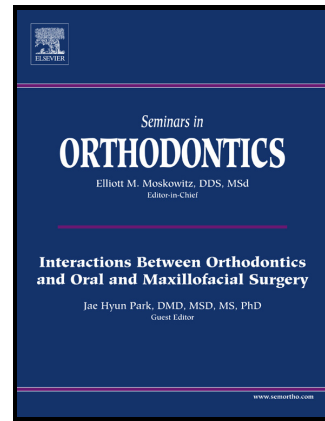


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The Art and Science of Setting Goals and Achieving Them

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Abstract: Determining what goals are important and understanding how to actualize those targets is the focus of this article. Whether it is the number of days you work in a month or a year, the number of active patients you wish to treat, the vacation weeks or months to take in a year, the amount of profit you want, the number of locations you wish to open, the quality of your treatment results, or your role in the community, setting goals in these areas is essential. But goal setting but is only a small part of the equation. This paper addresses these areas and how best to achieve the goals.

Key Words: Goal Setting, Conversion Rate, Treatment Plan, Fees, Expenses, Non-Compliance, Vertical Calendar.

When starting out in orthodontics, the primary goal most orthodontists focus on is generating enough money to pay back the bank loan with a little left over to cover living expenses. At about year 12, many orthodontists realize that Lewis Carroll was right in Alice in Wonderland when the Cat and Alice had this exchange:

“Would you tell me, please, which way I ought to go from here?”

“That depends a good deal on where you want to get to,” said the Cat.

“I don’t much care where—” said Alice.

“Then it doesn’t matter which way you go,” said the Cat.

“—so long as I get SOMEWHERE,” Alice added as an explanation¹

The paraphrasing that is so often quoted is a good summary of the exchange between Alice and the Cheshire Cat: “If you don’t know where you are going, how can you get there?” In other words, how can you pick a road to somewhere when you don’t know where you are going? How do you get “there” when you don’t know or don’t care where “there” is?

Rather than setting goals and making strides to reach them, practices evolve or morph, often with the orthodontist working long hours and more days a month than is necessary. When quality of life becomes important, the orthodontist wants more time off or feels he or she is working too hard for the return. It becomes apparent that systems and a focused set of priorities and goals are necessary to handle growth. ²

Where does one start on the road to goal setting and implementation? Often, even for those who have progressed beyond focusing on treatment philosophy and are now tracking patient and financial statistics, practitioners find it difficult to define short-term and long-term goals. There are no rules – the goals and targets are yours to imagine, but below are a few areas that may resonate and can provide for a solid foundation on which to build and meet your practice's strategic goals.

Patient Days You Work in a Month or a Year

With a well designed schedule that allows for the doctor to be systematically treating patients all day long, an orthodontic practice can efficiently schedule all patients into 12-14 days a month, whether there are 1200 active patients, or less. Contributing factors include the number of clinical staff, their level of expertise, the number of chairs, and whether there is a waiting line at the digital x-ray machine(s).

Points the practice must address include: creating classes (or configurations) of appointments showing how long the patient is being seen and where the doctor time is in each class, the proper counts of how many classes / configurations are needed each day to offer a proper number of appointment slots, and finally building an efficient patient schedule based on these classes or time configurations, etc.² It is important to be certain the doctor time is addressed so the doctor is only needed in one place at a time but is needed consistently throughout the day.

Vacation Weeks or Months During a Year

Each practice should determine what the work schedule will be one year to 18 months in advance. This future focus planning allows staff to arrange their vacations on non-

patient days, when growth guidance and Phase II pending patients can be schedule a year out, etc.

If the practitioner wants two weeks off together, it is best to plan that one of the weeks be at the end of one month and the other at the beginning of the next month. A vertical calendar evens out the patient flow each day by properly addressing the appointment rotation for patients.

Non-Patient Days

If a practice sees patients only 12 or 14 days a month, one might wonder what clinical staff should do on the non-patient days. Some staff members only want to work on patient days. Others are welcome to work the non-patient days as long as their time is productive and valuable to the practice. We usually recommend a structured list that is updated regularly with what must be accomplished on non-patient days.

Additionally, one day a month, the entire team should go into the community together to do something good for those less fortunate. Teams have dug a vegetable garden for senior citizens, painted a homeless shelter, packed and distributed frozen food when the freezer at a local food bank broke down, stuffed and dressed bears at Build-a-Bear so the bears could be taken to children in the hospital, etc.

The Number of Active Patients You Wish to Treat

Orthodontic practices can become as large as the practitioner wishes. Thanks to technology in treatment, treatment times are shorter. Practices have anywhere from 5 to 14 exams slots a day. Although many slots are filled with exams, some of those slots are filled with growth guidance patients who are now ready for treatment and adult patients

who didn't start at the time of their exam but are now, maybe two years later, ready to start.

The conversion rate should be 75% or higher. Any practice averaging below a 75% conversion rate should reflect on what is causing new patients to turn away, as many practices are enjoying very healthy conversion rates between 85 and 90%! ³

One way to greatly improve new patient starts and grow your active patient base is to prepare the patient on the phone during the new patient call that the practice may be able to start the patient the same day as the exam when treatment is indicated so they don't have to miss work or school twice to get started. We take the pan (or pan and ceph) and photos prior to the doctor seeing the exam patient, and if treatment is indicated during the exam, can then do a scan, an impression, or even place braces if the patient is ready for treatment and if they wish to start. It is also essential that the new patient call script educates the patient or parent that an initial payment will be due the day treatment is started. A properly detailed and well-written new patient call script allows the practice to create a connection with the new patient and convey to the caller that the practice has the utmost consideration, value, quality and convenience in mind when treating patients.

Another key is in utilizing treatment plans that the practitioner designs, delineating the exact procedure to be performed at each visit, the wires to be placed, additional things that should be addressed at each visit such as starting elastics PRN, etc., thus minimizing actual visits. At the exam, one of the treatment plans is selected for each patient, and the plan is followed to ensure the patient finishes treatment on time. If a

practitioner finds they are modifying a plan too often for multiple patients, this is a good indicator that a new plan should be created for that particular clinical treatment.

It is also important to monitor your starts per finish ratio and ensure that your active patient base is not artificially inflated with patients who should have already completed treatment. The clinical staff should be aware of patients who are beyond their estimated completion date (ECD) and bring that to the practitioner's attention. Each day patients coming in who are beyond ECD are discussed at the morning meeting.

Also, the scheduling coordinators should stay on top of the list of active patients that do not have a next visit scheduled. It is the responsibility of the scheduling coordinators to reschedule anyone who "no-shows" or cancels their appointment so they finish treatment on time.

Profitability

Many factors go into the amount of profit that is generated in an orthodontic practice. Fees and expenses certainly play major roles.

One of the most confusing aspects is how to charge for Phase I and Phase II treatment. Most orthodontists charge a fee for Phase I. At the time Phase I is started, they explain to the parent that 25% of what was paid in Phase I will be credited against the then full treatment fee to determine the Phase II fee when it is time to start Phase II treatment. If you are crediting more than 25% toward Phase II, you are negatively impacting your profitability. Phase I and Phase II should equal about 125%-130% of the full treatment fee.

With regard to keeping a close eye on expenses, every category on the Profit and Loss should have a budget, and someone in the practice or an advisor should monitor these expenses regularly. Most expense categories have normal ranges that serve as a guideline. For example, the marketing budget within an orthodontic practice is generally 3% of collections. Staff wages (not including benefits or taxes) generally run 19-20%. Clinical supplies are about 8% of collections, although this number can be impacted by Invisalign and more expensive, but valuable, modalities such as Insignia.²

Multiple Locations or a Single Location

Does one location provide enough exams if the practice is marketed properly? If not, an additional location might be considered. However, traveling long distances for doctor and staff has its downsides and risks, particularly in poor weather. And it can be expensive equipping two locations with the same required pieces of equipment (e.g. x-rays, scanners, etc.) not to mention the duplication in clinical supplies, hand pieces, and other instruments, etc. Another factor to consider is the human resources required to cover a second location, especially when the orthodontist and staff are working elsewhere.

Some orthodontists are looking to create a “chain” of practices that benefit from volume or leveraged purchasing in everything from clinical supplies to marketing. Once systems are in place in one location, it is fairly easy to replicate the systems in additional locations, sometimes even improving the layout after lessons learned from the original office are assimilated.

A Call Center that centralizes all telephone calls helps greatly whether one is practicing in one location or multiple locations. The practice is able to establish consistency in

scripting and messaging to ensure quality communication and interaction with each caller. The telephone becomes the primary focus of the person(s) handling the calls from patients, parents, other practitioners and vendors.

Additionally, patients in the office receive the full attention of the scheduling coordinators as calls are no longer interruptions to the scheduling coordinators who may be talking with or scheduling a patient at the desk. Most importantly, people in the reception area are not privy to conversations on the telephone because the call center is generally located away from the front desk area. Thus, the practice is able to deliver the desired exceptional customer service experience for each and every patient/parent.

When selecting a site for the call center, one should consider privacy, noise abatement, enough space to be certain each staff member is not negatively impacted by someone else on the phone, and ergonomically correct furniture, among other things. The phone technology must be well researched as well.

One might want to consider VOIP (Voice Over IP) technology, which offers telephone lines that utilize the Internet for calls. There are many benefits to consider such as lower cost, unlimited phone lines, the ability to combine texting and emailing with your call system, messages or music on hold, bandwidth utilization, inbound and outbound call detail reports, call screening, potential integration with your computer management system, and even active phone monitoring and training to provide real time feedback to call center staff.

Once an appropriate site is selected and set up, it is critical that the staff have the proper training for the Call Center. Voice modulation, verbal skills, knowing how to handle difficult situations, reading between the lines to know what isn't being said, asking for referrals when a patient/parent compliments the practice, and a well written new patient call script are all essential ingredients in the recipe for a successful and professional call center.

Quality of Your Treatment Results

Certainly high quality treatment results should be on every orthodontist's list of goals. But how does one ensure that a high percentage of patients complete treatment within a reasonable amount of time and with an ideal result?

Proper treatment planning at the beginning of treatment starts things off in the right direction. Treatment plans in place that tell the staff what should be done each visit are predicated on the staff being well trained, for they must be able to look in the mouth and determine if the patient is actually ready for the intended treatment. Maybe the patient's compliance or growth is not what was anticipated, and the patient is not ready for the next step. In that case, the clinical chairside should check with the orthodontist.

Midway through treatment (often at the pan/repo appointment), a progress review is completed to determine if treatment is progressing as it should. If non-compliance is the issue, practices start the "It's on the Us for Six Months" conversation which explains to the patient/parent that we are behind schedule due to non-compliance, that we may have to change treatment modalities (such as the use of Forsus), that we will continue to treat the patient for six months beyond the estimated completion date, but at that point, it will be up to the patient/parent to decide if we continue, for there will be a \$250 per

month fee to continue treatment. With the “It’s on the Us for Six Months” program in place, parents aren’t urging the orthodontist to give their “darling” a few more months in treatment even though he or she is not compliant.

How You Wish to be Seen in the Community

Be creative! Choose a cause with personal meaning to you or your staff. The options are limitless, but without fail, we should all be giving back to our communities in some way. Some orthodontists are very involved, serving on the School Board, coaching Little League, supporting the arts, or offering free treatment for a school fundraiser. Other orthodontists live outside the boundaries of where their practice is and are not personally involved in the community where they practice. Is there a right answer? We believe involvement in the community where you practice is located can be very helpful to growing a practice.

As previously discussed, we recommend the staff go as a group into the community (wearing their practice t-shirts or jackets) to help where they can. This should not be thought of as a marketing event but as a genuine helping hand. However, we have found that there are far-reaching benefits in the team building aspect of the group when focusing on a project together.

At its highest level, community service is truly about giving back. We also have an opportunity within the practice to exercise the same spirit of goodwill by reaching out to create a “safe space” for patients who may be facing challenges whether at school, on the playground, at home, or even in the work place. It is essential that patients/parents know there is no bullying in the orthodontic practice regardless of the level of

cooperation. No one should be blamed or shamed. Let your practice be known as the practice where everyone feels embraced.

Some practitioners offer their top referral sources an opportunity annually to refer a patient who needs orthodontic treatment but does not have the resources to pay for treatment. Treatment is rendered at no cost.

There are many other goals that you will want to consider, and, of course, each goal and the subsequent methods of reaching them, require a great deal of focus and attention. But once completed, an orthodontic practice can, for the most part, run profitably and like clockwork.

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