

The Economics of Special Visits and Unexpected Treatment

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A Day in the Life of a Typical Orthodontic Practice

Susie Smith's mother calls to say she has a wire poking and that it might be broken. The scheduling coordinator tries to do what she thinks is the right thing by putting the patient in the schedule late in the day so other patients don't have to wait. The clinical team is upset because they are going to have to work late... again. In the meantime, a regularly scheduled patient arrives with a loose bracket "that broke on the way to the office" and another comes in with a loose banded appliance. The 10 minute retie appointment becomes a 25 minute rebond and the 15 minute wire change turns into a recementation of an appliance. And of course, these patients want their regular appointment done as well. Patients who arrive on time end up waiting.

The scheduling team is upset with the clinical team for not understanding their predicament in dealing with distressed parents. The clinical team is frustrated with the scheduling coordinators because they 'squeeze' patients in the schedule, often during busy times or at the end of the day. The entire team is upset that patients show up with something loose or broken without calling first. Patients who arrive on time are aggravated because they have to wait. Teamwork decreases and the practice reputation begins to diminish.

The orthodontist decides that a schedule change is necessary and the team agrees. Appointments are held in the schedule for patients who call and need a special visit to the office to repair a broken or loose appliance. Things seem to be better---at least patients who call with a problem no longer have to be squeezed into the schedule. But wait! There is still a lot of frustration in the clinic. Patients are still arriving with loose brackets, bands, poking and broken wires and before long, the "saved" emergency appointments have been used up and again the scheduling coordinator needs to squeeze in those patients. The orthodontist and team give up and believe that the situation is unavoidable. The common belief is, "Patients just don't comply with treatment like they used to" and "We're just going to have to live with it". Doctor suddenly talks about early retirement.

Treatment Efficiency

With all the advancements in technology, today's patients required fewer visits and often have longer intervals between appointments. Orthodontists are able to treat more patients than they were twenty years ago. In many practices, profits are healthy. It is easy to become complacent and believe that loose brackets/bands and wire problems are not a huge concern.

One of the ways I evaluate clinical efficiency is the dollars earned per visit on each case. To determine this figure, count the number of regular visits and the number of special visits from start to the completion of active treatment. A patient with 22 visits and no special visits produces more production per visit than a patient who has 28 regular visits plus five special visits, when both cases are charged the same fee. This is calculated by taking the case fee and dividing it by the total number of visits.

For Example:

Fee: \$4,900

22 visits = \$222.73 per visit

33 visits = \$148.48 per visit

The dollars per visit for treatment should be between \$220-\$260 per visit.

You can also evaluate the total time used to repair loose or broken appliances to calculate the loss of production. These are just a sampling of the numerous numbers that can be evaluated to determine opportunities for improvement.

Is it really that big of a deal?

There are numerous costs associated with loose brackets, procedures that need to be redone, or avoidable procedures of any kind. There are the clinical costs of supplies, equipment usage, instruments, sterilization and

disinfection of the dental unit. In speaking with several orthodontists, their estimates for each loose bracket vary from \$25 - \$150. Others say that it costs between \$50 and \$100 just to put a patient in a dental chair.

There is also the negative effect on your patients and parents. Patients are busier than ever and become frustrated when they need to come in for an additional appointment or if they have to wait. Parents often believe that it is the orthodontist's fault and frequently share their frustration with others.

Repairing broken appliances can extend treatment time, which reduces profitability, frustrates patients and parents and can affect referrals by both patients and the patient's family dentist. Also, staff costs include lost production, stress, and reduction in morale. Unnecessary repairs can have far reaching effects in both in the tangible and in relationship concerns.

What do I do first?

Determine if there is a problem with loose brackets. Many orthodontists underestimate the severity of the problem. Many times well-trained orthodontic assistants will replace brackets or prepare the teeth so the orthodontist only needs to come to the chair for 15 seconds to replace a bond. New clients often estimate their loose bracket percentage as 2-3% and are shocked when we find the number to be 10-15%.

What about other problems?

Loose brackets are not the only concern. What about the patients who come in with a poking tie wire or an archwire that has slide around and is poking their cheek? Oh yes, and what about those loose banded and crowned appliances that are coming loose or the multitude of patients who come in on non patient days for various repairs by a well-trained orthodontic assistant? Many times talented orthodontic staff take care of these problems without notifying the orthodontist, so as to not burden the doctor. And the doctor wonders what clinical staff do all day when there are no patients scheduled...

All of these special visits and extra procedures add up. Procedures that are not scheduled as part of the treatment plan affect team morale and patient attitude, reduce profitability and create stress.

What is the easiest way to calculate our bond failure and analyze the other special visits?

Many computer systems can track special visits by assigning a code for special visits. If input correctly, this can give you an idea of the number of special visits and extra work that has been completed. Unfortunately, unless the procedure list is extremely detailed, the report does not typically identify the probable cause of the problem.

A special visit / problem found slip can be devised in which the specific problem is identified as well as the cause. The clinical assistant notes whether this is a special visit or if a problem was found at the chair when the patient was seated. This is important information as some patients call and make a special visit appointment when they find a problem with their appliances, and others just show up, creating havoc with the schedule. Some offices may have a low rate of special visits (or emergencies as they are typically called), yet have a high rate of patients who come to their regular visits with appliances broken. Looking only at the emergency rate can give a false sense of security.

Emergency / Repair Slip

Date: _____ Patient: _____

Perceived Problem: _____

Patient Advised: Repair Make comfortable

Actual Problem: _____

Loose Bracket _____ Location
 ___Metal ___Ceramic ___Gold
 Adhesive on: Bracket Enamel Both

Loose Band _____ Location
 Cement on: Band Enamel Both

Wire Poking Wire Broken Wire Slide
 Wire Size and Type: _____

Loose/Broken/Bent/Lost Appliance Type: _____

Other _____

Cause of Problem: _____

 Last Assistant: _____ Today's Assistant: _____

1. Keep one set of forms at the front desk. Complete the first four lines when the patient calls with a clinical problem. The form is attached to the patient chart. The assistant completes the form once the patient arrives.

Keep another set of forms in the clinic. The assistant completes the form when a problem is found during a routine appointment. If it is found that the majority of patients with problems do not call in advance, the patient education process should be evaluated.

2. Noting the perceived problem by the scheduling coordinator assists the clinical staff in knowing how informed patients and parents are about their appliances. If the perceived problem does not match with the actual problem, additional patient/parent education may be indicated.

3. What was the patient told on the telephone? Will the problem be completely repaired in one appointment or will the patient need to return for the repair? Ideally, the problem should be repaired in one appointment rather than two.

4. The form accompanies the treatment card when the patient is seated. The chairside assistant notes the actual problem, appropriate details, and indicates the cause of problem. Determining the cause helps to isolate whether the patient contributed to problem or if it was a clinical issue. This information can be used to design a plan to prevent or reduce emergencies.

5. Noting the last assistant who worked with the patient may assist in identifying individual training needs. It is also helpful for the same clinician to see the patient who is having problems, so he/she can analyze her clinical technique and communication methods.

The first step to resolution is the recognition that a problem exists. Knowing the exact percentage of bracket failures, loose bands and other problems can be a great motivator for seeing the need to correct the problem.

Morale improves as the team sees the improvement as changes are made.

Bracket failure percentage can be calculated by noting how many brackets you bond each day and what number are found loose each day. Calculate the percentage over a month's time. Although zero loose brackets are ideal, a realistic goal is 2-3%.

The number of other repairs such as loose bands, wires that were left long, etc. should also be tracked. The number of repairs performed other than loose brackets can be calculated as a percentage of patients seen. This number should also be between 2-3%.

OK, We have a problem, what do we do now?

Filling out slips alone will not cure the problem. The orthodontist and the entire team must make constant improvement a priority and discuss protocols for change. A staff member should be assigned to collect and evaluate the slips on a weekly and monthly basis and track changes over time. The orthodontist and clinical team should regularly evaluate and retrain on all clinical techniques, such as preparation for bonding, proper use of adhesives and equipment, patient education, details of archwire placement, etc. The treatment coordinators can benefit from identifying ways to effectively prepare patients and parents for their responsibility with having braces. The scheduling coordinators can work with the clinical team to script responses to the most common questions and learn to coach patients over the telephone on how to handle certain problems. The marketing and or communications team could brainstorm on new avenues of communication, patient education and individual rewards for patient compliance. The orthodontist and staff as a team should identify where in the schedule special visit patients should be seen.

Each week, the slips should be evaluated. With each situation, address the following questions:

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- What can be done to prevent this problem from occurring in the future? Is there a need for a change in technique?
 - Do we need additional training in this area?
 - Is this a unique situation? If so, do we have a training session scheduled to address it?
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- Is the information on how to prevent this problem clearly outlined in the procedure manual?
 - Do we need to modify our patient education/patient coaching techniques to support patient compliance?
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A Day in the “New”Life of a Orthodontic Practice

Amanda, Dr. Sand’s Treatment Coordinator, carefully educates Susie Smith and her mother regarding the responsibilities of treatment. They are looking forward to working with Dr. Sand and team.

Cindy, a well trained orthodontic assistant, focuses carefully on procedure details as she assists with Maria’s bonding, then explains what to expect for the first few days and what to do if an unexpected breakage does occur. Mother and daughter leave feeling well informed.

Brad’s mom calls and says that he has a loose bracket. Kim, the scheduling coordinator, finds an appointment slot which is reserved for these types of appointments so Brad can stay on schedule with his treatment. Kim smiles as she knows the clinical staff approves of those time slots.

Maxine arrives for her regular appointment with a loose appliance. Maxine’s patient manager shows her how to check her appliance every day to stay aware of the status of her appliance, so in the unusual circumstance she were to have a problem in the future, she could call first, so she wouldn’t have to wait to have it recemented.

Although they did have 2 patients today with unexpected treatment, the clinical team is thrilled because they’re loose bracket percentage is down to 3% from 10%. All other problems such as loose bands and poking wires are down over 50% from one year ago.

The marketing team has an individual reward program in place to support patients in their cooperation with orthodontic treatment. Casey celebrates with her patient as she hands out the gift certificate to the local mall.

The staff leaves on time and feels good about the day. Dr. Sand looks forward to practicing another 15 years...Is this what you would like to experience in your practice?

By tracking and analyzing special visits, then focusing on preventing unnecessary repairs, will help to improve the economic aspect of your practice, along with enhancing the quality of life for yourself, your team, and your patients.

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