How well do you know your practice’s business fundamentals?

By Mark S. Sanchez, DDS, founder and CEO of tops Software

Pop quiz. Do you know — right now — the biggest pulse points affecting your business in 2014? If your answer is “Sure, I can figure that out,” or “Yes, my treatment coordinator works on that every month,” you may want to think again. For every patient who leaves your office today with an incoming report — or information about patient schedules, billing cycles, treatment length, new starts, pending care, capital expenditures, office leasing and patient communications. Maybe some even capture a collection of patient “selfies” that you — or your already-overworked treatment coordinator — have logged count less less hours compiling statistics on those reports. Sadly, by the time you finish your

analysis, the data is already stale and incomplete, and the insights have lost their potency.

So here is just one way I see the profit potential of real-time insight. It’s a game changer for orthodontic practices. For example, wouldn’t it be cool to look at three cuts of data around total treatment time — by office, treatment type, treatment coordinator and fee?

1. Individual level. Thomas Anderson re corded 24 visits at our Oak Street office to complete his Invisalign treatment at a set fee of $5,000.

2. Compare with a subgroup level. Treatment coordinator Anna Smith, who man aged 25 Invisalign patients in our Main Street satellite office, recorded an average completion time of 15 visits.

3. Further compare against the total population. We had 100 patients com plete Invisalign treatment across all four offices in our practice, at an average of 17 visits.

So here are some pulse points for the practice insight and learning/reinven tion treatment. What was up with Mr. Anderson’s treatment? Mr. Anderson’s team? And what can we all learn from Anna?

Take the insight test: What have you been missing?

If you need to have a more competitive practice, set yourself to the data. Look at the following seven profitable insights you can put your fingers on — right now.

• Profitability: Profitability, by patient or procedure.

• Treatment time: Actual length of treatment versus the estimated range by doc tor.

• Understanding the unplanned: Impact of emergency visits on the overall cost of treatment.

• Demographics: Correlation between patient age and office visit length.

• Setting fees: Whether you are under compensated for any of the types of treat ment you offer.

• Multispecialty tracking: Ability to monitor patients efficiently through multispecialty treatment.

• “What if” drill downs: Answer questions — on the fly — about the impacts of the mix of patient load, treatment type, age and local team on each of your satellite offices.

In truth, gaining real insight into how your practice works requires a matrix of patient data in many dimensions. We simply aren’t there yet. Our business systems need to properly handle this multidimensional matrix in real time to show us how to chart our way to profitability. Until now, we’ve all been driving blindly.

About the author
Mark S. Sanchez, DDS, is the founder, CEO and chief developer of tops Software. He practices in one of Atlanta’s leading orthodontic offices and is the owner and chief programmer of tops Software. He actually uses such a product on a daily basis. Sanchez de velops and designs software while pursuing a doctorate in physics at Georgia Tech. He earned his dental degree and certificate in orthodontics from Emory University.

Process challenges in pre-cleaning instruments

By Dentronix Staff

In the recent past, there has been lots of interest in implementing the use of instrument washer/disinfectors in orthodontic offices.

The convenience of using a dishwasher-type device for cleaning instruments has become more attractive for offices wishing to clear up counter space and not re cycle cleaning fluids. Our Dentronix repair department has received numerous inquiries regarding the compatibility of various washer units with dry heat sterilization and inserting-type orthodontic pliers.

The sterilization aspect isn’t nearly as important as the chemical exposure to instruments in the process. Remember that these types of cleaners and solutions were originally developed for medical instrument sterilization in large central hospital sterilization facilities. These instruments could be potentially contaminated with a significant amount of bio-burden.

This technology was transferred to the dental office in the late 1990s, still being used on basically non-hinged stainless-steel instruments. Orthodontic instruments present special challenges as they are particularly susceptible to chemical corrosion. Because of their multi-metals construction (often featuring non-stainless materials) and hinged joints, care must be taken in the selection of cleaning agents. Aluminum sterilizer racks and their protective anodized coatings are attacked by alkaline lines, tungsten carbides are attacked by even mildly acidic solutions, and the silver content in the bond that attaches the tips to the stainless pliers can create a virtual battery and cause electrolytic corrosion to tips in an acidic environment.

When Dentronix’s MPUS ultrasonic cleaning solution was originally developed in the late 1980s as a companion product to dry heat sterilization, the correct chemical balance to afford efficient cleaning and instrument protection was a primary goal.

The learning curve with acidic and alkaline disinfectants used at that time gave us a knowledge base on what to avoid. The MPUS solution was formulated to be as chemically neutral as possible. A non-ionic base with a neutral pH was selected as well as integrating phosphate-free surfactants. Because this was a “no rinse” solution, enzymatic agents were left out to avoid the potential of chemical reactions with the dry-heat sterilization process and offensive odors during evaporation.

A powerful rust inhibitor was also included into the MPUS solution to protect the entire cleaning and sterilization process. Dentronix still manufactures and sells an updated version of this formula.

Conversely, many cleaning solutions for washer/disinfector are not specifically designed to overcome the challenges of processing orthodontic pliers. They have been formulated to remove blood and organic debris by the sole action of pressure saturated, sprayed water rather than a more complex method such as ultrasonic cleaning. Without other means, these solutions must be more aggressive to be effective.

A very popular European solution uses an alkaline cleaning agent so powerful that it requires an acid rinse as a neutralizer. This can be a “double whammy” to the materials used in your ortho pliers and sterilizing racks. Alkaline detergents are available for disinfecter washers with pH as high as 13. Typical formulations run between 11-12 pH. These solutions are very effective at removing organic debris, however, the level of organic debris on typical orthodontic pliers is arguably minimal.

Without question, cleaning is the most important phase of the disinfecting/sterilization process as it reduces biological material on the instruments that can act as a barrier to the sterilization process. The reality is that in the day-to-day practice of orthodontics, the biological material most often encountered on instruments and pliers is saliva — a substance not requiring particularly aggressive cleaning agents.

The bottom line in assessing any cleaning protocol is not so much the equipment selected but the chemistry associated with it. Get MSDS sheets, check the ingredients in the formula, and ask your peers about the experiences they have had with a specific product. When in doubt, call the manufacturer of your instruments for advice before you commit to a chemical cleaning agent that could potentially damage your instrument inventory.

The cleaning and sterilization process puts enough stress on your pliers and instruments under ideal conditions without introducing damaging chemicals that weren’t designed for your protocol.

At the AAO
For more information about tops Software, stop by the booth, No. 2819 at the AAO.