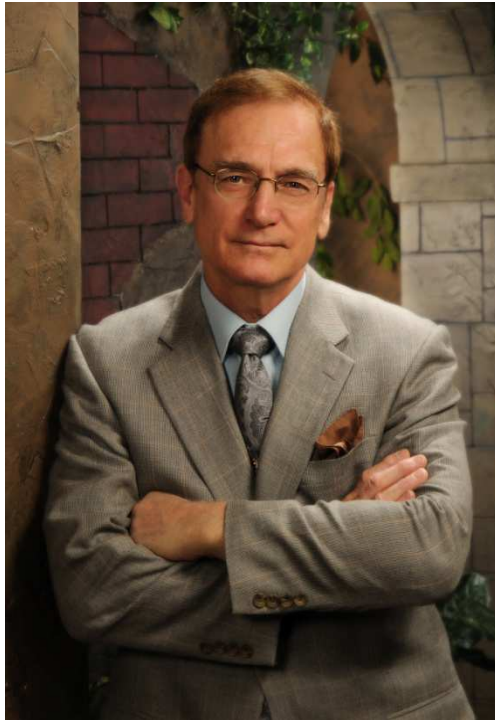


# about

## Dean C. Bellavia, Ph.D., M.S.

---

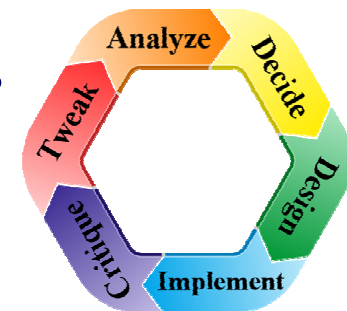


© The Bio-Engineering Co. 2015  
[www.DeanBellavia.com](http://www.DeanBellavia.com)

For decades Dr. Bellavia has worked with hundreds of new and established practices and thousands of team members to design most of the state-of-the-art orthodontic systems used today.

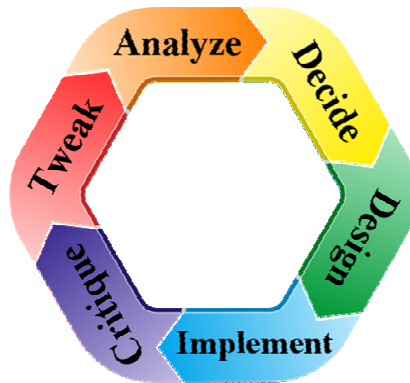
Dean has published four management books on orthodontics and two books on personality, has written scores of articles on practice management, has lectured to thousands of orthodontic professionals, and provides you with semi-monthly “Management Pearls” at [www.DeanBellavia.com](http://www.DeanBellavia.com)

Dean has spent the last 4 years developing **A~D~D~I~C~T...** a **straightforward guide** to practice management.

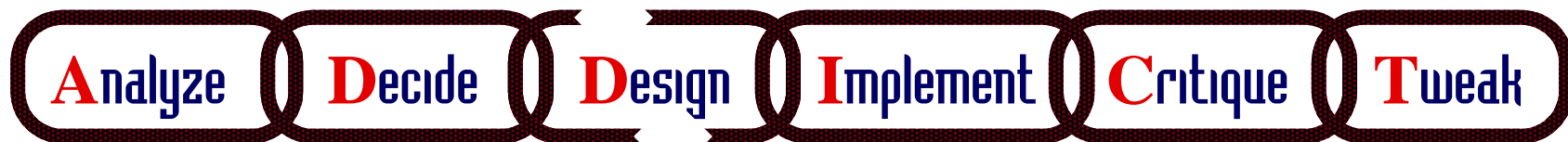


a ***Straightforward Guide***  
to creating Your Systems called...

---



**A~D~D~I~C~T...**  
is a sequence or chain  
of logical steps...



...but the chain is only as strong as its weakest link...  
you need to give every step its due.

# Analyze...! *minimal* statistics

\$12,456  
38 6 23  
\$422

## You will need at least 12 months of the following:

- Total number of Full, Ph-II, Ph-I, Limited & Invisalign **Starts**
- Total number of *New Patient* **Exams** (not recall exams)
- Total number of exams **Placed on OBS Recall**
- Total **OBS Recall Started in any Active Tx**
- Total Full & Ph-II **DeBands**
- Total **Patient Tx Days** (<5 hrs = ½ day)
- Total **Patients seen** (for last 12 mo)
- Total **Clinical Staff** (full time equivalents)
- Total **Clerical Staff** (full time equivalents)
- Total **Clinic Treatment Chairs** (available to the DA's)
- Active Tx Appointment Interval **Sequence**
- Completion of Active Tx by **ECD**
- % of Referrals from: **Family Dentists & Patient/Family**

# Decide...*what* to do and *when*



Before you **Decide** anything...**Step-1: Analyze**

Moving into a **New Office**? **Step-2:** move in before implementing **ADDICT**.

Installing a **New Computer**? **Step-3:** install it before implementing **ADDICT**.

**Adequately staffed**? If so, great, if not, **Step-4** is to organize and hire staff—your systems are embedded in your team...no team...no systems.

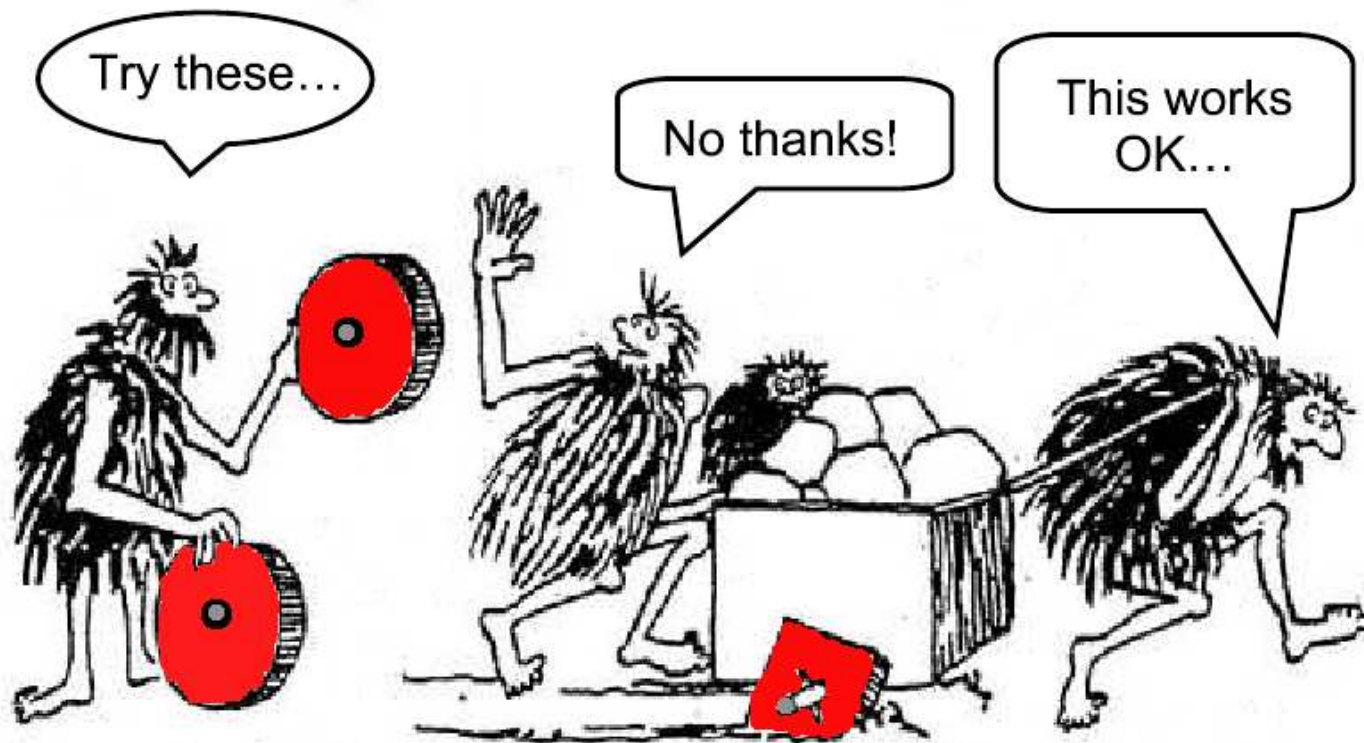
Are your **TC's conversion rates** and your internal marketing adequate? If so, great, otherwise **Step-5** is to improve your TC program.

Is your team **Fully Trained**? If so, great, otherwise **Step-6** is to train them.

Once Step-1 through Step-6 are accounted for, you can move on to **Step-7**, creating your ideal **Scheduling** system.

Are you considering an **Associate**? If so, **Step-8** is when you should do it.

# Design...your systems



Changing to something new isn't easy.

# Implement...your systems



Only create **One *Major* System at a Time...**

...for example “Create your Exceptional TC Exam”...  
*before* “Creating your Scheduling System”

Have ***One* Person Responsible** for each major or sub-system.

Have that responsible person **Train Other Team Members** on how to use your newly implemented system as needed.

Have all of the **Equipment & Supplies** available to implement your new system.

Choose a **Specific Date** to start implementing your new system and have all of the team members prepare for it.



# Critique...your system



Determine what works



and what doesn't



- 1) The **person responsible** for that system's implementation should critique the progress of that implementation.
- 2) Critique **your new system 3-6 months** after implementation to reinforce your design and clear up any misunderstandings.
- 3) Use your management kit's *design workbook* as a checklist to make sure *what* you designed was *properly implemented*...  
...use other specific **A~D~D~I~C~T** critiques as appropriate.
- 4) Also use your kit's *design workbook* to make sure that *what* you designed is being used correctly by your team...  
...for example, using your new schedule's appointment codes correctly.

# Tweak...fine-tune your system



- 1) Do you want **more** procedures or sophistication built into the system you designed & implemented...  
...for example *adding* “substitutions” into your schedule  
...or *adding* elements initially left out of your hiring system
- 2) Do you want **fewer** procedures or sophistication in the system to make it *easier* for your team to implement or use...  
...for example, combining similar appointment codes into one  
...or *removing* elements initially built into your system’s design
- 3) Do you need **more clarification** for the system’s use...  
...for example, re-educating the team on the use of the system
- 4) Do **whatever**, to make your systems work optimally...

Now, an *example* of **A~D~D~I~C~T** in action.



## Example: using **A~D~D~I~C~T** to...

**Create** your **OBS Recall Control** *sub-system* (for more OBS & Ph-II starts)

**A~D~D~I~C~T** System Components:

Appendix-D: OBS & Ph-I Retention Control (forms, procedures, etc.)



System's Responsible Persons: TC or DA (name) \_\_\_\_\_

System's Analysis Person (who collects statistics): Financial Coord. or \_\_\_\_\_



### *Realistic **Creation** time frames*

Realistic **A**nalysis time frame: 1-2 weeks to collect statistics and calculate conversion rates

Realistic **D**ecision time frame: 1 week for DR & TC to analyze the conversion rates and decide

Realistic **D**esign time frame: 2 weeks to design the forms, logs and procedures to use them

Realistic **I**mplementation time frame: 1-2 weeks for TC/DA to Tx and log recall patients

Realistic **C**ritique time frame: 1 week after 6 months to review recall logs and OBS & Ph-II starts

Realistic **T**weaking time frame: 2 weeks to modify and implement any procedure or form changes

# OBS Control Example continued...

**Analyze:**  $(\text{OBS Started}) \div (\text{OBS from Exams}) = \text{OBS Conversion Rate}$

Examples:  $67/98 = 68\% = \text{OK}$       $34/98 = 35\% = \text{Needs Control}$

$(\text{Ph-II Started Y-to-D}) \div (\text{Ph-I Started Y-to-D}) = \text{Ph-II/Ph-I Conversion Rate}$

Examples:  $46/60 = 77\% = \text{OK}$       $22/60 = 37\% = \text{Needs Control}$

**Decide:** Who is responsible for the OBS Control Program: TC or DA

**Design:** Visit Procedures, ⚠ OBS Scheduling, daily **OBS Control Log**

OBS RECALL Patient Name	Appt. Date	Outcome of Today's Visit Every Pt. Must have an outcome						Records Date	Start or Consult Date	Communications & Follow-up
		No Tx	WCB	OB	OB1	Start Tx	Accept Records			

**Implement:** Pts. on Schedule with TC/DA, Visit Procedure, Follow-up (log)

**Critique:** Calculate your monthly OBS conversion Rates...improving?

**Tweak:** Improve Procedures/(\$Options, New Responsible Person, etc.