



THE PROGRESSIVE ORTHODONTIST

SmileCareClub

Co-Founders Alex Fenkell and Doug Hudson

BUSINESS PRACTICE & DEVELOPMENT

Orthodontists Embrace SmileCareClub

MARKETING/SOCIAL MEDIA

A ProOrtho Interview with
OrthoExtreme CEO, Eddie Coleman

TEAM DEVELOPMENT

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BY WAYNE PEARSON

Q1 2015

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The Market Share Bulldozer Is Coming to the Following Markets in 2015



Massachusetts

Boston

Oregon

Medford
Eugene
Salem
Bend

Washington

Everett
Yakima
Bellingham
Spokane

Nevada

East Las Vegas
SW Las Vegas

Colorado

Pueblo

New Mexico

Albuquerque

Texas

Wichita Falls
Lubbock
Amarillo
Tyler / Longview

Oklahoma

Oklahoma City

Kansas

Wichita
Topeka

South Dakota

Sioux Falls

Iowa

Davenport
Quad Cities

Wisconsin

Milwaukee

Michigan

Kalamazoo

Indiana

Evansville
Indianapolis

Ohio

Cincinnati

Kentucky

Louisville

Arkansas

Little Rock

Louisiana

Shreveport
Baton Rouge
New Orleans

Mississippi

Jackson

Alabama

Athens
Atlanta Central
Augusta

Georgia

Athens
Atlanta Central
Augusta

S. Carolina

Charleston
Myrtle Beach

N. Carolina

Cary
Fayetteville
Wilmington
Greensboro
Asheville

Virginia

Richmond
Baltimore

Pennsylvania

Pittsburgh
NW Philadelphia

New York

Albany
Yonkers

New Jersey

Trenton
Vineland

Rhode Island

Providence

Florida

Pensacola
Panama City
Jacksonville
Gainesville
Ft Myers /
Cape Coral

PWest Palm Beach
Boca Raton
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East Orlando
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Redding
Napa
San Rafael
Concord
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EDITOR'S NOTE

Happy New Year!

The New Year brings promise, excitement, resolutions, and always brings **CHANGE**. Every time January rolls around we are all motivated to strive harder, set higher goals, produce more and a few of us may even be committed to eating more sensibly, and increasing or even adding an exercise routine to our daily lives.

For our first issue of 2015, we are focusing on several crucial aspects to foster improvement and are excited to provide some valuable forward-thinking information to get your business and personal life on the right track. **Change is Good** and there is no better time than now to fully "live" those words.

"The secret of change is to focus all of your energy, not on fighting the old, but on building the new." Socrates

So, how is ProOrtho changing in 2015? For starters, we have never had a non-orthodontist on the cover of *The Progressive Orthodontist Magazine* - as you know we focus on the *Business of Orthodontics* and are not much on the product promotion side of things. However we believe the launch of SmileCareClub is an extremely relevant story and wanted to focus on this game changing company as soon as possible.

We sat down with company leaders Doug Hudson and Alex Fenkell to get the inside scoop on their company's ideas and how it will affect the ortho

"The secret of change is to focus all of your energy, not on fighting the old, but on building the new." – Socrates

community and dentistry at large. We know not all industry providers will welcome this teledentistry concept, but doing what everyone else does will get you what everyone else has!

Other highlights this quarter include an in-depth chat with OrthoExtreme President Eddie Coleman, an inspirational article from Dr. Jim Raman who recently returned from his stint on *The Amazing Race*, and a little something in our Lifestyle section that might motivate you in 2015!

Visit our revamped website at TheProOrtho.com to check out the new features. While there you should apply for membership in The Progressive Orthodontist Study Group if your geographically exclusive area is still available!

Change is Good and we look forward to continuing to provide cutting-edge information through our magazine, study groups, and social media outlets to help you **change** the way you do business.

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CONTRIBUTORS



BEN BURRIS DDS, MDS
Article on page 46

Contrarian, philanthropist, rabble-rouser, thought leader, business man, loud mouth, prime mover and visionary. These are but a few of the terms used to describe Ben Burris. No matter which label you choose or what personal opinions you hold, none can deny that Dr. Burris continues to change the conversation in dentistry - especially in orthodontics.

Burris is a doer with an uncanny eye for finding opportunities to improve and an unflinching resolve to pursue and implement positive change above all else. Dr. Burris graduated from The Citadel, in Charleston, SC, with a BS in biology prior to receiving his DDS from the University of Tennessee - Health Science Center's College of Dentistry in 2001 where he then completed his orthodontic residency and received his MDS in 2004.

As a clinical professor at Roseman University, owner of one of the largest practices in North America, creator of Smile for a Lifetime Foundation, co-owner of The Progressive Orthodontist Magazine and Study Group and key opinion leader to some of the industry's heavy hitters, Ben brings unparalleled perspective to the conversation. More than anything, Ben enjoys teaching the business of running a practice and providing real-world tips on managing a successful dental business. Ben can be reached at gbdds@yahoo.com

ALI OROMCHIAN

Article on page 10

Ali Oromchian, JD, LL.M. is the founding attorney of the Dental & Medical Counsel, P.C. law firm and is renowned for his expertise in legal matters pertaining to dentists, veterinarians, optometrists and physicians including, but not limited to, practice transitions, employment law, estate planning, partnership agreements and lease negotiations. Mr. Oromchian has served as a key opinion leader and legal authority in the health care industry with CPAs, consultants, banks, insurance brokers and supplies and equipment companies. He serves as a legal consultant for numerous health care practice management firms who rely on his expertise for their client's businesses. Mr. Oromchian also serves as legal consultant to a best of class human resources company, HR for Health, dedicated to improving the lives of all dentists, veterinarians, optometrists and physicians by ensuring their compliance with complex and ever-changing employment laws. Mr. Oromchian is recognized as an exceptional speaker and educator that simplifies complex legal topics and has lectured extensively throughout the United States, including the American Dental Association, California Dental Association and Hawaiian Dental Society meetings, to name a few.



JEFF BEHAN

VISIONTRUST COMMUNICATIONS

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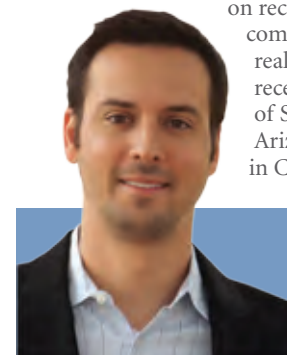
Jeff Behan is currently in his 29th year as a communications specialist. He is a fun and relevant speaker whose subject matter focuses on internal/external communication, connecting with existing and prospective patients, referral-building and practice branding. Over his career, he has worked with a diverse array of clients including; Major Public Utility Companies, Intel Corp. and Delta Airlines as well as numerous dental and orthodontic companies including Align Technology, Ormco, Henry Schein and OraMetrix. He is the principal member of VisionTrust Communications, providing staff training, customized communications tools and consulting with a primary emphasis on orthodontic practice development, including many of the top practices in the world. Jeff is a founding board member of VisionTrust International and serves on the board for Smile for a Lifetime.

WAYNE PEARSON

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Wayne is the Chief Operating Officer for Gateway Ventures, L.L.C. - one of the largest privately held orthodontic practices in North America. Pearson is an entrepreneur and executive manager with 10 years of continuous success developing, implementing, growing, and improving the performance and profitability of start-up to mid-sized organizations. He is an experienced innovator, researcher, developer, implementer, manager, and leader. Before moving to Arkansas, Pearson was President of SwapSmart in Phoenix, AZ for five years where he developed business models and financial plans for indoor mini-mall concepts that capitalized

on recessed demand in commercial big-box real estate. Wayne received his Bachelor of Science degree at Arizona State in 2003 in Communication Services and Politics.



MART MCCLELLAN DDS, MS

Article on page 24

Dr. McClellan is a Board Certified orthodontist with two practices in Chicago's northern suburbs. He received his dental training at Northwestern University and his Master's in Orthodontics from the University of Michigan. He has lectured to numerous dental schools, hospitals, and study clubs on personal finance. He is the author of BraceSavers, a book that helps patients and families afford braces through creative financial planning.

His company, Macro Wealth Management, helps individuals, families, and businesses focus on protection and long-term wealth strategies leveraging the power of earned income in the early years.



ANGELA WEBER
ORTHO SYNETICS MARKETING DIRECTOR
Article on page 28

Angela Weber is the Chief Marketing Officer for OrthoSynetics a company which specializes in business services for the orthodontic and dental industry. She leads a team of marketing professionals dedicated to developing and implementing cutting-edge strategies and solutions for their members.

Angela has over 15 years of experience in the advertising industry with a vast knowledge of current and past trends, philosophies and strategies for marketing within the healthcare industry. Angela has a proven track record of driving new patient volume through innovative marketing practices.

Angela holds a B.A. in Mass Communications from Louisiana State University and an M.B.A. from the University of New Orleans.

ADAM MEAD
LANCING NARWHAL, YOGG
Article on page 18

Adam Mead is a husband, father of seven beautiful children and the owner of yogg – a full-service branding agency based in Richmond, Virginia. He began his career in the creative services industry as a Sandwich Artist at Subway while earning his Bachelor’s in Creative Advertising from Virginia Commonwealth University. After starting yogg in 2007 from the corner of his master bedroom, the agency has grown exponentially under his leadership to serve clients in multiple industries all across the country. Mead, an expert witness in branding and marketing, has won awards for both design and copywriting and has had his logo work featured in international publications. At the end of the day though, none of that matters to him. Successful clients and a family who loves him despite his many flaws is all that truly matters. Well, that and plenty of Nutella in the cupboard.

www.landofyogg.com



LOU SHUMAN DMD, CAGS

Dr. Shuman is the President of Pride Institute, a renowned practice management institute and is personally known for his expertise in internet strategy, strategic relations, emerging technologies, digital marketing methods, and operational practice management. He is the only dentist who has been selected both as a “Top CE Leader in Dentistry” and a “Leader in Dental Consulting” by Dentistry Today magazine.

Prior to becoming President of Pride Institute, Dr. Shuman served as Vice President of Clinical Education and Strategic Relations at Align Technology for seven years. Dr. Shuman is recognized as an outstanding speaker and educator and has lectured extensively throughout the United States, Canada, Europe, and Japan, including every major meeting in the US.

He received his DMD degree and his Certificate in Advanced Graduate Studies in Orthodontics from the Henry M. Goldman Boston University School of Dental Medicine.

MATT WILKINS
CEO ARKANSAS BRACES
Article on page 54

Some would say Matt has been obsessed with business all of his life. As a child, Matt’s favorite thing to read was the Wall Street Journal, so it should come as no surprise that Matt started his first profitable business at age 16 and never looked back. Matt has his Undergraduate and Masters degrees in Accounting from the University of Central Arkansas, as well as a Law degree from Case Western Reserve University. Matt never wanted to be an Accountant or a Lawyer; instead he recognized that to be an expert in business you needed to be an expert in the language of business, numbers and the law. He has a passion for any knowledge that can help him run a business to be more efficient and profitable. With practical knowledge and experience in systems and web development, SEO, Venture Capital, manufacturing, and retail, as well as other businesses, Matt brings a unique skillset to the orthodontic industry.



ANJALI SINGH
Article on page 16



Anjali Singh-Lerch has been in the financial services industry since 1998. She provides Individual and Group Life, Disability, Long Term Care, Malpractice/Professional Liability/Commercial Liability and Workers Comp for Dentists and Physicians and other insurance and investment products. Anjali specializes in providing insurance/advice nationwide to dentists, physicians, optometrists, veterinarians and other health care providers. She also regularly speaks at industry conferences to provide training to peers.

She graduated with honors from the University of California at Santa Cruz a year early with a Bachelor’s Degree in Psychology and Minor in Education. She holds multiple insurance and investment licenses. She is dedicated to ongoing education and personal development.

She is proud to serve on the board of the Novato-San Rafael Chapter of “Smiles for a Lifetime” since its inception.

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(FROM LEFT TO RIGHT) MICHELLE VON FANGE, ASHLEY LAMBERTON, VERONICA CHAVEZ, KENNETH MORALES, JEFF BEHAN, JUSTIN NEWBERRY, DDS, JORDAN LAMBERTON, DDS, MSD



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A more accurate treatment duration estimation is on the way for AcceleDent patients thanks to new OrthoAccel partnership with Focus Ortho, a cloud-based practice management system.

With patient compliance being important for AcceleDent patients looking to accelerate their treatment, the new partnership between OrthoAccel and Focus Ortho allows orthodontists who are using version 2.2 of the Focus Ortho software to upload and store their patients' AcceleDent FastTrac Usage Report. Orthodontists report that the integration of the report into their practice management system allows them to better monitor compliance, predict treatment completion and even schedule appointments.



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Guru Business Suite is a set of tightly integrated tools you already know how to use. With Inventory Guru and Bracebook you have two superb tools in your productive hands. Individually, they're peerless. And as a matched set, Guru has no equal, providing a suite of apps that work together seamlessly and place no limits on your productivity.



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NOT WORTH FIRING

Protected Groups Mean Scrutiny

By Ali Oromchian

There are some moments in your career that it is not prudent to terminate an employee. In fact, regardless of how

innocent you are or how justified you may be, there are some employees, that if you terminate them, come with an especially

high risk of legal action.

The three categories are (1) injured employees, (2) employees over 50 years

old, and (3) pregnant employees. It is our recommendation that no matter how terrible they were as employees, they can, by placing one call to a plaintiff's lawyer, begin a long and exhausting investigation or lawsuit.

In fact, you could be juggling several investigations. You could be hit with a state-level inquiry, a federal Equal Employment Opportunity Commission (EEOC) inquiry, and the employee's subsequent civil case. All of which will soak up your time and other practice resources. These investigations will deteriorate staff morale and could generate talk of other perceived discriminations inside the practice. As for money, you will have to have your lawyer on speed dial to make sure you keep your answers true while not revealing more than required for the scope of the investigation.

If you are thinking about firing an employee, you probably don't have the best relationship with him or her at that point. You've probably got a long list of documented conversations about the employee's mistakes and failings. You probably aren't his or her favorite person either.

In today's litigious world, everyone who is fired will ask, "How can I sue?" Regardless of the real reasons for the termination, angry employees will look for any avenue to strike back; and any good employment lawyer will look for discrimination. If the employee is pregnant, over 50, or recently injured, you could soon face a series of difficult conversations with government officials and private employment lawyers. Your employment practices will come under serious scrutiny -- scrutiny that almost no one could pass.

You see, more than with a typical firing, you will have to justify the termination. For example, if Sandy (your pregnant employee) comes in late frequently, you will have to show proof that she came

in late. And then you will have to show proof that you didn't single Sandy out for being late. You will have to prove that you documented everyone in your office when they came in late. In addition, you will have to prove that Sandy wasn't showing up late because of the pregnancy. If Sandy was coming in late because of morning

In today's litigious world, everyone who is fired will ask, "How can I sue?" Regardless of the real reasons for the termination, angry employees will look for any avenue to strike back; and any good employment lawyer will look for discrimination.

sickness, then as her employer you must make reasonable accommodations for her condition. Frankly, few employers have that kind of HR tracking system.


Let's say Sandy showed up late everyday with a hot drink and scone from the coffee shop next door. And when you pointed out that she wouldn't be late if she didn't spend 20 minutes in-line at the cafe, she said, "I don't care." Sandy could still find an employment lawyer willing to take on her case simply because she is pregnant.

If Sandy weren't pregnant and she is just a bad employee, there are simply

fewer government agencies interested in protecting her rights from unscrupulous employers. But when your employee is pregnant, injured, or over 50, the EEOC, along with state agencies, is closely watching, trying to protect those marginalized groups. And employment lawyers know the kind of damage these cases will do to your practice. So they will cash in on it. Regardless of how fair you are as a boss, a discrimination lawsuit will cause dissent inside the practice, and can cause damage to your reputation. The lawsuit will be public record, and employment lawyers know you will pay up to avoid a lengthy, public trial.

Discrimination cases are not rare. Ten years ago, federal age discrimination settlements totaled \$69 million. From 2002 through 2012, the EEOC filed more than 260 pregnancy discrimination lawsuits. Wrongful termination cases by injured employees can easily total more than \$200,000 each.

Big, expensive cases make the news. Smaller cases, however, are commonplace, and someone has to pay those legal fees and settlement costs. As a small practice, you probably wince at the thought of paying out \$50,000 to settle an age discrimination case (plus the legal fees on potentially both sides.) Employees looking to strike back against the person who just fired them don't need to look far to find an employment lawyer.

Accusations are cheap; settlements are not. So if you cannot fire these employees, then what do you do? Our recommendation is that you follow a strict plan of progressive discipline and then with enough sufficient documentation you may be able to terminate them. However, you should never terminate an employee, even if you have documentation, who is injured, pregnant or older without contacting an employment attorney who specializes in defending employers or, ideally, dentists. 



A PROORTHO INTERVIEW

With OrthoExtreme CEO, Eddie Coleman

Please tell us what OX is and what you do?

The first realization is that we're not a service, vendor or a product. At least not like one might think. We're an exclusive partnership and group of orthodontic practices. Currently we are the fastest growing, most referred and highest rated orthodontic group in the world by no small margin. Our mission is to elevate each practice to being #1 (in all its forms) as the obvious choice for new patients and referring practices in an uncontested fashion. In terms of our software system, features, focus, training and coaching it's simply an amalgamation of whatever we need to build in order to continue to make that a reality tomorrow as it is today.

How long have you been doing this?

We started building the base system in 2007 when we created the concept of review buffering and filtering. Things took a serious turn in 2010 after I was then hired to give a keynote speech and strategy session for a group of owners that represented some of the largest franchises in the world (the ones you see on TV) on behalf of one of the #1 franchise law firms in the nation. The revelations from that meeting fueled what would become OX in late 2012.

Your services are geographically exclusive right? Can you explain how this works?

Yes that is correct, which is why you have to be invited to see fully behind the

curtain. We work with each practice to determine the market area we will be partnering in. We really look at it as if we are planting a physical location in the area. Our doctors are keenly aware of where they draw patients from as well as what areas are a poor investment to market into. In the event there is an area that is not claimed, we either allow a practice that the group feels is a good fit to claim their area or our nearest partner breaks ground and starts building out a location. Balanced national coverage is key as we bring in our national manufacturer providers to partner with our group in exclusive ways i.e. experimental programs, priority servicing, deeper discounts than would otherwise be possible and so on.



Is there a specific reason that you chose the exclusivity model?

Great question! We wanted to pick partners, pick a rope and climb it while standing behind our doctors on a very personal level. When you pick sides you can invent competitive technology and training that no one else would dare attempt as their clients would feel very uncomfortable knowing that their neighbor had the same access. Whenever you are contemplating building a company within the marketing sector you have a choice to make. You can either give your partners a competitive advantage, which requires more than a marketing ploy or you can just build a tool to simply make money and sell to anyone with a wallet. I have literally no interest in the later and never have. I want to help build a team, demonstrate a loyalty uncommon in today's world and then turn that passion into a collection of Super Bowl rings. Anyone of us would walk in front of a bus for any of our practices, which has zero to do with the small budget allocated our direction. Capital Venture companies thought I was crazy so we self-funded (now they send us apology cards). We wanted to represent something never before seen in the history of this industry.

You recently added ways to engage Primary Care Dentists (PCDs) tell us about that?

You're referring to Patient Link™, which is our formula for integrating referring providers and the flow of patients from practice to practice. For the first time in history, patients actually now self-refer ahead of a doctor having to spot and then refer treatment (although that isn't going away obviously). Every aesthetic medical vertical we move into is controlled by the OX Orthodontic group. Now the Ortho is in control of their market, the PCD market as well as Med Spa, Lasik and any other vertical



I want to help build a team, demonstrate a loyalty uncommon in today's world and then turn that passion into a collection of Super Bowl rings. Anyone of us would walk in front of a bus for any of our practices, which has zero to do with the small budget allocated our direction.

that we feel will make a good partner for our practices. By bringing something to the table unavailable anywhere else that will skyrocket their referring provider's practices we have flipped the table and positioned the Orthodontist at cause

rather than effect of their referring relationships. Imagine if you could decide not only that your practice would be the obvious choice for new patients but also which PCD's and beyond would be the obvious choice. You will see mass exodus and shift in referral loyalty of the next 12 months unlike anything the industry has ever seen. At first we didn't know how we would make this lofty vision a reality but we were determined to eventually succeed.

What do you see as the future of Patient Link and proprietary to OX?

Patient Link™ will revolutionize the orthodontic, dental and associated aesthetic industries flat out. The process is completely proprietary and protected obviously. We even have an entire team armed and trained to hunt down and deal with copycats and authors of derivative works. This will protect our works and keep our Ortho partners ahead of the curve as always.

There has been a lot of OX advertising of late and lots of talk about OX. Why should an orthodontist care?

Every orthodontist, regardless if their market is available, cares about the OX mission whether they know it or not. The ever growing movement of general dentists double dipping in ortho as well as

treatment programs that add more gray matter and confusion to the marketplace is not a reality that will be going away anytime soon. While OX can't partner with every practice, the results of our individual market efforts will transform and safety point the entire industry far more firmly than it is today. The majority of the world's most respected doctors and lecturers are partnered with our group after discovering us on their own, absent of any incentive or concessions. We've been very blessed in that our group attracts the visionaries that we need not only to move their practice needles but to help an entire industry set itself apart. That's something every orthodontist cares about.

Bottom line, what does OX do that the Progressive Orthodontist cannot live without?

That's a loaded question or maybe just a loaded answer. From a competitive standpoint the end results of what we do is simple. Our trajectory in our practices has us owning the majority of new local patient volume, overall market share and top-of-mind as the clear market leader in an uncontestable fashion. The competition can hire any marketing

Every orthodontist, regardless if their market is available, cares about the OX mission whether they know it or not. The ever growing movement of general dentists double dipping in ortho as well as treatment programs that add more gray matter and confusion to the marketplace is not a reality that will be going away anytime soon.

company or own any tool or widget they want and it will matter none as our practices will simply own the market share. We are also creating a new sense of fame for the industry, which in turn results in a greater good for orthodontists everywhere. That's a cause the industry can't afford to live without regardless of what side of the OX playing field your practice happens to be on.

Switching gears just a bit, there have been a lot of questions raised lately regarding the policies and procedures surrounding on-line review providers like Yelp and Google. Can you give our readers some advice?

In the process of building a positive reputation via 3rd party review portals such as Yelp or Google, there is an overlaying wisdom that can help a practice achieve it's goals while staying in the good graces of review sites. The first thing to understand is that there is a difference between paying or baiting a patient to "originate" a review and encouraging or incentivizing them to "share" a positive mark already documented and expressed absent of incentive.

While every "terms of service" varies from site to site, the spirit is the same across the board, which is to make certain that a reviewer doesn't write an inaccurate review in exchange for money etc. Review sites typically do not write terms of service policy for the sake of creating problems for businesses but rather to

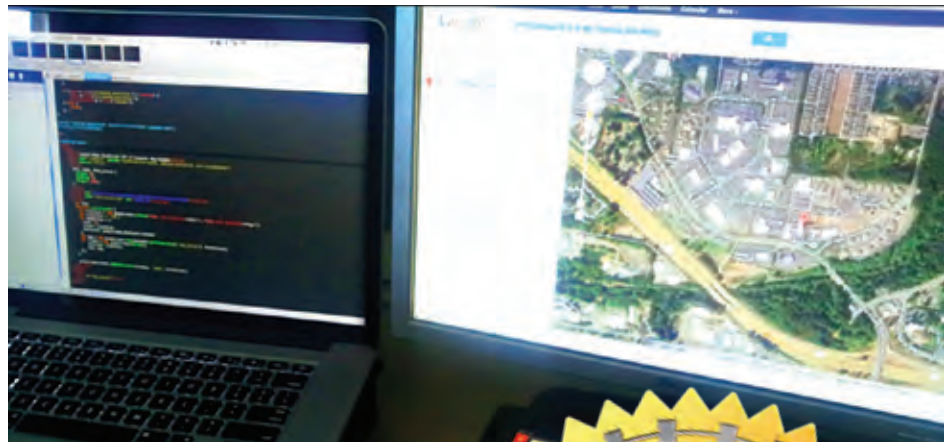


document their expectations as to reviews being real when posted. Most review sites encourage businesses to post stickers and actually provide marketing material to help businesses ask for reviews in one fashion or another. Providing that reviews are real and honest, sites have demonstrated great flexibility in support of local businesses.

With this in mind here are some rules of the road regarding review sites.

- 1) Always seek to adhere to and understand the spirit of review sites terms of service policies when creating your reputation strategy.
- 2) Make certain that your review and reputation game plan can change with the times without effecting

Never threaten action against a patient for writing a review even if you know it is fake. Taking the higher road is always the better option and there are always satisfied patients ready to set the record straight. Typically it's the media forcing a review site to take action against a business that causes the most problems.



- your success. This requires a great deal of thinking ahead.
- 3) If your reviews are not sticking and are disappearing, that is an indicator you may be operating outside of a site's terms of service (although not all reviews will stick no matter how perfect you are).
 - 4) Never incentivize a patient to "originate" a review. That goes double for involving a charity.
 - 5) Never threaten action against a patient for writing a review even if you know it is fake. Taking the higher road is always the better option and there are always satisfied patients ready to set the record straight. Typically it's the media forcing a review site to take action against a business that causes the most problems. If you think a review is bogus report it to the corresponding site and continue to follow up.
 - 6) Know what the varying policies are of any review site you see value in



- or make sure you are plugged in to a source that does.
- 7) Value patient feedback from the perspective of building and documenting your practice's long term legacy internally first and externally as a distant second.
 - 8) Finally there are dozens of marketing and referral activities that can be effectively launched with the "voice" of your raving patient fans beyond 3rd party reviews.

Creativity is the key and remember, positive feedback is a permanent asset so use it wisely. ✦







INSURANCE STRATEGIES

For Practice Ownership and Transitions

By Anjali Singh

There are many responsibilities that we take on when starting our new practices most of which, start before you pass your board exams.

The exhaustive study sessions and long days spent in residency have given you the tools necessary to be competent dental and medical practitioners.

As you branch out on your own, your new practice has a seemingly never-ending amount of paperwork, bills, appointments, etc.; at which point you've probably hired an administrative assistant to deal with. In addition to these day-to-day issues, some of the most important, overlooked, and rushed components to running/building/maintaining your practice (after financing) are your business insurance policies.

There are generally four essential insurance plans required by your bank/lender/landlord/local rule of law for a practice to properly function. They are general liability (malpractice) insurance, workers compensation

insurance, disability insurance, and life insurance. Other plans could pertain to your situation- please consult with your financial adviser.

- General liability, or Malpractice insurance - will cover you in the event that you make a mistake when working with patients, and they file a lawsuit against you.
- Workers compensation insurance - will cover you in the event an employee is injured in the course of employment with you. It will provide wage replacement and medical benefits (depending on the state) in exchange for mandatory relinquishment of the employee's right to sue his or her employer.
- Disability Insurance – will cover both you and your practice (if structured properly) in the event that you are injured or reasonably disabled. You will retain an income benefit to maintain your life style, and keep your practice running until you are able to return to work.
- Life Insurance – is traditionally used to provide a benefit to your heirs and creditors in the event that you die. In business planning, life insurance is used as a tool to structure buy/sell agreements, leverage better financing from lenders, among other strategies.

In addition to the complexities of running a practice, the maze of insurance is complicated in itself and it is usually easier to follow the path of least resistance. Some of the concerns voiced

by other dental/medical practitioners are:

- What is the cheapest plan?
- What did my friend from med-school buy?
- This doesn't make sense to me, so I shouldn't get this until I have studied the proper literature.

Procrastination is the number one mistake. For example, SBA loans require all of your plans to be active BEFORE closing. Often, your bank will not ask for proof of these policies until the day of closing, which can makes things chaotic and delay your closing.

Another oversight, is underestimating the costs for your required insurance. It is recommended that you get estimates for these plans in advance, so that you (or your administrator) can properly budget for these. Due to underwriting requirements, your actual plan (when issued) may have slightly different pricing due to a number of factors (the biggest one being that you are a new practice/ business owner).

Two Recommendations:

1- Work with someone experienced. They can guide you and will confirm what you do know, explain what you don't know, and discuss what you should know.

2- Be thorough when you apply- especially with your life and disability insurance. Make sure your agent knows your full medical and financial histories. This will help you meet deadlines and will avoid problems with your bank. ✂

BE *You-nique* NOT UNIQUE

By Adam Mead



Think about the beach for a moment. Ah yes, the beach. The warm sand under your feet, the sun glimmering off the water, the smell of salt and sunscreen, and the mesmerizing sound of lapping waves. Ready for a vacation yet? Do it, you deserve it. It doesn't matter whether you're headed to a river, a creek, a bay, a gulf, the Atlantic, the Pacific, the Mediterranean, or the Caribbean. Just go.

But before you book your trip, you need to understand why I'm forcing you to undertake such a torturous task.

As a business owner, you need to

dedicate time to soul searching. (I believe the business term for this is "Strategic Planning.") I'm not suggesting you aimlessly wander until you stumble upon some magical answer. Rather, I'm suggesting you take yourself out of your normal day-to-day life to find out more about yourself. For me, there's no better place than where water meets land—I find so much meaning in all aspects of the beach, and it's there that I can think with no boundaries.

So why's it so important for you, an orthodontist, to find yourself? Because

your business depends on it!

For the sake of argument, I'm going to assume you are not at the helm (pun intended) of a massive, orthodontic corporation with thousands of locations across the country. I will, however, assume you are the captain (pun intended) of your own ship (pun intended). And I will also assume you are looking to chart a new course (pun intended) with your practice. You want to set yourself apart from your competition. You believe growth is achievable, because the world is your oyster (enough with the puns already).

Hippies in the 1960's hitchhiked their way to California to find themselves. They wanted to find their place in the world and the things that made them unique. Apparently, the right place for all that finding was San Francisco, where they later found that they all looked and behaved the same. What a bust. But while it may not have worked out perfectly for the average hippie, between the bellbottoms and flower prints, the journey

was well-intended.

Every business owner needs time to reflect, think, and build a strategic plan. There's a better and safer way for you to do it than the flower children of the 60's. All you have to do, as the song suggests,

*There is no better way
to demonstrate how
you-nique you are than
through your brand.*

is drive until the map turns blue. A quiet shoreline can offer a stress-free period of time to reflect on life, rediscover what's most important to you and figure out what makes you, well, you-nique.

This is critical for setting your business apart. Think about it. What does your

practice have that no other practice in the world has? No, it's not the latest technology or cool contests. That's easily replicated. And it's not the quality care you provide your patients either—that's expected, not hoped for. The answer is a simple one, and one that tends to literally hide right beneath your nose – it's you.

No other practice has you. No other practice has your particular vision and the distinct culture you want to develop. No other practice can provide an experience that's quite like the one you provide your patients. And that's because you're sitting at the helm (woops, there's that pun again), in charge of the direction of your brand, your practice, and your future. You see, your practice shouldn't be unique. In marketing, unique has come to mean something odd, something forced or contrived in an attempt to be different. Your practice's experience should be distinct. It should be unlike any other practice's. It should be you-nique.

If becoming you-nique is so important, how do we do it?



First, stop allowing the past to dictate your future. From time to time I meet doctors who are afraid of doing things differently because they don't want to disrupt their patients' understanding of who they are. Don't get me wrong, your reputation is critically important and heavily influences how your patients see you. However, living in fear of changing what's always been done will ensure missed opportunities for growth in the future.

Imagine walking down a beach. Where are you headed? What is your destination? Like footprints we leave in the sand, it's easy to see where we've come from. But relying on our old ways can be like walking down the beach backwards: you're still on the beach, but you don't get to experience anything until it's passed you by.

If this describes you, turn around. Walk forward. Don't focus on your footprints. Though the future can never be as clear as the past, you'll have much more control over where you're headed. Competition and opportunity won't pass you by so easily.

Becoming more you-nique is also about limiting how obsessively you measure yourself against your competition. Staying up-to-date on how the other captains are steering their ships is generally a good practice, but spending your days stewing and plotting keeps you from making any meaningful progress of your own. Don't ignore them completely--knowing who you are not helps you discover who you are—but it's counterproductive to let it consume you.

While you're stepping away from the day-to-day by stepping down the beach, you may come across someone else's footprints. It's fun to place your own feet inside of the prints and try to keep pace with someone else's stride. However, if you've ever done this before, you know how unnatural it feels. It takes a lot of unnecessary energy to try to match the other line of steps, regardless of how they



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measure up to your own.

Business works the same way. It's tempting to find other footprints, because at first it seems fun and safe, or perhaps the owner of those feet seem like they know the right way to go. Don't do it. Far too often, doctors look at others' footsteps and decide to walk in them, limiting their path to the success or failures of others. Avoid leading someone else's life and make your practice you-nique.

Finally, the path less traveled is usually more difficult. Just as fresh sand sinks and creates resistance in your step and a lot of drag on your pull-along cooler, don't expect being you-nique to be easily achievable. But once you've found that one spot on the beach where no one has been before, you'll realize that the trouble has all been worth the journey. You find your destination, your place in the sun, your own version of success. It's not a reality you should feel obligated to accept. It's a reality and a challenge you should embrace. The hippies would tell you to "Enjoy the ride, man!"

Achieving you-niqueness is tough – especially when you feel all alone on the sand. Reflect on your vision and what your patient experience should be, but be aware you may need an objective eye to help you articulate it. There is no better way to demonstrate how you-nique you are than through your brand. The perfect blend of culture, art, and words set a level of expectation for potential patients of the experience they can come to expect with your practice. Then, when their actual experience aligns with their expectations, you will create the raving fans who will passionately spread your name like sunscreen on a sunburned back.

Now go. Book your trip. Get away from the daily routine and connect yourself to you. Figure out your destination and embrace the journey ahead. It may not be easy or straightforward, but it will be worth it. And remember, man. Enjoy that ride. 🌀

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OUR TOP PICKS

Business Books of 2014

With the start of the New Year, many of us are focusing on improving our practices, doing a better job with our staff, and building on our patient relationships. Here are a few Business / Leadership improvement books that made many of our doctor's TOP MUST READ LIST for 2014. (Not in any particular order)

How to Be a Power Connector

The 5 50 100 Rule for Turning Your Business Network Into Profits

Author: Judy Robinett

Scaling Up How a Few Companies Make It ... and Why the Rest Don't

Author: Vernie Harnish

No B.S. Ruthless Management of People and Profits

No Holds Barred, Kick Butt, Take-No-Prisoners Guide to Really.

Author: Dan S. Kennedy

The Gen Z Effect

The Six Forces Shaping the Future of Business

Authors: Tom Koulopoulos and Dan Keldsen

Scrum

The Art of Doing Twice the Work in Half the Time

Author: Jeff Sutherland

Back Road Lessons for Entrepreneurs, Executives and Small Business Owners

Author: Michael Mazzeo, Paul Oyer, Scott Schaefer

The Soft Edge

Where Great Companies Find Lasting Success

Author: Rich Karlgaard

The Carpenter

A Story About the Greatest Success Strategies of All

Author: Jon Gordon

Scaling Up Excellence

Getting to More Without Settling for Less

Authors: Robert Sutton and Huggy Rao

Creativity, Inc.

Overcoming the Unseen Forces That Stand in the Way of True Inspiration

Authors: Ed Catmull and Amy Wallace

The Obstacle Is the Way

The Timeless Art of Turning Trials into Triumph

Author: Ryan Holiday





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INVESTING

The Good, the Bad, and the Ugly

By Mart G. McClellan

In 1966, Clint Eastwood starred in one of the best Westerns of all time called “The Good, the Bad, and the Ugly”. Like the pistols in his films, his career has exploded since that time, but the title of his film is a metaphor for investing successfully. Every person who invests in the stock market will have good and bad years. It’s always been this way and will continue to be this way. Although performance is rarely measured properly, it gets “ugly” when the good years are combined with the bad ones.

Due to the tremendous influence of the media and stockbrokers, the ability for the average investor (i.e. orthodontists) to outperform the market is difficult; the research supports this as well. The

UGLY fact is that DALBAR, a renowned independent research firm, has shown that over the past twenty years

(1993-2013), the average equity investor has underperformed the market by an astounding 46%!!! (see slide) This unconceivable differential will cost investors hundreds of thousands to millions of dollars of lost wealth over their careers.

How can this be? The reason is because of the emotions called fear and greed. Because orthodontists (and the majority of Americans) typically do not have a structured investment philosophy, they leave the market when it is going down (selling low) due to fear and get back into the market when the market is rising (buying high) due to greed. It is the opposite of what investors should be doing, but the emotional swings of investment decision-making is what creates this discrepancy and it costs the investor dearly.

The problem is this: the average investor is influenced by Wall Street and NOT by Nobel Prize winning



Due to the tremendous influence of the media and stockbrokers, the ability for the average investor (i.e. orthodontists) to outperform the market is difficult; the research supports this as well.

academic research. Orthodontists practice evidence-based dentistry, but not evidence-based investing. Standard and Poor's conducts a study a couple of times a year that compares investment managers who think they can pick stocks and outperform the market (called active managers), against the simple benchmark, SPIVA. Their comparisons (see slide) show that the majority of active managers underperform the index in ALL ten asset classes. Unfortunately, the managers who outperform the market in one year cannot be predicted to do the same the following year. If active management was superior to the other options of investing, then you would also assume they would outperform the market when the market declines

because that is their job. But, this has been shown to not be the case. To make matters worse, the costs/fees of active management are greater than the other two options of investing, which further

The problem is this: the average investor is influenced by Wall Street and NOT by Nobel Prize winning academic research.

decreases your rate of return.

The two other options of investing are indexing and factor investing. Index and factor investors believe that markets are efficient and that trying to predict or outperform the stock market is a futile effort. Investing in indexes, such as the S & P 500 (the 500 largest US companies) or the MSCI EAFE (international companies) gives one broader diversification than active management and typically comes at a lower cost due to the minimal trading. The objective of investing in indexes is to capture market rates of return, but one who invests in this manner can never receive the exact return of the index because of the costs associated with investing. The big problem with this type of investing is that

DALBAR RESEARCH

Quantitative Analysis of Investor Behavior 1994-2013

Why Do Active Investors Fail?

	ANNUALIZED RETURN
Barclays Capital Aggregate Bond Index	5.74%
Average Fixed Income Fund Investor	0.71%
S&P 500 Index	9.22%
Average Equity Fund Investor	5.02%
Average Equity Fund Investor Holding Period	3.33 years

Source: DALBAR 2014 QAIB - Quantitative Analysis of Investor Behavior, covering the period of January 1, 2013 through December 31, 2013. Past performance is no guarantee of future results. www.dalbar.com.

Standard & Poor's 500 Index represents the 500 leading U.S. companies, approximately 80% of the total U.S. market capitalization. Barclays Capital Aggregate Bond Index represents the US Dollar-denominated, investment grade, fixed-rate, taxable bond market of SEC-registered securities. The index includes Treasury, Government-Related, Corporate, MBS, ABS, and CMBS Bonds.

Indices are . Investors cannot directly invest in an index. Indexes have no fees. Historical performance results for indexes generally do not reflect the deduction of transaction and/or custodial charges or investment management fees, the incurrence of which have the effect of decreasing historical performance results. Actual performance for client accounts may differ materially from index portfolios.

one needs to structure all the different indexes in a manner that captures close to the rate of return in the market, both domestically and internationally, while at the same time mitigating risk by not being fully exposed to stocks or equities. This issue presents significant challenges for “do-it-yourselfers” or those retirement plans that have lists of indexes without any professional education.

The next level of sophistication to circumvent the problems associated with pure indexing is “factor investing”. This method of investing is a close relative of indexing in that it believes in broadly diversified portfolios at low costs, but it looks to enhance performance by including certain identifiable factors that have been proven to add value through academic research.

Factor investing was made famous in the 1990’s by Nobel-Prize winning professor Eugene Fama of the University of Chicago and Professor Kenneth French of Dartmouth College by introducing their Three Factor Model. They identified three risk factors that offer greater rates of return over time:

- 1) Stocks or equities will outperform Bonds
- 2) Value Stocks (distressed companies) over Growth Stocks
- 3) Small Company Stocks over Large Company Stocks

It’s wonderful that the academic world largely supports this type of investment decision-making because they continue testing, analyzing, and scrutinizing different methods of adding value to one’s portfolio. The exciting part about this is that recent research has discovered

two additional factors, “momentum” and “profitability”, to add further value to a portfolio. The explanation of the momentum factor is stocks that perform well in the near-term tend to perform well in the future and vice-versa. Profitability means that stocks of profitable

The exciting part about this is that recent research has discovered two additional factors, “momentum” and “profitability”, to add further value to a portfolio. The explanation of the momentum factor is stocks that perform well in the near-term tend to perform well in the future and vice-versa.

companies tend to outperform the less profitable companies. Therefore, by overweighting or tilting a portfolio with these FIVE factors, an investor should

have the opportunity to garner greater returns than by simply indexing. It is unfortunate that we never see portfolios structured in this manner unless they are associated with our firm.

Since orthodontists have minimal experience when it comes to investing in the stock market, they are exposed to “the Good, the Bad, and the Ugly” world of investing. The question becomes this: *do you want to put your hard-earned money behind the whims of Wall Street or the peer-reviewed research of academia???* Many dentists, who have been in practice for many years and have seen the wild emotional swings of the market and the shortfalls of active management, have moved their portfolios into index funds. As discussed, indexing does have its limitations, so factor investing is a relatively unheard of way of low-cost investing to make your investment experience “good” as opposed to “ugly”! Although your portfolio may experience “The Good, the Bad, and the Ugly”, hopefully, your investment portfolio will perform like Clint Eastwood’s four-time Academy Award winning movie “Million Dollar Baby” and you will have millions as well!!! ✨

Dr. Mart McClellan and Mr. Tim Streid are Independent Advisor Representatives (RIA) and are presidents of Macro Wealth Management, which is the ONLY firm in America that has a dentist as an advisor and utilizes a unique financial process for financial decision-making. They can be reached at www.macro-wealth.com or mart@macro-wealth.com or tim@macro-wealth.com or 309-689-8481.

*Past performance is no guarantee of future results. As with any investment philosophy, there is a possibility of profitability as well as loss. Diversification seeks to improve performance by spreading your investment dollars into various asset classes to add balance to your portfolio. Using this methodology, however, does not guarantee a profit or protection from loss in a declining market.

Data is from sources believed to be reliable but cannot be guaranteed or warranted.

“Quantitative Analysis of Investor Behavior, 2014”, DALBAR, inc.

Data courtesy of Standard and Poor’s Index versus Active (SPIVA) report as of 5-year period ending 12/31/2013

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- Dr. Heather Brown -

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RAVING FANS

For Rock Star Orthodontists

By Angela Weber

Typical marketing involves a business sending out information into the world and then hoping that people will find it. But instead of pushing out this information yourself, it's more effective to allow current customers to disseminate it for you. When your customers become your fans, they'll be glad to do it.

As an orthodontic practice owner, you are already making a significant difference in your patients' lives. You have a ready-made potential fan base. When happy patients become fans, they will drum up new business for you and become a valuable component in your marketing strategy.

What do I mean by "fans"? Well, think about rock stars. Rock stars are their own brands, and they all have fans. Savvy pop stars today know to focus their energies on a core of passionate devotees. Take Lady Gaga, for example. At her concerts, she reserves an area up in front of the stage called the Monster Pit for her most devoted fans. People who arrive very early or who dress up are chosen to be admitted to the Monster Pit, and from this area, some fans are chosen for even more special treatment, such as backstage

access. She offers plenty of other bonuses and privileges to make her fans feel special and thanked for their devotion.

Lady Gaga isn't the only pop star who does it. You'll find similar examples across the music landscape. These rock stars' public outreach is focused on a small minority of the most hardcore fans, and not as much on bringing in "new customers" (so to speak). From a marketing strategy perspective, the idea here is to focus on the most passionate people, and with their enthusiasm, they will bring their friends and family into the fold. This strategy can work for orthodontic practices as well.

HOW TO CREATE RAVING FANS

Use existing patients as brand ambassadors

The social circles of your existing patients include many prospective patients. These prospective patients might otherwise have little interest in hearing your message, but they'll listen to someone they know. People trust their friends' recommendations after all. Furthermore, a new patient consult that comes from a

trusted friend is more likely to convert to a new patient than would a new patient who comes in from traditional marketing alone. Patient word-of-mouth is golden. So convert your patients into brand ambassadors. You may want to spend money on promotions to encourage engagement with your brand, just as pop stars do. In the end, it can be much less expensive than traditional marketing.

Make it easy for happy customers to share the story

Word-of-mouth marketing is all about great customer experiences. Make it easy for your patients to share their happy stories. Look to Subaru as a company doing a great job with this idea. Its *Dear Subaru* campaign allows Subaru "enthusiasts" to use Facebook to tell their personal stories about their vehicles and to share photos. For example, one enthusiast took advantage of a snow day to have fun with his 4-wheel drive. In another, a band poses in front of a Subaru which they use as their touring vehicle. And so on. Set up a similar campaign by dedicating a place on your website or your Facebook page to



collect and share stories about how your practice has improved patients' lives.

Show a personality

To return to Lady Gaga again, her fans feel as if they know her, or at least they feel they connect with her on a personal level. Do your patients know you? Marketing today is much more social and conversational than in the past. Messages no longer flow from company to consumer; it's now a dialogue. So get to know your patients, and don't be afraid to give them a backstage pass. Believe it or not, patients are interested in you. They may wonder why you decided to become an orthodontist. They are interested in your hobbies, your family, your sense of humor. The best advertising campaigns are the ones that ring true to the customer and are authentic, and it's easy to be authentic when you allow yourself to be yourself.

Focus on the bigger idea

Facebook conducted a study on which business posts received the most engagement, and the study found that posts related to a brand but not specifically

about it drove likes and comments. These results point to the fact that people are interested in a bigger idea. What are you really selling? Patients ultimately are not buying braces. They have goals beyond straight teeth and a correct bite. There are emotions tied to their decision to go with you as a provider. Find out what your services and your practice represents to your patients, and capture these ideas in your marketing messages. Your patient feedback, testimonials, reactions can provide you with inspiration. Remember that no one is interested in blatant self-promotion. People are interested in the values of your practice and how treatment will change their lives.

Learn from the haters

Complaints and criticisms about your practice are often upsetting to read, but they can also be instrumental to your growth. Even when expressed in the rude, caustic tone that's all too common on the Internet, comments may hide a kernel of truth. Look for that truth and learn from it. And that's not to say you need to ignore negative comments. Most

online platforms allow business owners to respond to criticism. Use the opportunity to apologize, correct misconceptions, or just appear calm and reasonable. Readers know the Internet is full of angry cranks, and a reasoned voice in the fray will help win them over as a fan.

FOCUS ON WHAT YOU CAN CONTROL

I know many orthodontists who are fixated on online reviews of their practice, and it can be frustrating because review sites sometimes boost poor reviews and filter out good ones. Keep in mind that rock stars with passionate fans often receive poor reviews from critics or are the targets of online snark. In the end, a lot of this public discourse is out of any one person's control. Better to focus on what you can control.

You can provide excellent customer service and treatment, and you can use various strategies to encourage others to talk about your brand and become fans. Remember that engaging with patients and the community in general can yield better outcomes for less money than more traditional marketing tactics often do. ✦

Meet SmileCareClub

When we first heard about SmileCareClub (SCC) we had major doubts about the product, the delivery system, the liability and even the legality. But as we always do when we do not understand something, we went straight to the source and approached CEO, Doug Hudson with a lot of questions. What we discovered is that these guys have done this before and will do it again.







Access to care and affordability are terms that will only carry more weight when it comes to healthcare and to find oneself on the wrong side of either can spell doom for a person, a practice or even a profession.

SmileCareClub is a game changer and will bring tele-dentistry into the main stream. Deployment will take time and there will be opposition from orthodontists, dentists and dental boards but it will happen. Orthodontists should be the providers to oversee this new delivery system for many reasons but the primary one is that if we do not, then Primary Care Dentists will have the biggest and best vehicle yet to unseat us as THE experts when it comes to orthodontic tooth movement. Our discussions with company leaders Doug Hudson and Alex Fenkell detail the inside scoop on their company's extensive resume in the healthcare market, what SmileCareClub is all about, and how it will affect the ortho community and dentistry at large. Among other things, the founders of SCC have an extensive track record of going direct to consumer in other highly regulated industries with companies like **1800Contacts**, **Quicken Loans**, **HearingPlanet**, **DiabetesCareClub**, and **SongbirdHearing**.

Of course we are not naïve enough to think that orthodontists will accept SmileCareClub or any other form of direct-to-consumer delivery of dentistry with open arms, but we want our readers to be educated before deciding how to proceed. Dismissing SmileCareClub by saying, "you can't do that" is unwise in light of these accomplishments.

Here is our interview with SmileCareClub CEO, Doug Hudson

Who is behind SmileCareClub and why did you decide to enter the orthodontic industry?

Years ago I was treated with Invisalign by a local orthodontist for over \$5,000. Years later I was having a discussion with a few friends and we decided to do something about making it more affordable. When I sat down with David

SmileCareClub is a game changer and will bring tele-dentistry into the main stream. Deployment will take time and there will be opposition from orthodontists, dentists and dental boards but it will happen.

Katzman, Jordan Katzman, and Alex Fenkell, we quickly realized that recent trends in 3D printing and tele-health could bring about disruptive change to the invisible aligner market by increasing access to care. We decided everyone should have a great smile and founded SmileCareClub, a treatment program that connects affiliated orthodontists with savvy individuals who want to improve their smile at a revolutionary price point.

How did you first meet David Katzman, Jordan Katzman and Alex Fenkell?

I was introduced to David Katzman by an investment banker back in 2001 while building out a similar business model at **HearingPlanet.com** where we were originating hearing care patients via direct marketing and partnering with local audiologists for dispensing, sales, and service of hearing instruments. Since then David and I have worked together at Simplex Healthcare, DiabetesCareClub, CPAP CareClub, and RxCareClub. In later years, David introduced me to Jordan and Alex as they work with David at Camelot Ventures.





Tell us a little about your business models for 1-800 Contacts, Quicken Loans, HearingPlanet, DiabetesCareClub and any other direct to consumer businesses you have done?

It's really simple – create value for the patient and you will become a market leader. Our goal in every business we have built is to improve access by leveraging the latest technology improvements or regulatory evolutions. All our businesses have been in highly regulated fields – many with a healthcare focus. With trends in telehealth and the arrival of intraoral scanning in this industry, we saw an opportunity to create a new sales channel to grow the market and bring adult patients back into the ortho funnel.

What did you learn from these companies that have helped with the

creation and launch of SCC?

That established industry players tend to resist change. It's a predictable knee jerk reaction to fear what you don't understand. But over time, every one of our businesses has matured to become market leaders and help grow their respective markets.

How do you see the introduction of SCC playing out - I'm sure you expect resistance from the AAO, ADA and State Dental Boards.

At HearingPlanet, the first 100 audiologists were the toughest to attract. Once the industry realized we were here to stay – we quickly grew to 1,100 nationwide. We also had inquiry from State Hearing Boards and Trade Association groups which we ultimately satisfied. We see similar play unfolding

within orthodontics. Our vision is to work within the regulations of all states to build the gold standard in remote orthodontic treatment and teledentistry.

How is this legal and not considered practicing dentistry?

SmileCareClub does not engage in anything that is defined as the practice of dentistry nor does 1800dentist. We are essentially an orthodontic business process organization. SmileCareClub is a club of dental professionals who sign up with us to conduct certain business activities on their behalf. We market on behalf of participating dental professionals – We operate the call centers on their behalf – We collect records on their behalf... I think you get the point. We essentially connect a patient seeking invisible aligner therapy with a dental professional that is

licensed in their state who will prescribe and oversee treatment. This tele-health model is quite similar to the regulatory structure of companies like Teladoc.com, MDlive.com and DermatologyDirect.com. Our information systems allow for proper tracking of all activities and facilitate the interactions between profession and patient. It's easy for people who want to block innovation to say that we are practicing dentistry.... But that is not factual. If people would just take time to educate themselves by reviewing our contract and see what we can do for their practice – they would realize we are a business process organization that can help grow their practice.

Who is your target demographic?

The Adult who wore braces years ago and didn't wear a retainer. Typical dental relapse.

Do you treat children?

First of all we don't treat anyone. We connect patients with affiliated orthodontists that do the treatment. But to answer your question, children are not the target market of our program. Additionally, we realize that approximately 90% of a private practice orthodontist's revenue comes from children age 14 and under. So why compete in that segment that is being properly served by traditional orthodontists. We see the real opportunity in adults that aren't being served. Most adults will spend \$5K on their children's teeth but not on their own teeth. Also, most adults don't want to go see an orthodontist. That's who our program is built to serve – adults with dental relapse. SmileCareClub program doesn't want to compete head to head with orthodontist's core market – we want to serve the part of the market that is being ignored and get them back into the ortho funnel. And if someone needs help that is beyond remote treatment

capabilities – we want to get them into an orthodontist who is part of our network. Our model thrives when our partner dental professionals thrive.

Do you want SCC to be used for comprehensive treatment?

No

If people would just take time to educate themselves by reviewing our contract and see what we can do for their practice – they would realize we are a business process organization that can help grow their practice.

What happens to the patients that remote assessment and treatment are not appropriate for?

Right now we refer them out to our participating orthodontists at no cost. Just an additional perk for being part of our program.

Can patients really capture a good impression of themselves?

Actually, great progress has been made in this area and we currently have an impression acceptance rate of 83% on first submission. But keep in mind – the patient submits 3 sets of impression. In the near future, we anticipate upgrading the impression capture process to include home intra-oral scanning where a registered dental assistant will show up at

the patients home to capture a full photo set, intra-oral scan, and full document set (medical history, dental history, healthy teeth & gums form, and informed consent) on behalf of the treating professional.

The Level B patients seem to be the biggest concern to practitioners. Please explain exactly how that works.

I'm not sure why this seems to be the biggest concern? The relationship between patient and orthodontist is one-to-one. They review all relevant clinical data, see the patient in their office, and are responsible for all aspects of care. It has been said that the Endorsed Local Provider (ELP) only does IPR. SmileCareClub does not segment procedures in a case. The treating professional is responsible for all aspects of care including the needed IPR.

Does SCC have insurance to cover the providers? Explain?

SCC has secured a group malpractice policy for Participating Orthodontists. So when you become an Endorsed Local Provider (ELP) you will be named as additional insured for the remote cases you treat.

Can you explain how you determine geographic exclusivity?

On a case by case basis. For example, an orthodontist in NYC would have a smaller radius than one in Idaho.

How do you plan to market SCC?

We are experienced National Electronic Direct Marketers. So we will focus on internet and TV with a national scale in mind.

How long do you expect it to take for SCC to be a household name?

24-36 months. We want to make sure our business workflows and technology backbone are ready before we rapidly scale our patient marketing plans.

What has been your biggest surprise so far?

That some of our providers want to refer patients to SmileCareClub. We didn't anticipate that at all. But it makes sense if a patient is in your office and can't afford treatment. If you refer out these "walk aways" to us – you get to maintain the pricing integrity of your offices and still keep the patient. It also is a real differentiator for your practice to set you apart.

Alex Fenkell, is the Co-Founder of SmileCareClub and a member of Camelot Venture Group. Alex's portfolio of past companies include Shareabill.com, WantButton.com and Illinoiserenewal.org. Alex attended Colorado University and now resides in Detroit, Michigan where he is an active member of the Friendship Circle and the Chabad of Greater Downtown Detroit.

Based on your experience in other spaces, where do you see SCC in 5 years?

SmileCareClub will be the market leader in "short term remote orthodontics."

Doug Hudson, is CEO and Co-Founder of SmileCareClub. Previous CEO/ Founding roles include HearingPlanet.com, DiabetesCareClub, CPAPCareClub, RxCareClub and SongbirdHearing.com. Doug graduated from Eckerd College, Vanderbilt University's Owen Graduate School of Management, and Harvard Business School. Doug resides in Nashville, Tennessee with his wife and 3 daughters.

Did you know that in 2014 – 1 in 6 medical visits was a virtual office visit? Teledentistry is here!

David Katzman, is the founder and Managing Partner of Camelot Venture Group. He also is a member of the Board of Directors for Sharper Image and SmileCareClub. Camelot Venture Group is a private investment group that invests primarily in online direct-to-consumer companies, technology and financial services. Some of Camelot Ventures' past and current investments have included contact lens retailing companies Lens 1st, Lens Express and 1-800-Contacts; Kintana, a technology chain automation software developer; RealAge, a medical advocate and permission marketing site with more than 5 million registered and active users; Rawlings Sporting Goods; Fathead Cleanrest, ePrize, Quicken Loans, and the Cleveland Cavaliers.

Report: 1 in 6 doctor visits will be virtual in 2014

Care online

Fall 2014

100 million virtual doctor visits will happen globally in 2014, a 400% increase over 2012.

Savings could be \$5 billion when compared to in-person visits.

Total available market for virtual visits is estimate to be between \$50-\$60 billion.

The U.S. and Canada will conduct 75 million of their 600 million 2014 physician visits virtually.

Rather than direct physician interaction via video, routine visits for illnesses like sinusitis, allergies and strep throat, will capture data via forms, questionnaires, and photos.

Several factors are driving adoption:

- Pressure to reduce costs and improve care
- Availability of computers and high-speed internet
- An aging population comfortable with technology
- Mass adoption of mobile devices

Editorial: The technology and telecommunication industries, as well as device makers, peripheral manufacturers and app developers would also benefit. Major competition in the space will come from retail clinics, especially Walmart, which recently announced they would launch several wholly-owned and operated primary care clinics aimed at newly-insured Obamacare recipients in search of convenience.



"As eVisits are proven and adopted in the developed world, and as the necessary infrastructure is deployed in the developing world, they are likely to offer affordable primary medical diagnostic care to very large populations that do not have access today.

Although the initial benefit of eVisits may be saving billions of dollars, overtime the greater good may come from saving tens of millions of lives?"



Today more than ever, there is so much more to being an orthodontic professional than the mechanics of moving teeth.

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The reality is, there is simply no flexibility within the orthodontic curriculum for any additional subjects. As a result, new orthodontists often begin their professional career with a series of unfortunate missteps that can leave them feeling dejected and embarrassed. Plus as many have discovered, learning things the hard way can be more than hard...it can be expensive.

YoungDocs is a new program aimed to help the young doctor avoid these errors and hit the ground running. **FREE** to residents and doctors in practice less than 5 years.

For more information or to become a member, visit our website at Young-Docs.com





ORTHODONTISTS EMBRACE *SmileCareClub*

By The Progressive Orthodontist

With the goal of getting a complete view of SmileCareClub, how it will impact the marketplace, what the prospects for its success are, what orthodontists should do about it, and to get another perspective to compare with the more traditional outlook, we thought it a good idea to interview the most successful and business savvy orthodontists in North America.

These orthodontists are famous for thriving and growing even in the toughest economies and most competitive markets. They deliver great care and excellent customer service efficiently and at a low overhead while utilizing compelling and effective marketing to get people in the door. Who better than those who have effectively adapted to the new reality to give us insight? The names and faces you will recognize. The words you should take to heart.

This ain't your daddy's orthodontic specialty...



ALY KANANI

Dr. Kanani likes to downplay his intellectual and business prowess but one need only look at his educational and entrepreneurial track record to know he is singular in the industry. As the ultimate detail guy, Dr. Kanani is consulted by orthodontists far and wide on topics ranging from orthodontic treatment planning, practice management, real estate, marketing, customer service and orthodontic mechanics. Aly has an unparalleled work ethic – one only needs to hear a few stories about how he worked back to back shifts in the same day in offices that he drove an hour between to feel less than adequate! This generous philanthropist and the undisputed master of orthodontics in Western Canada was kind enough to share his thoughts on Smile Care Club.

I have always felt very strongly about access to orthodontic treatment for those patients that are, for whatever reason, unable to regularly visit an orthodontic specialist.
– Aly Kanani

“I have always felt very strongly about access to orthodontic treatment for those patients that are, for whatever reason, unable to regularly visit an orthodontic specialist. SmileCareClub gives these patients the ability to have mild orthodontic problems addressed with few appointments, if any, and most importantly, having their treatment overseen by an orthodontist. This is the beginning of teledentistry and will bring smiles to thousands more people across the world than would otherwise have

access. For those patients in B.C. that need to see an orthodontic specialist, my team and I are dedicated to assisting these patients achieve the smile and confidence every one of us deserves.”



JENNIFER EISENHUTH

As THE grown up in the kiddie pool, Dr. Eisenhuth stands head and shoulders above her competition (and most of the profession) when it comes to brains, instinct, acumen and work ethic. Her practice, results, reputation and success in general speak for themselves and it’s a good thing because Jennifer rarely shares her thoughts outside a few chosen venues. Her ability to succinctly articulate and explain what the rest of us struggle to grasp is a joy to behold and the experience is valued by all who are lucky enough to be present. The Progressive Orthodontist was fortunate to pry a few words of wisdom from Dr. Jennifer and get her thoughts on SmileCareClub.

“In a world where tooth movement has become “let the buyer beware”, I believe that it is in the best interest of our specialty to get behind technology such as this so we are able to determine the potential success or pitfalls of SCC for the consumer on an individual basis. If we feel the consumer is not a candidate, we are then in a position to offer alternative solutions and SmileCareClub is committed to getting each patient the appropriate treatment option. As we all

“In a world where tooth movement has become “let the buyer beware”, I believe that it is in the best interest of our specialty to get behind technology such as this so we are able to determine the potential success or pitfalls of SCC for the consumer on an individual basis.

– Jennifer Eisenhuth

know, what may appear to some to be an ‘easy’ case may be something entirely different and who better to determine this than an orthodontist? We need to be involved in SmileCareClub to insure patients get the best that teledentistry has to offer.”



SCOTT LAW

As the youngest and most aggressive of the six orthodontists interviewed here, Dr. Law has done more in the

four years since graduation than 99 percent of orthodontists do in a 40-year career. Scott stood out from the rest even before he graduated residency and in just three years he had created the largest single location practice in North America. Dr. Law is the consummate “nice guy” – loved and respected by patients, parents and orthodontists alike – and he is constantly helping the rest of us become better orthodontists and people. Scott is a master marketer and consummate businessman who constantly crunches the numbers to critique his own performance and improve his care delivery to the benefit of his patients. As President of The Progressive Orthodontist Study club, a member of The Schulman Group and the Pitts Progressive Study Group and as a co-founder of the Law, McManaman and Burris Recommended Vendor Group, Scott is incredibly plugged into the orthodontic community. When we asked Dr. Law what he thought about SCC he replied with his usual enthusiasm and unmatched insight.

SmileCareClub is just the next step in the evolving technology of clear aligners and teledentistry and it will help to satisfy the increased demand for access to care, affordability and a better looking smile.

– Scott Law

“SmileCareClub is just the next step in the evolving technology of clear aligners and teledentistry and it will help to satisfy the increased demand for access to care, affordability and a better looking smile. Orthodontists have a responsibility to adapt to, oversee and improve both the product and the delivery system that SmileCareClub will build. There is no going back. The future is now and we will either ride the wave of new technology, affordability, convenience and access to care or our profession will be dashed on the rocks of change as we have learned from the past. The good news is, orthodontists can claim their area as a provider and thus protect themselves, expand their patient base, increase access to care and insure patients receive the best possible, individualized treatment from a specialist.”



JOHN MCMANAMAN

Dr. McManaman owns the largest group of Orthodontic practices in Eastern Canada with offices located in the three provinces of Nova Scotia, New Brunswick and Prince Edward Island. He has won numerous awards for marketing and customer service by business peers and has largely changed orthodontics in Canada from a referral based business to one based on direct to consumer services. He has developed many innovations and improved services for orthodontic patients that other Doctors now emulate. Having amassed several practices with much more growth on the horizon, he has earned a stellar reputation

among patients and the communities surrounding his practices. He donates to countless charities and youth organizations; in addition to launching Docbraces Project Smile, an initiative to end bullying as well as provide free orthodontic treatment to children and families in need. Dr. McManaman also enjoys being a generous mentor, colleague and friend to many and the profession is better for it and he does so as one of the original members of The Progressive Orthodontist Study Group and as a co-founder of the Law, McManaman and Burris Recommended Vendor Group.

When asked for his thoughts about Smile Care Club, he gave us this insightful information.

“Life is busy and with recent advances in technology, people with mild-to-moderate crowding or spacing can now enjoy straight teeth and a beautiful smile by using clear invisible aligners from SmileCareClub in the comfort of their own home without time consuming and costly visits to the orthodontist office. The treatment plans of patients undergoing treatment with SmileCareClub are carefully planned and closely supervised by certified Orthodontic Specialists. Cases of a more complex

The treatment plans of patients undergoing treatment with SmileCareClub are carefully planned and closely supervised by certified Orthodontic Specialists.

– John McManaman

nature may require some office visits to allow for necessary adjustments. As an Orthodontist, I feel SmileCareClub offers a wonderful opportunity for more people to have a beautiful smile in a convenient and affordable fashion that they may otherwise not have been able to afford. For people that live in Nova Scotia, New Brunswick and Prince Edward Island, Docbraces is excited to work with SmileCareClub in bringing more beautiful smiles to the Maritimes!



RAEL BERNSTEIN

Hailing from Zimbabwe and practicing across a broad swath of Northern California, Dr. Bernstein is a prolific marketer, master technician and savvy business man who is not afraid to try anything that will benefit his patients or his practice. Dr. Bernstein owns and operates one of the largest and fastest growing private orthodontic practices on the West Coast and regularly holds in office seminars for orthodontists from around the country to learn both clinical and business aspects of orthodontics. Rael has lectured both locally and nationally on the latest advances in orthodontics and attendees are never disappointed when they get the chance to see him do his thing.

In the story accompanying his recent appearance on the cover of The Progressive Orthodontist Magazine, he detailed his interesting journey from Africa and how he takes everything in



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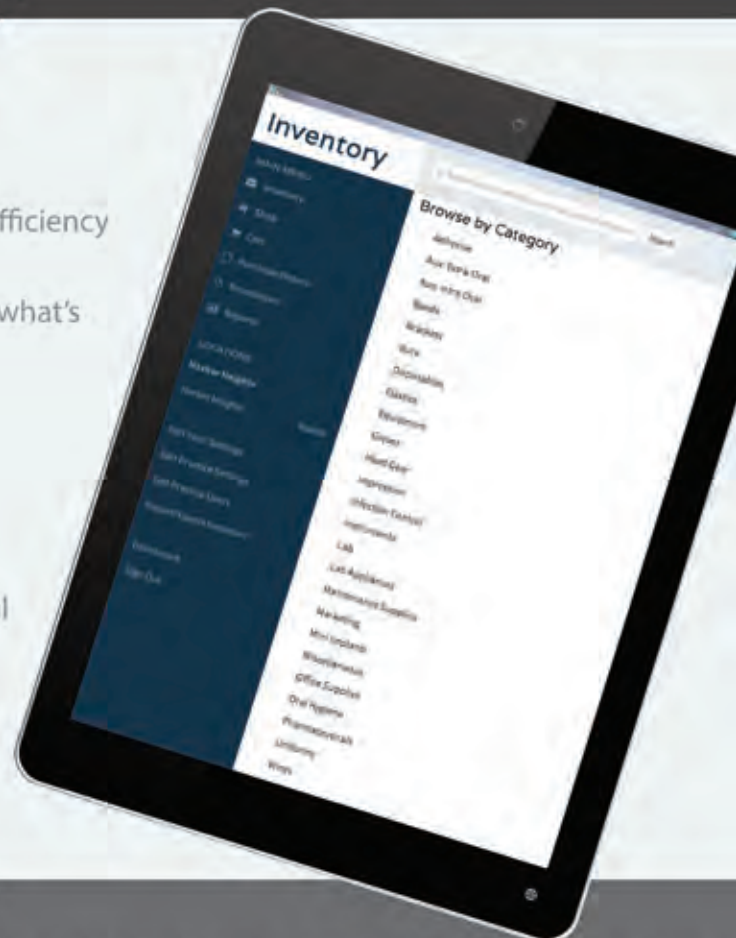
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SmileCareClub is going to do for orthodontics what telemedicine is doing with online services for the medical profession. Improving the access to care by utilizing the most up to date technological developments in our specialty while adapting lessons learned in other areas of medicine and dentistry.

– Rael Bernstein

stride. Dr. Bernstein has perspective and a worldview that the rest of us can only dream about and, as usual Rael was more than happy to share his valuable insight with us on the topic of SmileCareClub.

“SmileCareClub is going to do for orthodontics what telemedicine is doing with online services for the medical profession. Improving the access to care by utilizing the most up to date technological developments in our specialty while adapting lessons learned in other areas of medicine and dentistry. As medical professionals, we owe it to our patients to stay current with the latest advancements in our field. I have no doubt that continued improvements in technology will make achieving that confident and successful smile, more attainable than ever before.”



BEN BURRIS

You don't create the largest individually owned orthodontic practice in North America without learning a thing or two about rendering good care, having great customer service, creating effective marketing campaigns and running a business. Burris is an innovator and a ruthless implementer with an unquenchable thirst for knowledge. Known for an aggressive, no holds barred style, Burris seems to enjoy being where the action is. In just over a decade since graduation he has transitioned from a small, traditional practice to Arkansas Dentistry and Braces – a rapidly expanding multi-specialty group with more than 20 locations. Burris also created the largest pro bono provider of orthodontic care in Smile for a Lifetime Foundation as well as starting The Progressive Orthodontist Study Group and Magazine, Young-Docs Study Group and co-founding the Law, McManaman and Burris Recommended Vendor Group. To say Dr. Burris is tuned into the orthodontic industry, is familiar with where we have been and knows where we are going as a profession is an understatement. Burris is a regular on the speaking circuit and has the ability to, educate, delight, excite, frustrate and even anger those in attendance. However, none can deny his passion for the profession or credentials and no orthodontist can claim to have seen or done more.

We asked Ben what he thought of SmileCareClub and he immediately referenced the books *The Innovator's*

Dilemma and *The Innovator's Solution*.

“If you want to know SCC's game plan, all you have to do is look at what they have done in the contact lenses, home mortgage and hearing aid industries and read these books”, Burris said. “They know what they are doing, they have a solid track record, they have the money, know how and lawyers to reach the public and overcome the State Dental Boards. And, most importantly, they have a product that people want thanks to Invisalign, ClearCorrect, and other Invisible Aligner Labs creating demand.”

“If orthodontists don't embrace and use SmileCareClub, they will simply turn to the PCDs in your markets. That would be bad for all of us – SCC, orthodontists AND patients because orthodontists are the most qualified to render this type of care. I was leery of SmileCareClub starting out with orthodontists and then switching and offering the service to PCDs but their model is different than previous aligner companies and they allow actively participating orthodontists to claim their territory and thus protect themselves. Also SCC will bring awareness of and access to orthodontic care for patients who would otherwise never step foot in an office. SCC will increase our patient pool and increase access to care. Not to mention SmileCareClub will change the landscape with or without us.” said Burris

There you have it.

The choice is a simple one – we Orthodontists can stubbornly cling to the way we've always done it or embrace the new reality and the fact that SmileCareClub is going to revolutionize the orthodontic space as they have done many times before in many comparable, and even more highly regulated, professions. The fact is that they will do this with or without the orthodontic specialists. Isn't increasing access to care and affordability a good thing? Shouldn't orthodontists be the ones to oversee and implement delivery of orthodontic care via teledentistry? If not us then who?

Additional Provider Care Information:
www.smilecareclub.com/provider 



Today more than ever, there is so much more to being an orthodontic professional than the mechanics of moving teeth.

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The reality is, there is simply no flexibility within the orthodontic curriculum for any additional subjects. As a result, new orthodontists often begin their professional career with a series of unfortunate missteps that can leave them feeling dejected and embarrassed. Plus as many have discovered, learning things the hard way can be more than hard...it can be expensive.

YoungDocs is a new program aimed to help the young doctor avoid these errors and hit the ground running. **FREE** to residents and doctors in practice less than 5 years.

For more information or to become a member, visit our website at Young-Docs.com



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YOUNGDOCS

Today more than ever, there is so much more to being an orthodontic professional than the mechanics of moving teeth. But the reality is, there is simply no flexibility within in the orthodontic curriculum for any additional subjects. As a result, new orthodontists often begin their professional career with a series of unfortunate missteps that can leave them feeling dejected and embarrassed. Plus as many have discovered, learning things the hard way can be more than hard...it can be expensive. But a new program aims to help the young doctor avoid these errors and hit the ground running.



3RD PARTY *Practice Evaluation*

By Ben Burris



**CASH
FLOW**

**CASH
FLOW**

I was recently asked the following questions regarding 3rd party practice evaluations by one of our Young Doc Members.

Young Doc: What is the best way to evaluate a practice I'm looking to buy? How do you account for the patients? I've heard some consultants say that you should ignore current patients because you are buying referrals?

Dr. Burris: Third party practice valuation is a decent place to start but don't swallow it blindly. Many factors come into play when determining the value of a practice.

Who is paying for the valuation?
Usually the seller.

What is the marketplace like?
Currently, it is a seller's market in all but the most remote areas so prices are rising.

Do you take current patients into account? Absolutely. In some states Medicaid pays in full for treatment up front. Some practices take a larger down payment than others. Some practices extend financing longer than others. Some doctors finish patients before others. Some practices will have patient treatment finished but the patient will still be paying and some will have a lot of overtime where the patient is still in treatment but is not paying.

It's all about cash flow. How much do you have to pay to get the practice? What are the terms (how long do you have to pay for it)? How much is the payment a month? How much is the practice overhead a month? How much will you have to spend upgrading the office? How much does and will the practice bring in? How much is left over for you?

I wouldn't count on getting all of the referrals and in some cases, you'll get practically none. Referrals depend on the selling doctor's age, area where they practice, relationships with dentists,

competition and attitude.

You are buying cash flow – demonstrable cash flow – with a hopeful eye on likely cash flow. The rest is speculative. The good news is that patients in treatment are unlikely to leave you due to the cost and aggravation of transferring.

If you want a good idea of what the status of the patients in the practice is, a chart audit is always a good idea. Take

It is vitally important to look at the trend in the seller's office and many purchasers have been burned on this. Ask questions. If the practice collected 1M this year that is great but what did it produce?

the 3rd party evaluation and if the price is acceptable, then add to or subtract from the purchase price depending on what you find in the physical chart audit. Subtract for overtime and paid in full, add for patients who are ahead of schedule or finished early. There is no other way to evaluate the patients properly – software can only give you an idea and that is only based on what is entered properly or improperly. The chart audit is a look at each individual patient record (paper or electronic).


Also, ask to see the seller's bank statements and tax returns (personal and corporate) over the last three years. Anyone who says they can't get them for

any reason is not to be trusted. I don't care if their house and accountant's office both burned down – they can still get these records. If they won't produce them then don't buy the practice.

Probably the most overlooked point in valuation is to assess if the practice is growing or dying. Collections are a lagging indicator of production and follow from between a year and 18 months behind production depending on financing terms offered to patients. Meaning, that if a traditional financing practice produces 1,000,000 dollars this year then it will usually collect 1 M next year (or close). It is vitally important to look at the trend in the seller's office and many purchasers have been burned on this. Ask questions. If the practice collected 1M this year that is great but what did it produce? In a growing practice that produces more than it collects then the practice will collect more than 1M but in a declining practice where it produces less than it collects, then next year the practice will collect less than 1M. So if you buy a practice that collected 1M in the last year but produced only 800 k, then next year you will collect 800 k or so. So you are essentially buying an 800 k practice for the price tag of a 1,000,000-dollar practice. Guess how I know?

Another thing to consider is practice overhead. 3rd party appraisers like to give a lot of weight to a low overhead and assign a higher purchase price to these practices. That is all good and even logical, but in most cases a high overhead practice can be better for a buyer. You can buy it cheaper and make the necessary changes to get the overhead down relatively easily by yourself with a good consultant.

All this being said, remember that it is a sellers' market so if you find a practice where you want to be and the numbers work (you'll collect more than you'll spend) I wouldn't mess around too much.

Hope this helps. 



THE BEST DEFENSE *Is A Good Offense*

By Jeff Behan

You know that moment in the New Patient Consultation when you discover that your prospective patient is considering other options. Perhaps they have lined up additional consultations elsewhere. Perhaps their dentist has offered to treat them. This doesn't make them a bad prospect. We live in a world of options and most consumers believe that the best way to protect their wallets is to consider all the options. Many of

the orthodontists I meet call these people "shoppers" – as if someone shopping for the service they provide is a bad thing.

Here's something for you to consider; people willing to take the time to research and go to multiple consultations are very serious customers. They clearly see value in what you have to offer or they wouldn't take the time to explore their options. You may say, "They're all about the money!" But that is only true up to the point where

you help them see the value – the life-changing value – in what you're offering. Have you created a new patient process that sets you up to succeed with shoppers?

If you're converting less than 60% of non-referred patients there's something wrong with your approach. (And if your process effectively screens shoppers out on their initial call then your conversion stats aren't giving you the real picture.) A non-referred patient, by my definition,



is anyone who finds you without having been directly referred by a dentist or by one of your patients. This group represents the vast majority of potential orthodontic patients and attracting them is only one step on the path to significant growth for your practice – and for the profession as a whole.

We now live in a “buy with 1 click” world but the reasons people buy haven’t changed. It always comes back to whether or not we perceive the value we get is worth the price we have to pay.

Your level of success with consumers is directly proportional to how well your practice is able to address the questions and issues shown above. Every place you interact with prospective patients, from the internet, to the phone, to the consult, to the chair, should be designed to address one or more of the questions shown in

If we’re successful, you’ll still have the job of making sure you are the specialist they choose, but the question of whether or not to choose a specialist will have already been addressed. It’s a huge goal and a big part of what gets me energized every day. Our focus is on addressing these three key consumer value questions:

- 1) How I’ll be perceived
 - 2) How I’ll be protected
 - 3) How long it will last
- People make choices that won’t make them look foolish
 - People (especially Moms) generally make choices with lower risk
 - People invest in things with lasting value (versus, say, cosmetic dentistry)

I’m a member of a Facebook Group created by Scott Law, Ben Burris and John

he gets everything else done there; crowns, etc., and by the same person. I have to say, I secretly assumed more educated people knew the difference.”

There was a lot of interaction in the group related to Chris’ story. Here’s what I had to say:

“This is why I’ve always said, “People may be smart, but consumers are stupid.” It’s also why major brands that everyone can name continue to spend hundreds of millions of dollars marketing their products year after year...decade after decade. When they cease to penetrate the market - their market share goes down. If this is true for something as easy to swallow as a soft drink how much more for something as technical as orthodontics. We’ve been creating the messages – now we just need to get them on the air and in our communities.

The Price/Value Equation

How I’ll look
 How I’ll feel
 What I will enjoy
 How I’ll be perceived
 How I’ll be protected
 How long it will last
 How proud I will be
 How much I need it
 How badly I want it

$$\div \text{Price} = \text{Perceived Value}$$

Your level of success with consumers is directly proportional to how well your practice is able to address the questions and issues shown at left.


the chart. This plays out for me in my work with individual practices every day. The videos we create, the stories we tell, the copy we write – are all designed to help people see the value in choosing our client. The same is true for the orthodontic profession.

Our “Choose A Specialist” campaign is designed to get out in front of the consumer’s shopping and decision-making process to address all of the above.

McManaman and I’d like share an excerpt from a recent post by Dr. Chris Corsa. In his post, Chris shared an interaction he had with a new friend:

“I just made friends with a NY Judge who trains other judges. I’m assuming he is highly educated. We talked about his [clear aligner] treatment and I asked him if a general dentist or orthodontist was doing his treatment. He confidently said, “Orthodontist”. He also talked about how

Consumers will respond. It’s what they do when you give them something compelling to respond to (with sufficient frequency.)

I believe there’s truth in the old adage that the best defense is a good offense. I believe it’s time to put that strategy into action. I believe that succeeding with shoppers is critical to the future success of the profession and every individual practitioner in it. What do you believe? 



AUTODRAFT A MUST

Getting Your TC On-Board

By Wayne Pearson

If you are adapting to the new reality and extending financing beyond treatment time in order to offer lower down payments and monthly payments, then autodraft is a must. Is your practice struggling with autodraft resisters? If so, below are some scripting ideas to help. The most important thing is to be sure your TC is not resisting the idea of everyone being on autodraft as this is a killer and must be dealt with swiftly and decisively.

TC: Ok so now that we have agreed on how much down and how much a month, we will just need a checking account to set up payments and get started.

(We want a checking account because fear of an NSF charge will move your payment to the top of the account and the fees are lower than a credit card)

Mom: But I don't want to draft my checking account.

TC: No problem, you can use a credit card to do auto payments.

Mom: I don't want to do that either.

TC: No problem, you can pay in full and get a X% bookkeeping credit.

Mom: I don't want to pay in full.

TC: Not a problem at all, you can sign up for care credit or a local bank and they can give you a payment plan. You just need to fill out this application and have a credit check.

Mom: I don't want to pay interest and I don't want to do a credit check.

TC: I understand. It's better with no interest and that's why Dr. Burriss let's all our patients set up monthly payments with no interest and no credit check. All we need is a bank account to set up monthly drafts... (And the cycle starts over again).

After going a couple rounds, if mom doesn't get it on her own the TC says, "Mom, Dr. Burriss believes everyone deserves a great smile and that is why he offers in house financing with no



interest and no credit check. We are not a bank and we don't have the ability to keep up with all those payments without using autodraft. I'm sorry but it's just beyond our ability! So to make affordable financing possible we need to use autodraft. We are giving you a 6000 dollar loan with no collateral and no credit check and no interest. I'm sure you understand.

99 percent of the time this solves the issue and we move on. Every once in a blue moon a mom will stand up and walk

out over autodraft. If that happens tell the TC to tell the mom that the doctor will be consulted. Give in in these cases and let them have a coupon book because it's not worth losing a case over.

The key to making this work, however is to have a hard and fast rule that EVERYONE IS ON AUTODRAFT. PERIOD! If the TCs think they have latitude here then they will let everyone off of autodraft. They have to believe in what you are doing. They have to believe autodraft is necessary. They have to believe in you increasing access and affordability. They have to believe they will get fired if they let people avoid autodraft. I will tell you that we've had to fire many, many TCs for refusing to get on board with this because they believe, "most people won't do autodraft." However it is crucial to get all your patients on autodraft if you want to offer extended financing. Otherwise you should not extend financing or lower down payments and that is death or will be soon in the modern world.

Cancelling autodraft once we start treatment is not really an option. The patient can do it in that they have the ability to cancel it from their end at any time but we have a contract and they must pay us if they want to continue treatment. Canceling autodraft is like nonpayment. I guess if they cancelled it and a check showed up every month we wouldn't say much but we would be concerned when it was cancelled and the first time a payment was due after that and for every subsequent payment.

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AN INTERVIEW WITH *James Raman* “The Dentist” from *The Amazing Race*

Q: How did you get into orthodontics?

A: I was actually in my second year of medical school before I ever considered a career in dentistry. At the time, I was recently engaged and started to really visualize what life would be like raising a family if I continued on my projected course. Part of me felt like I had to push on and finish what I started and another part of me knew that I personally needed to make a change before it was too late. Misti (my wife) had just started dental school and for the first time I started to consider a career in dentistry. I felt dentistry would afford me the ability to achieve financial stability, to serve others and have an impact on their lives while also balancing a family life where I could be the father I wanted to be. Once I decided on dentistry, orthodontics seemed like the most cerebral of the specialties and the field that would keep

challenging me throughout my career.

Q: What’s unique about Raman Orthodontics?

A: I purchased my practice in 2010 from a doctor who was unable to dedicate the time required to maximize its potential. Since the practice was in a beautiful facility and exactly where I wanted to be, I decided it was worth the effort. By establishing a patient-centric culture focused on serving others, we were able to grow the practice by over 100% in the first two years.

I currently have the best staff I have ever had. Together we have built a culture that centers around our patients’ needs as our main priority with the needs of the staff being a distant second. The main differentiator of our practice is our joyful servitude. We have always been patient focused; however, that practice

heightened when I met Don Barden, an economist and international business enthusiast who penned the book, “The Perfect Plan.” After reading this book and discovering Barden’s philosophy, I developed a guiding principle that I use in every decision that I make. No matter how small the decision, even something as insignificant as, “Do we put a bracket back on or reappoint?”, we always seek first to best serve our patients.

Q: How has orthodontics changed/ progressed in recent years?

Technological advancements in orthodontics has been so rapid it is often difficult to keep up. I feel that as 3D imaging becomes the standard of care, we will see a shift away from haphazard expansion and see the pendulum shift back to a more moderate extraction rate with greater respect for the periodontium.

Another game changer is definitely treatment acceleration with AcceleDent. I feel that given all that we know about the direct correlation between treatment time and the potential risk for periodontal issues, decalcification and external root resorption, any technology that can shorten treatment time by up to 50% needs to be incorporated into every treatment. I just started my six-year-old year old daughter on a limited Phase I treatment, and I have her using AcceleDent not just because of the acceleration of treatment but also because of the decrease in discomfort that virtually all of my patients report while using AcceleDent. With every clinical decision I make in my practice, I am constantly asking myself, “If this was my child, what would I do?” So, incorporating a breakthrough technology like AcceleDent into all of my patients’ treatment plans is an easy decision.

Today moms are busier than they have ever been and, as a result, convenience is the order of the day. We are constantly struggling to balance staying on schedule with giving our patients what they need for their most efficient treatment. Additionally, any technology we can offer that will result in faster treatment time and fewer office visits is always welcome. For my practice, the combination of Invisalign and AcceleDent fits the bill. I also personally feel like my patients using AcceleDent track better and have more predictable outcomes.

We are definitely seeing more adult patients than ever before and being able to offer clear aligners and shorter treatment times definitely allows us to convert a higher percentage of adults who want the results but aren’t thrilled about the process.

Q: What inspired you and your wife to participate in CBS’ *The Amazing Race*?

Misti and I both believe that complacency leads to stagnation. As a

result, we are constantly striving to push ourselves no matter what level of success we achieve. *The Amazing Race* was just a way to satisfy our competitive urge and get out of our comfort zone.

Q: Did you expect for your “pearly whites” to be a topic of conversation for viewers?

We were blown away when we were watching the first episode with about



*The coolest thing about *The Amazing Race* was the experience of getting to compete on such a grand scale.*

80 friends and family members, and we saw CBS’ “bling” on our teeth for the first time. We had no idea that our teeth would be such a topic of conversation. They are white in real life but not quite

as obnoxious as they are in digitally enhanced HD.

I had always wanted veneers but had just never taken the time to get them. After we applied for *The Amazing Race*, I decided that I needed to get my teeth right in a hurry. Since I had some minor occlusal issues and small lateral incisors that would require building up, I knew that orthodontics was definitely part of the equation. I opted for Invisalign with AcceleDent and was able to change aligners every 5 days (instead of every 14 days) to complete my treatment in record time. As a result, I was able to have my smile “race ready” with plenty of time to spare.

Q: What was the coolest thing about your “Amazing Race” adventure?

The coolest thing about *The Amazing Race* was the experience of getting to compete on such a grand scale. Racing around the world for \$1M was exciting, but if the prize at the end was a plastic trophy we would have raced just as hard. It was also nice to get to spend a month with my wife without the stresses of work, family, cell phones, email, etc.

Q: How do you and Misti plan to use the \$1 million prize if you win?

If we win, we will probably use a good portion of the money to help fund the growth and expansion of our practices so that we can maximize the impact we have on others.

Q: What do you love most about being an orthodontist?

The best part about being an orthodontist is being able to take a patient who won’t smile because he or she is ashamed of their teeth and give them a smile they can be proud for the rest of their life. I love showing patients their before pictures when we remove braces because it really makes them realize the tremendous worth and value of their orthodontic treatment.



WHY YOU MUST MAKE BRACES AFFORDABLE

Flexible Financing

By Matt Wilkins



We hear it all the time from orthodontists – they don't have enough patients, PCDs are doing more and more ortho, corporate dentistry is taking over, margins are shrinking... and on and on and on. However, those same orthodontists refuse to change "the way they've always done it", think that patients who shop for treatment are terrible and blame the shopper when they don't buy from them and expect the average American to come up with hundreds or even thousands for a down payment and pay out treatment with large monthly payments over a short period of time. These same orthodontists also say things like, "I only work three days a week because it is a lifestyle choice" and that may sound logical to orthodontists, but from the point of view of a business guy the next question to ask is obvious. I

always ask, “Are you seeing patients 3 days a week with a line of patients banging on the door to get in on the days you are closed or are you seeing patients 3 days a week because that is all the business you have?” As you may have guessed, this question is not well received but knowing yourself and why you do what you do is the first step in deciding what you and your business need to do to improve and grow. Self-assessment is hard so let me offer a few observations in conjunction with the rationale for extending financing in your office. This is not rocket science, just solid business principles. Unfortunately orthodontists don’t get much business training!

1) Conversion rate is not as important as you think it is.

I know this is hard for you to believe as every orthodontist I’ve ever met tells me it’s all about conversion rate. Worse still, you spend tens of thousands of dollars to hire consultants to help you increase your conversion rate 3-5% and you see this as a success. You would be much better off to spend that money on effective advertising! If your conversion rate is north of 60-70 percent then it is much easier to increase the number of starts by increasing the number of new patients than it is to increase the number of starts by increasing the conversion rate. It’s simple math.

2) You need to get more people in the door.

Stop messing around with conversion rate and get people in the door. Ted Turner said it best, “Early to bed, early to rise, work like hell and advertise”. Always take assignment of benefits. Sign up to be a provider for insurance plans that bring you more patients. Take Medicaid – even if reimbursement is low you will get more private paying patients by being a provider. Be visible in your community. Visit PCDs that refer and those you hope to refer IN PERSON. Engage in

bridal shows and ball games and make appointments ON LOCATION. Offer free whitening or upgrades to clear braces or whatever...and do so on local radio and direct mailers. Yes, you are in sales. This is salesy. Deal with it. Sell your services. Or go broke.

3) There is no “right kind of patient”.

I almost fell out of my chair the first time I heard an orthodontist talk about rating new patients as A, B or C. If you are not at maximum capacity then that is just plain dumb and if you are at capacity it is still dumb! Who are we to judge

Your time is not valuable. It is worth only what someone is willing to pay you for it. In fact, time that you are not busy during office hours actually costs you big bucks.

people or their motives or their ability to pay? From what I can tell the right kind of patient shows up on time, pays in full, doesn’t shop, never asks questions, takes appointments during school, wears elastics, cooperates, doesn’t break anything and has immaculately clean teeth. Well, doctor, aren’t you a healthcare professional and isn’t a big part of your job to teach people how to do what you need them to do to get the results you are paid to get? If a new patient shows up late or breaks an appointment, don’t get mad. Instead educate them about why it is in their best interest to show up on time.

Same goes for brushing, compliance and breakage. You have the knowledge they need. Share it with them in a caring and nice way and profit as a result.

4) It’s called work for a reason.

Seriously. You guys get paid very well to do what you do but I still hear complaints about the amount of work it takes to see patients, to file insurance, to see new patients that aren’t the right kind... Get over it. What else do you have to do? Give every patient your all every time. See the new patient without judgment. Advance treatment maximally on every visit... and be happy about it! You are in a great profession with massive potential. If you don’t seize it, you have no one else to blame.

5) Your time is not valuable. It is worth only what someone is willing to pay you for it. In fact, time that you are not busy during office hours actually costs you big bucks. You are paying rent, utilities, payroll, taxes, and everything else if your chairs are full or if the clinic is empty – so get some patients in and get to work!

6) Let’s look at the average practice for illustration.

Last numbers I saw said that the average orthodontic practice started about 203 cases a year with a 64% overhead. Let’s say that was you in 2014 but in 2015 you decide to open up your financing. Nothing crazy – let’s say you require a 500-700 dollar down payment (still very high for the average family) and you allow people to extend payment plans 6 months beyond estimated treatment time. By doing this let’s assume you start 100 more cases than you (the average practice in this scenario) would normally start because your treatment is more affordable. You can easily fit the additional 8.33 new starts per month into your existing patient days and see them without adding additional staff so what is the overhead on the additional 100 cases you start due

some people dream of
SUCCESS,
 while others wake up and
work hard at it.

to extending financing? The answer = whatever you are paying for brackets and wires. So, knowing that, how low of a collection rate would you accept to start the additional 100 cases? 90 percent? 50 percent? Lower? You bet! By the way, our practices do much lower down payments and extend payments much longer and our collection percentage is 97.3

7) Let's take a trip to Vegas

For my second example, let's say you can go to Vegas and play a game where you bet a couple hundred bucks with a 97.3 percent chance of winning \$6000.00. How often would you make that bet? What's the difference between that hypothetical game and your practice?

8) If you don't make orthodontic treatment affordable then how can you complain about patients going to

Stop messing around with conversion rate and get people in the door. Ted Turner said it best, "Early to bed, early to rise, work like hell and advertise".

PCDs for treatment? The number one reason people don't get braces is a lack of affordability. I am not advocating that you lower your fees. To the contrary, people want the best treatment available for their kids that they can afford. People don't take their kids to the car lot and

ask for the cheapest car on the lot. They want the nicest car they can afford. The same goes for cell phones. People can afford cars and cell phones so they can afford orthodontics if you are reasonable when it comes to financing?

Look, you can practice as you see fit but what you cannot do is have it both ways. Either you choose to see as few patients as you do and work as few days as you do because it is a lifestyle decision or you work that little because you can't get any more patients. Either you are in your office on patient days to work and see patients or you are there to talk on the phone, play on the Internet and try to beat the top score on Candy Crush. Either you will adapt, survive and thrive in the new reality where it takes business savvy as well as clinical prowess or your competitor will. The choice is yours. ✨

Are you resolving to get fit and exercise more in 2014? If so, you're not alone! Living a more active lifestyle is one of the most popular New Year's resolutions we all make each year, and a great place to start achieving your workout goals is right at home!

On the following pages, we have provided some easy at-home exercises for men and women. We have also included a basic nutritional plan with recommendations from the Government's Dietary Guidelines.

Let's Get Fit!

lifestyle

[HELPING | VOLUNTEERING | CREATING | **LIVING**]



New Year fitness guide

WOMEN



BRIDGE

Lie face up on the floor with your knees bent and your feet flat on the floor. Raise your hips so your body forms as a straight line from your shoulders to your knees. Pause in the up position, then lower your body back to the starting position.

STEP UP

Stand in front of a bench or step and place your right foot firmly on the step. Press your right foot into the step and push your body up until your right leg is straight. Lower your body back down until your left foot touches the floor and repeat. Keep chest and core engaged the entire time. Keep your weight balanced evenly, not leaning too far forward or too far back.

TRICEPS EXTENSION

Come into a lunge position, with your back heel on the ground. Lean over your front bent knee, as you lift, arm is straight up by your side, top of the weight facing the ceiling. Lower the 2-5lb weight to an approx. 90 degree angle then lift to starting position. Use light weights and perform high number reps for this exercise.

Thanks to: **Jon Habrack** Owner of Fit-Centers Bluffton, www.fit-centers.com

MEN

PLANK WITH ARM REACH

Start to get into the pushup position, but bend your elbows and rest your weight on your forearms instead of on your hands. Your body should form a straight line from your shoulders to your ankles. Brace your core and maintain your hip placement as you lift your right arm straight out in front of you. Draw your shoulder blades down and back as you lift your arms. Hold position for 5-10 seconds and then switch arms.



SQUAT

With your arms crossed or extended, and your feet may face forward or slightly outward. Always remember to contract your abdominal muscles and keep your back straight, with your eyes focused straight ahead. Also, make sure your knees do not extend over your toes.

PUSH UP

Get down on all fours and place your hands on the floor so that they're slightly wider than and in line with your shoulders, feet close together. Lower your body until your chest touches the floor and then push yourself back to the starting position. Make sure you keep your hips lifted and your core flexed the entire time.



NUTRITION

Recommendations from the Government's Dietary Guidelines for Americans.

RECOMMENDED

Calories

Women Ages:	Men Ages:
21-25: 2,000	21-40: 2,400
26-50: 1,800	41-60: 2,200
51+: 1,600	61+: 2,000

Total Fat	20%-35%
Saturated	Less than 10%
Trans	N/A
Total Carbohydrates	45%-65%
Sugars (total except as noted)	N/A

Fiber

Women	Men
19-30: 28 g.	19-30: 34 g.
31-50: 25 g.	31-50: 31 g.
51+: 22 g.	51+: 28 g.

Protein	10%-35%
Sodium	Under 2,300 mg., under 1,500 mg. for 51+
Potassium	At least 4,700 mg.
Calcium	19-50: 1,000 mg. 51+: 1,200 mg.
Vitamin B-12	2.4 mcg.
Vitamin D	15 mcg.

Recommendations apply to adults 19 and older except as noted. Recommended calories assume a sedentary lifestyle.

g.: grams. mg.: milligrams. mcg.: micrograms. Because of rounding, protein, fat, and carbohydrate content may not add up to 100 percent

Dr. Burris.com

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In our ever changing world, those of us who want to run a dental business as opposed to owning a traditional practice (ie; owning a job) must think differently. Dental school and residency programs taught us how to be dentists but actually gave us a paradigm that makes it difficult for us to think properly about dentistry as a business. Where and how does one learn how to move from a practice to a business?

- **Speaking for study groups and meetings**
Full day program: *The Referral Revolution*
Half day programs:
 - *The Same Sun Shines on Us All - Embracing Opportunity and Refusing Defeat*
 - *Short Term Orthodontics - Where Does It Fit?*

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DENTSPLY's broad global product platform helps dental professionals serve patients' oral health care for a lifetime, from preventive services to tooth replacement. Our products range from general dental consumables and laboratory products to products supporting the dental specialty markets of orthodontics, endodontics and implants.

Orthodontists for Access

OrthosForAccess.org

Orthodontists for Access is a new grassroots member organization dedicated to improving patients' access to care and educating the public about why orthodontic treatment should be done by an orthodontist instead of a primary care dentist.

In addition we will lobby for legislative reform at the state level to remove specialty license restrictions and allow mid level providers (ex: super hygienists) to practice independently. As a specialty, we believe that everyone deserves a great smile and that they should have access to the best quality of care and treatment available.

We are a network of licensed orthodontic specialists who believe that every child deserves a great smile. We also believe that we, as orthodontists, are perfectly positioned in healthcare to make this possible.

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We are an orthodontic and dental practice services firm that provides assistance with the non-clinical business, marketing and administrative functions of orthodontic and dental practices, including marketing, billing and collections, purchasing/procurement, patient financial and insurance services human resources, and financial reporting. The company currently serves nearly 350 orthodontic and dental practice locations.

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 Newly in Practice

Smile for a Lifetime

The Gift of Smiles

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Smile for a Lifetime Foundation is a charitable non-profit organization that provides orthodontic care to individuals who may not have the opportunity to acquire assistance.

Launched in 2008, Smile for a Lifetime Foundation aims to reach individuals with financial challenges, special situations, and orthodontic needs. The Foundation sponsors the orthodontic care of hundreds of patients each year.

Smile for a Lifetime Foundation has participating orthodontists throughout the US. Each chapter has its own local Board of Directors who chooses patients to be treated by the Foundation.

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Guarantee My Smile

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The vast majority of orthodontists can agree that two of the most difficult issues we face every day is running a successful business and post-treatment relapse. Having and maintaining an efficient, vibrant, growing business that attracts new patients and allows us to practice our art is taking more and more effort as competition increases and we continue to struggle through economic unrest. Relapse is, of course, the alpha and the omega. It has plagued every orthodontist since the beginning of time and will forever after. Our solution is simple and life changing...offer the treatment and when the patient gets his or her braces off, they also get your guarantee that if they are ever unhappy with their results for any reason, at any time in the future, you will not charge to put braces back on. Intrigued? Learn more at www.GuaranteeMySmile.com.

HR for Health

www.hrforhealth.com
Ali Oromchian

HR for Health's story begins and ends with our doctors because our sole purpose is to create and deliver powerful and intuitive software that minimizes the risk of HR liability while improving employee performance, aligning business interests, and increasing profitability.

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OrthoBanc, LLC is a risk assessment and payment management provider specializing in electronic payments for orthodontists, dentists and other companies that provide services for a set monthly fee. OrthoBanc, LLC currently does business as OrthoBanc, DentalBanc and PaymentBanc. OrthoBanc's management team has over 100 years of experience in risk assessment for financial companies. We have brought that expertise to businesses nationwide in an effort to lower the risk associated with payment plans. Our credit recommendations can be obtained in seconds. In addition to credit recommendations, OrthoBanc has taken risk management to the next level by completely managing office payment plans. We secure payments via ACH or credit card draft and we handle customer follow-up regarding failed transactions, expired credit cards, etc. When a business implements The OrthoBanc Way, there is no need to mail statements or make those awkward phone calls regarding missed payments. Employee productivity is increased, the office is more secure, delinquency is reduced, and payments are received on time, every month. Request a demo to learn about Payment Management and our entire suite of practice management tools.

Anjali Singh Insurance Services, LLC/Pacific Advisors

http://www.medpro.com/web/mdubngaj
Email: asingh@pacificadvisors.com

Anjali Singh-Lerch has been in the financial services industry since 1998. Anjali specializes in providing insurance products and advice nationwide to dentists/dental specialists and other health care providers (although she has a growing number of clients in different careers). She also regularly speaks at industry conferences to provide training to peers. Anjali has a unique ability to analyze a client's total financial/personal situation and then designs customized solutions. Her extensive knowledge of insurance, dental practices and the small business market enables her clients make astute financial decisions.

The ideal she holds for each of her clients is to:

- Protect them as much as possible based on their individual situation so their desired outcome happens in as many scenarios as possible.
- Educate them on the choices they make so they understand the short and long term effects.
- To be an adviser to them from graduation to retirement.
- To be a resource/provide referrals to other professionals- such as an attorney, CPA, banker, consultants, etc.



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