does not mirror the contract payment months, but rather should be the actual estimated treatment time. You could have considerable variance here depending upon your financial arrangements: estimated treatment of 22 months, and payment arrangements for 30 months, which would hide the over treatment time, or 22 months treatment and a 12-month contract, which would inflate the percentage.

Review the list of patients over treatment time in detail, and look for patients who have also fallen out of relationship with the practice. Review the following fields for these patients:

- Last Visit Date
- Next Visit Date
- Account Balance

All too often, with a family’s busy schedule, a patient will schedule an appointment and then reschedule multiple times before she finally completes her appointment. These patients tend to fly under the radar as they always have a future appointment; however, the length of time between appointments may be extended. Set up a custom report for active patients who have not been seen in 120+ days. Review this report monthly. In addition to contacting these patients via phone, email, or text, you should send a formal notification that timely active visit adjustments are required to complete treatment on time.

A daily action plan is needed for all patients that are over treatment time on the daily schedule. Report over treatment time patients who are on the schedule during the morning huddle. You may consider printing tray covers for these patients and dispersing them to the clinical team during the huddle. Another consideration would be to print this report a week in advance for the doctor’s review, so excess doctor time is not required during the visit, as notes can be made the prior week if needed.

Schedule Outliers

continued on page 14

About the Author

Sue Hanen has spent the past 20 years with Impact360 as a practice management consultant, implementation specialist, and national and international lecturer. She is an iPEC Certified Professional Coach, a Kolbe Certified Consultant, and an expert in the Kolbe suite of assessments.
Unlocking More Doctor Referrals in 10 Steps

A t the market for orthodontic services grows more competitive, many orthodontists have acknowledged the need for effective marketing strategies. They’ve even learned to think in terms of “branding” their practice in order to attract new patients. They now understand that reaching higher levels of success requires building their brand in the eyes of parents of prospective patients and of adult patients. What they may fail to realize, however, is that giving patients a reason to come to the practice for ortho treatment is just part of the job.

They also face a second branding challenge – positioning themselves to attract the attention and win the support of doctors who may (or may not) refer prospective patients to them.

Creating and Implementing a Referral Marketing Program

Referrals from current patients and parents can account for a significant number of new patients every year. And, with a well-crafted online presence, you should also be able to attract quite a few additional patients. But doctor referrals probably still account for a majority of those contacting your office about ortho treatment.

Referring practices may be aware of and influenced somewhat by how you market your practice to patients and parents. In many cases, the patients are theirs as well as yours, so referring doctors want to be sure that they’re sending them to an excellent ortho practice. But other factors come into play that won’t be addressed in your “consumer” messaging. In other words, effectively marketing to potential referrers (and strengthening ongoing relationships with your top referrers) depends on establishing a second “professional-to-professional” marketing track. You can accomplish this by following these steps:

1. Hire a part-time marketing coordinator.

Although marketing to referring practices ultimately comes down to one-to-one, doctor-to-doctor meetings—over lunch, at your squash club, during a CE event, etc.—getting to that point often requires a lot of planning and legwork. As the doctor and prime producer for your practice, you need to be chairside as much as possible, not handling all the details of referral marketing. Hiring a part-time marketing coordinator (MC) solves the problem. This person would take responsibility for all practice marketing activities, not only referral marketing but also internal and external strategies aimed directly at patients and parents. For a modest addition to your payroll, you can have a gregarious, detail-oriented MC working to bring new patients into your practice.

2. Study your practice’s competitive situation and develop branding that will put you in a strong competitive position.

What are referring doctors looking for in an ortho practice? What motivates a referrer to recommend one orthodontist over another? The answers to these questions—combined with a realistic appraisal of your practice’s merits and those of your competitors—tell you what branding is possible. You may decide to position your practice as the source of the latest ortho technologies, or the customer service experts, or the leader in interdisciplinary communications, or the ortho educator, and so on. The criteria for smart positioning are that you can live up to the claim, that no competitors already “own” the position, and that the market (referring doctors) cares about what you’re offering.

3. Begin developing a diverse range of referral marketing strategies, including those aimed at referrers’ staff members.

As with patient referral marketing, your practice should have at least 15 ongoing doctor referral strategies at any one time. These should cover a broad range, some aimed at the doctors themselves, others aimed at their staff members (who often have a strong influence on your relationships with the doctors and where their patients get referred). Subject to your review and approval, your MC should develop diverse promotional activities, from practice brochures for referrers’ patients, to deliveries, to CE events, to doctor-doctor dinners. The chosen strategies should reinforce your branding. You should also include strategies suitable for top referrers (i.e., more expensive) as well as low-cost options for reaching a broader referral audience.

4. Categorize referring practices based on the volume of referrals received.

Some referrers deserve more attention (and marketing budget dollars) than others. For this reason, your MC should review your records, listing all referring offices, the number of annual referrals from each, and whether they’re trending up or down. Once the list has been completed, the MC should subdivide it into A, B, C, and D referrers – A being the most productive, D being the least. This will guide the application of the various strategies and the allocation of marketing resources. This analysis should be reviewed and updated every six months.

5. Identify other practices in your area that are not referring to you and calculate how many referrals you may be able to elicit from them.

Once an ortho practice becomes well-established in its market, the doctor can easily become complacent about the referral network. If you’re getting a sufficient number of referrals, year in and year out, you turn your attention to other issues. Having thoroughly secured your community for possible referrers, contacted them, promoted your practice to them, and built relationships, you’ve earned the right to say, “Been there, done that.” But as time passes, the picture changes. Retirements, changes of ownership, new competitive pressures and other factors cause referring practices to re-evaluate their relationships with the doctors and where their patients get referred. Subject to your review and approval, your MC should develop diverse promotional activities, from practice brochures for referrers’ patients, to deliveries, to CE events, to doctor-doctor dinners. The chosen strategies should reinforce your branding. You should also include strategies suitable for top referrers (i.e., more expensive) as well as low-cost options for reaching a broader referral audience.

6. Form a plan detailing how marketing strategies will be deployed throughout the year.

With your strategies figured out and your referrers listed and prioritized, you’re ready to come up with a comprehensive marketing plan for the year. This should be as specific as possible, including budgeting and scheduling of all 15+ strategies to be implemented. Your MC should draft and present such a plan to you, and it might make sense to review it with your treatment coordinator and other staff members who can provide valuable feedback. Note that some strategies you implement will not perform as well as you had hoped. To be prepared for possible changes, your MC should have a plan ready to launch on short notice.

Referrals

To learn more about how to market your ortho practice, attend Dr. Roger P. Levin’s “Building the Ultimate Ortho Practice” seminar. Ask your Ortho2 Regional Manager how you can receive an educational grant to attend tuition-free.
Free Webinars

We offer you free, online, real-time webinars each month throughout the year on various topics. It’s a great solution for training new users, refreshing experienced users, or learning about new features. Webinars are offered several times each month so you can choose the time that fits best with your schedule. Preregistration, a computer with a high-speed Internet connection, and a phone are required. Questions? Contact Judy Brown at (800) 346-4504 or jlb@ortho2.com.

Upcoming Webinar Dates

**ViewPoint: Enhancement Review**

- **Wednesday, July 12th**, 2:00-2:45 P.M. Central Time
- **Friday, July 28th**, 10:00-10:45 A.M. Central Time

Did you miss the ViewPoint Enhancement Review class at the Users Group Meeting? In this webinar, we will demonstrate and discuss enhancements released over the past year to ensure you are fully benefitting from ViewPoint changes and additions.

**Edge: Enhancement Review**

- **Thursday, August 10th**, 10:00-11:00 A.M. Central Time
- **Wednesday, August 23rd**, 2:00-3:00 P.M. Central Time

Edge has seen many enhancements and changes throughout the last year. This webinar will review and demonstrate enhancements to make sure you are using the new features in Edge to their fullest potential.

**ViewPoint: Insurance Reports**

- **Wednesday, September 6th**, 2:00-3:00 P.M. Central Time
- **Friday, September 22nd**, 10:00-11:00 A.M. Central Time

ViewPoint has a variety of insurance reports available, and understanding the content of each report is important to your practice. We’ll look at the information in each report and how you might use it on a daily, weekly, monthly, or yearly basis.

On a Personal Note

**Michelle Haupt**, Ortho2 Editor, and her husband, Craig, welcomed Levi Wallace on February 17. Levi weighed 8 pounds, 7 ounces, and was 21 inches long. Levi is joined at home by big sister Lily. Congratulations!

April 27 marked **Kim Barker’s**, Ortho2 Meeting and Event Coordinator, 25th anniversary with Ortho2. We celebrated with cupcakes, pictures, and stories from the last 25 years. Congratulations on this milestone, Kim!

Ortho2 Anniversaries

Congratulations to these Ortho2 staff members who celebrated anniversaries during the second quarter of 2017.

- **Twenty-Seven Years**
  - Ken Hoffmeier
  - Craig Scholz
  - Barb Williams

- **Twenty-Five Years**
  - Kim Barker
  - Micky Augustin
  - Brandon Niewoehner
  - Elizabeth Nordeen

- **Twenty-Two Years**
  - Clarence Bryan
  - Lindsey Spieker

- **Sixteen Years**
  - Ron Benefial
  - Cathie Raley
  - Sean Gildersleeve

- **Six Years**
  - Michelle Haupt
  - Jess Huennenkens

- **Five Years**
  - Liz Goldapp
  - Drew Humphrey
  - Gabrielle Bradford
  - Michael Lasley

- **Three Years**
  - Michael Lasley
  - Chris Trout

- **One Year**
  - Brooke Milligan

Support

**By Phone:** (800) 346-4504
Available 7:00 A.M. – 7:00 P.M. Central Time, Monday – Friday

**By Email:** ortho2support@ortho2.com
Response time is usually the same day or at most within 24 hours.

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.

Career Milestones and Development

**Joe Skluzacek** joined the Product Development Team as an Applications System Developer on April 10. He most recently worked with Pioneer as a Consultant-Senior Developer. Welcome aboard, Joe!
Referral Rewards

You can earn a $500 credit for each referral that results in an Ortho2 system purchase within six months. You can apply the credit toward any current or future charge or purchase—it never expires. We frequently hear from doctors that they wish we had contacted them before purchasing their current system. We wish we had too, but we didn’t know they were looking. You can help us help your colleagues by letting us know when they are considering a change in systems. Enter referrals online at www.ortho2.com and clicking on the Referral Rewards icon in the top right corner, call (800) 678-4644, or email sales@ortho2.com.

Our Feedback Forum

Ortho2 brings you UserVoice, a powerful feedback forum that allows you to easily tell us what you think! Now you have the power to connect with us, make suggestions for enhancements, vote on your favorite ideas, and watch them become a reality.

Log into UserVoice through the Ortho2 website. Visit www.ortho2.com, and click the UserVoice icon in the upper right corner. Login with your user name and password. You are ready to go! There are five product enhancement forums: Edge, Edge Animations, Edge Imaging, Ortho2 Users Group Meeting, and ViewPoint. You can search existing suggestions and enter your own. Vote for your top enhancements and check back to see which are getting the most votes. You can even add comments to suggestions and read comments from other users and from Ortho2.

Retraining

Have you hired new staff since your original 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 Regional Manager today at (800) 648-4644 or sales@ortho2.com.

Service Excellence

We invite you to recognize Ortho2 employees by sending Extra Mile cards. A card is included in this newsletter, or you may send cards online from the Contact Us page of our website. Our goal is to uphold our tradition of excellence in customer service, and with our Extra Mile program, you can let your employees know when you appreciate their extra effort. We encourage you to send an Extra Mile card whenever an Ortho2 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.

Join Our Email List

Here’s an exciting opportunity to enhance your success with Ortho2 products and services and be among the first to get news. We have an email communication program which includes money saving discounts and incentives, overviews of new features, productivity tips, meeting updates, periodic optional feedback surveys, and more. We think you will like getting these messages.

Furthermore, we believe associate doctors and members of your staff will benefit from the productivity and usage tips, and we would encourage them to sign up as well.

To register email addresses for this program, simply visit the Register for Updates section of our website, www.ortho2.com > Resources > Register for Updates. As mentioned above, multiple individuals from your office can register. Even if we already have your email address, it won’t hurt to register here, and it will guarantee your inclusion in this program.

And of course, if you or any of your staff ever decide that the messages are not of interest, you can simply use the opt-out option provided on each message.

Contact Us

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www.linkedin.com/company/ortho2
www.instagram.com/ortho2systems
https://plus.google.com/+ortho2
http://blog.ortho2.com
www.ortho2.uservoice.com
Opening attachments or clicking links from unknown sources is never a good idea. And unfortunately, hackers can also spoof (masquerade) or hack (steal) email addresses from people you know. These days, regardless of the source, you simply MUST be wary of links and attachments that are unexpected or seem odd.

- Backups – Even if your practice data is securely stored and backed up at our Edge data center, you will want to make regular backup copies of locally stored data like QuickBooks, presentations you’ve prepared, or pictures you upload to your computer. For help confirming or implementing local backups, contact our

**Network Engineering Team.**

We periodically hear from customers that have been infected with a virus, or have lost data and don’t have a recent backup. In almost every case, these are preventable issues. And if it happens to you, it will be unpleasant at best… and potentially devastating.

And unfortunately, this threat is growing year by year. We are doing what we can to protect you, but we can’t do it all. Please take care!

Amy Schmidt  
Amy Schmidt, Ortho2 President

**Schedule Outliers** continued from page 7

When reviewing a report of patients over treatment time, I often hear that the patient has had a lot of broken brackets, failed numerous reports, or had a compliance issue. I then ask if the practice has an “iFactor” protocol – issues that are an “inconvenience” for the patient as well as the practice. What steps are consistently taken for poor oral hygiene, missed appointments, or noncompliance? You need a swift one-two step protocol, with the third notification being a call to action for the patient or parent. Developing this protocol will send an important message that you care. This Factor is a second chance to inform, educate, and reach out. The patient who fails to improve from conversation or letters will have one last opportunity to re-boot his treatment at no additional cost. If, however, there is no improvement after one rotation, then alternate treatment outcomes need to be reviewed.

Consider an oral hygiene club, or an app that can remind patients to wear their elastics and send supportive messages. The iFactor in all areas must be deployed quickly and consistently, and your team must have it committed to memory.

**The Value of Time Calculation:** Finding an over-ECD rate at 21% is not uncommon, but this unmonitored metric is costly. For this practice, we set an interim goal of a 3.2% decrease in the over-ECD percentage. The resulting decline of 32 patients, all having 20-minute appointments, yields five hours recovered this month and five next month, for a total of ten hours.

**Total Gains:** By addressing each schedule outlier, and implementing new systems and protocols, the return translates into many hours that can be used more productively!

Below is a summary table that adds up the outliers that we have reviewed. At the bottom, you see a total savings of 32 hours if the appointments were lined up one after another. When we translate this into the practice schedule, and there are six clinical assistants, the monthly savings is slightly more than five hours at 20 minutes apiece!

**Around the World** continued from page 5

coordinator or treatment coordinator who takes a 30-45 minute nest in the private op on a fully reclined chair in order to re-charge the batteries for their busy afternoon.

And finally now, I have learned to applaud myself for taking breathing time for me. A real vacation taken this year with no work involved, next year’s vacation already booked well in advance, more relaxing time with family and friends, walks in my beautiful San Diego sunshine – all of these combine to alleviate stress, keep the momentum going, and prevent the burned out lack of energy which all of us should be trying to avoid.

Thank you ortho for having changed my life and giving me a hint at a future wonderful career and profession. Thank you ortho for a career which I have loved and treasured and for which I am eternally grateful. Thank you ortho for the dear friendships I have around the world and in every state in America.

I am promising to take care of me so that I can be here to see that 50th anniversary and to speak at my 25th consecutive AAO Annual Session, and to share my knowledge and passion for this profession with the young people who have still never heard of me! Let’s all commit to taking care of ourselves (mentally, physically, emotionally) for our families, for our ortho team members and doctors, for our patients and also, for OURSELVES.

Editors Note: This article first appeared in the PCSO Bulletin, Spring 2017.

**Referrals** continued from page 9

7. Set realistic targets for how many referrals you should receive from each referring office.

   Based on referrers’ history with your practice, you should be able to determine how many prospective patients each practice has been sending and then calculate an attainable increase based on your marketing plan. These targets—per referrer and total—will play an instrumental role in driving practice success. At this stage, you can also set higher targets for practices you think you can convert from minor to major referral sources.

8. Implement the plan and adhere to it diligently.

   At this point, your MC shifts from planner to manager. You and other team members will also need to be ready to do your parts to make the plan work. Your personal involvement may be minimized from this point forward, for the sake of unleashing your productive potential, but you must make yourself available for playing the role of “closer” in interactions with referrers. Also, if your plan begins generating excellent results quickly, you may be tempted to cut back on the activities and spending it requires. This would be a serious mistake.

9. Monitor and analyze the results, comparing them with your targets.

   Track the performance of individual strategies and of the plan as a whole, looking at hard numbers rather than trusting your (or your MC’s) impression of how it’s all working. You should have regularly scheduled meetings with your MC to review these statistics. It’s also a good idea to have the MC present a target-versus-actual report at monthly staff meetings. This will remind everyone of what you’re out to accomplish and give them a sense of ownership. If the numbers are good, morale will go up. If the results are disappointing, the whole team can participate in figuring out why and brainstorm ideas to make improvements.

10. Adapt your overall plan and individual strategies as needed, based on performance in the market.

   It’s highly unlikely that your referral marketing plan will be perfect right out of the box. Adjustments will surely be needed, and you’ll learn as you go. Strike the right balance between rigid adherence to the plan (not slacking off, cutting the budget or postponing key actions) and the flexibility needed to make changes on the fly. With up-to-date performance data and ready-to-launch replacement strategies at your disposal, you and your MC should be able to respond quickly to opportunities and counter threats, fine-tuning program performance smoothly and effectively.

To develop, implement, and reap the rewards of an effective referral marketing program, follow the 10 steps outlined here. You’ll not only increase the number of doctor referrals your practice receives, you’ll also increase your capacity to handle the additional cases that result.
Taking care of others is at the heart of orthodontics. But taking time to take care of yourself is just as important. Read some ways you can take care of YOU.

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Doctor referrals can easily become stagnant when well-established. Use these 10 ideas to keep doctor referrals coming through the door.

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Part two of finding and fixing your schedule outliers. Save your office time and extra appointments with these tips.

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