



THE PROGRESSIVE ORTHODONTIST

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BUSINESS PRACTICE & DEVELOPMENT

Straight Tooth - BY JOHN MCMANAMAN

MARKETING/SOCIAL MEDIA

Three Tips to Increase Facebook Reach
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Q2 2015

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inside this edition...

BUSINESS PRACTICE & DEVELOPMENT

12

Open Letter to the AAO Leadership
and HOD Members

BY BEN BURRIS

14

I'm an Orthodontist

BY KLIFF KAPUS

22

The Wilkin's Method
True Conversion Rate

BY MATT WILKINS

28

Meet Aly Kanani

BY THE PROGRESSIVE ORTHODONTIST

42

The Straight Trooth

BY JOHN MCMANAMAN

YOUNG DOCS

60

Get Noticed and Get Hired

BY MIKE MCEWAN

64

Risk Retention Groups v.
Insurance Carriers

BY ANJALI SINGH & NICHOLAS BOWMAN

66

Young-Docs Facebook
Conversations



COVER STORY

Meet Aly

Page 28

PRACTICE PROFILE

38

Dr. Jason Kaplan

Disney Parks Mom's Panel

BY TERRI RICE

52

An Interview With
Dr. Robert Haeger

TEAM DEVELOPMENT

36

Convention Overview

44

The Balancing Act

BY PRISCILLA FONSECA

56

Connect on Facebook

LIFESTYLE

74

The Best in San Francisco

MARKETING/ SOCIAL MEDIA

18

Do You Feel Free?

BY ADAM MEAD

24

Here's to the Crazy Ones.

BY ANGELA WEBER

47

Choose a Specialist

BY JEFF BEHAN

48

Three Tips to Increase Facebook Reach

BY KYLE FAGALA

MISCELLANEOUS

11

Products to Watch

76

Resources

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EDITOR'S NOTE

Here at ProOrtho we have had an action packed year already – and it's only April! I attended The Forum in Orlando and Ormco certainly knows how to throw a party. I enjoyed the chance to visit with so many ProOrtho members as well as meet several prospective members. The Smile for a Lifetime Smilent Auction and The Gala were a blast and a huge success.

ProOrtho hosted the first annual Meeting of the Minds at the Loews Hotel in Miami. Many thanks to Angela Weber for allowing us to tag along with her room block and make it possible for this awesome group to get together. The Meeting of the Minds was a full day of high level discussion on how to better run an orthodontic business while providing great results, excellent customer service and affordability. We had 78 doctors attend this inaugural event and we know it will be even more incredible next year. The OrthoSynetics Summit closed out the week and was fantastic as well. I was in awe of the world-class speakers that Angela Weber was able to provide. We all had a fantastic evening at the 80s party Friday night!

The Carestream Summit in Atlanta was another in what seemed like a blitz of great meetings we attended this winter. With over 700 attendees and a speaker lineup to die for, the meeting was a joy to be part of.

Now we are gearing up for the AAO Annual Session in San Francisco and look forward to continued discussions about the "Open Letter to the AAO Board of Trustees and HOD" petition hosted at MoveOn.org.

Dr. Aly Kanani is our CoverDoc for this, our largest issue of the year, and no one is better suited to the spotlight. Dr. Kanani is an excellent example of how hard work, a great education and vision can combine to accomplish incredible things. **Change is Good** and Dr. Kanani is a master of recognizing, adapting to and thriving in the midst of change.

Also in this issue we are pleased to announce our new Advisory Board members (pages 6-7). You will get a chance to know this fantastic group of doctors in this and upcoming issues of The Progressive Orthodontist Magazine.

ProOrtho is about change and through the magazine and our wide variety of Facebook Groups we are changing how doctors and staff think and communicate. Our groups now boast over 1500 active members who collaborate on every aspect of the business and practice of orthodontics. Be sure to check out the complete list of Facebook groups and find the groups that best suit you and your team!

We look forward to seeing you in San Francisco – be sure to look for us and copies of the magazine at our partners' booths: Trudenta, GAC-Dentsply, Orthosynetics, WildSmiles, Propel and yogg.

PUBLISHER
SmileMedia, LLC

EXECUTIVE EDITOR
Terri Rice
terri@smilemediallc.com

ADVISORY BOARD

Ben Burris
Derek Bock
Jennifer Eisenhuth
Kyle Fagala
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Advisory



BEN BURRIS

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.

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.

Burris is 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 can be reached at bgbdds@yahoo.com.



KYLE FAGALA

Dr. Kyle Fagala is the owner and orthodontist at Saddle Creek Orthodontics in Germantown, Tennessee. Dr. Fagala graduated in May of 2013 with a certificate in orthodontics and a master's degree in Dental Science for his thesis on three-dimensional imaging of the airway. Dr. Fagala is the course director and lecturer of Development of the Occlusion, a class for 1st year dental students at the University of Tennessee Health Science Center. He also provides orthodontic treatment for children at Pediatric Dental Group in Southaven and Olive Branch, Mississippi. He loves music, specifically the drums, and spends more time than he should on social media. Dr. Fagala, his wife Anna, their son Charlie, and daughter Libby live in Germantown and attend Highland Church of Christ.



JOSE LUIS GARCIA

Dr. Jose Garcia has had a unique experience in the orthodontic world. He is a second generation orthodontist with his father being a practicing orthodontist in Mexico and his mother is a retired dentist; as a result, he has seen first-hand, the transition of the traditional referral-based orthodontic practices in Mexico to their current status.

He received his DDS degree from Indiana University School of Dentistry and completed his orthodontic certificate and Masters of Science in Dentistry degree from St. Louis University. Dr. Garcia has practiced orthodontics since 2001, is the past president of the San Diego Academy of Orthodontists, and is a published author. Jose lives and practices in Temecula, California where he enjoys playing golf, doing yoga, and is a serious world cup soccer fanatic having attended the last 3 world cups.



DEREK BOCK

Dr. Derek Bock grew up in Massachusetts, near Cape Cod. He remained on the East Coast for his undergraduate studies at Stonehill College. After receiving his Bachelor of Science as a double major in biology and chemistry from Stonehill, Dr. Derek continued his studies at the prestigious Tufts University School of Dental Medicine in Boston. He received his Doctorate of Dental Medicine from Tufts University in

May 2003. Following his dental school graduation, Dr. Derek completed his post-graduate training in orthodontics at the University of Illinois at Chicago. He completed a three-year residency in orthodontics and obtained his Master of Science in oral sciences. In addition to his residency, Dr. Derek also completed a one-year fellowship in craniofacial orthodontics at the University of Illinois Craniofacial Center. It was during this fellowship that Dr. Derek received additional training in dealing with orthodontic problems as they relate to children with craniofacial syndromes, especially cleft lip/palate. Dr. Derek is an avid golfer, loves running, cycling and competes in triathlons, and is an accomplished guitar player. He and his wife, Dr. Anokhi, enjoy outdoor activities with their four children.



JENNIFER EISENHUTH

Jennifer Eisenhuth DDS, MS is a board-certified orthodontist who began college intending to be a civil engineer. After her undergraduate studies were complete, she came to her senses, entering dental school at the University of Minnesota and upon graduation, began her orthodontic residency at the University of Minnesota, earning both a certificate of orthodontics and a Master's of Oral Biology. After a failed associateship, she

borrowed \$60,000 from a friend and started her own practice, paying this friend back within a few months. Since then she has started, bought and sold several practices in the Twin Cities metro area and will continue to do so as long as the fun remains. Her orthodontic practice won the "Best workplace 2014" by Minnesota Business Monthly Magazine and she was recently acknowledged by the University of Minnesota as a top entrepreneur.

BOARD

We have made some additions and changes to The Progressive Orthodontist Magazine Advisory Board. Change is good and we are constantly seeking out the best and brightest to teach us how to improve and grow.



ALY KANANI

With humble beginnings as a UPS warehouse worker and part time cashier for a small pharmacy in the summers, young Aly Kanani went through the usual dental and orthodontics degrees as the status quo but with a few exceptions. Dr Aly Kanani completed his Masters degree in Economics and Management at the prestigious London School of Economics as well as a formal Masters degree in Higher Education Administration at the University of Pennsylvania. Starting as an associate in 2006 and now nine years later, Dr Kanani is the Founder and now Managing Partner of the largest orthodontics group in Western Canada with seven locations. As a trusted partner of Dental Corporation of Canada and managing the groups BC orthodontics presence, he created and manages with four other orthodontists a significant eight figure specialty orthodontics health care service for children and adults with quality care at the forefront of the groups mission.



ANIL IDICULLA

Dr. Anil Idiculla, aka “Dr. I”, opened his flagship location in the summer of 2008, and is now the owner of 5 thriving private practice locations in Colorado. Known as a rebel, he likes to challenge the status quo and traditional thinking in all aspects of life. He has set up all of his offices in the most competitive areas in Colorado by choice and plans on adding new locations every 1-2 years. He is currently the only doctor at all of these locations as he continues to explore the most critical aspects of practice efficiency. His ultimate vision, is to align not teeth, but rather align the core philanthropic values of life through inspiring other peers as well as his own patients. Every fall he leads a dental team to the slums of Kolkata, India and he believes that every orthodontist should be treating hundreds of children locally pro-bono throughout their blessed career.

In his free time, he can be found skiing, running, fly fishing, and serving on the boards of 5 non-profit organizations. He loves Colorado, and embodies his practice’s tagline, “Live Life Smiling”.



JOHN MCMANAMAN

Dr. John McManaman is a board certified Orthodontist and owner of Docbraces with practice locations in New Brunswick, Nova Scotia, and Prince Edward Island. Docbraces has helped thousands of Maritimers smile with renewed confidence over the last 11 years. Docbraces practices are also recognized as having an Invisalign Elite Provider status, which ranks the practices among the top 5% of providers of Invisalign treatment in North America. Dr. McManaman received his Doctor of Dental Surgery from Dalhousie University (1999), and went on to earn his M. Sc. Orthodontics from the University of Manitoba (2003). He continues to practice Orthodontics full time while being very actively involved in many community and charitable initiatives.



SCOTT LAW

Dr. Scott Law is a leader who is willing to take risk for the betterment of the industry. He has made and continues to make many investments in ways to help patients and orthodontists succeed. Scott Hudsmith is an entrepreneur that has been successful in several organizations over the past 25 years. He has been CEO, President, COO, CFO and he has led the sales and marketing efforts at many of the organizations. The combination of Dr. Law’s industry leadership and Scott’s experience make for a unique formula that will no doubt lead to an amazingly successful Orthodontic focused business.



KLIFF KAPUS

Dr. Kapus graduated from U.C. Davis with a B.S. in Genetics in 1992. He worked in academics and then corporate biotech before returning to school to complete his DDS degree from University of the Pacific (now Arthur A. Dugoni School of Dentistry in San Francisco). Kliff completed his orthodontic residency, graduating in 1999 with an MSD. He currently owns and operates a practice in Livermore CA called “Wild Smiles by Dr. Kapus”. When Kapus was a teenager, he worked at a local zoo and his original intention was to go to U.C.D. to become a veterinarian. Life didn’t work out that way for him but his love of animals and nature led him to design his office as an “Indiana Jones meets the Crocodile Hunter for lunch at the Elephant Bar”. www.wildsmiles.com

CONTRIBUTORS



JEFF BEHAN

VISIONTRUST COMMUNICATIONS

Article on page 47

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.

MIKE MCEWAN DDS, MSD

Article on page 60

Dr. Mike McEwan has experienced extraordinary success since graduating. Mike joined a group of 350+ innovative dentists and orthodontists who have changed the landscape of dentistry in CO and 13 other states for the better by bringing low cost, quality dental care to the underserved in their communities. As a leader and consultant in the orthodontic division of Comfort Dental, Mike, with his 3 other orthodontist partners own five offices and spearheaded the expansion of hybrid dental/ortho offices to smaller markets, making orthodontic services accessible to the underserved in the mountain towns of CO.

Dr. McEwan was raised in Galesburg, IL and attended dental school at the University of Iowa (2009). He completed his residency at St. Louis University in 2011. In his spare time Mike enjoys lots of family time, as well as snowboarding, mountain biking, and all the exciting things mountain living has to offer.



ANJALI SINGH

Article on page 64

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.



ANGELA WEBER

ORTHOSYNETICS MARKETING DIRECTOR

Article on page 24

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 innovate 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.



NICHOLAS TYSON BOWMAN

Article on page 64

Nick has been in the financial services industry since 2010. As an intern for Morgan Stanley in their global wealth management division he developed client facing seminars for one of the top brokers in the Northern NJ. In 2012, he pivoted away from the big-bank approach to financial services and started with the independent advisory firm, Summit Financial Resources, INC. Here Nick was able to specialize in working with high to ultrahigh net worth individuals and business owners, focusing on long term wealth building and innovative asset transfer strategies.

This allowed him to move to his current position of Director of Planning at Northeast Private Client Group, where his no-nonsense approach to complex financial matters has solidified his credentials as a experienced financial professional to the clients he works with. He graduated from William Paterson University of New Jersey, with a bachelor's of science in Professional Sales and Philosophy. Nick's core competencies are estate planning, life and disability insurance plan design, retirement planning, risk management, and captive insurance.

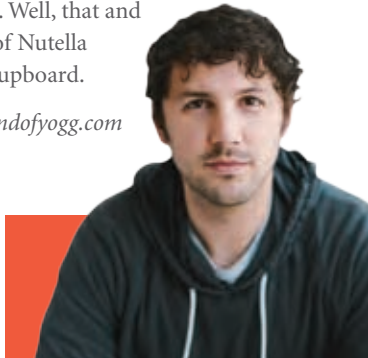
ADAM MEAD

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



WAYNE PEARSON

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.

MATT WILKINS

CEO ARKANSAS BRACES

Article on page 22

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.



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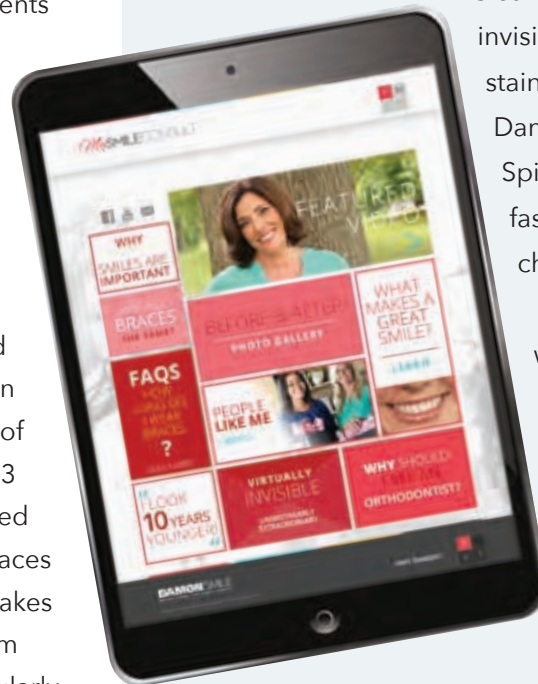
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*As compared to Damon Clear, data on file. Standard torque, upper 3-3 brackets.



OPEN LETTER TO THE *AAO Leadership and HOD Members*

By Ben Burris

Many AAO members are concerned about the direction of the AAO. This is a list of concerns and suggestions as well as an attempt to open lines of communications among rank and file members, the AAO Leadership and HOD Members to the benefit of us all.

Petition

Dear AAO Leadership and HOD members,

For some time now a growing number of AAO members have worried about the direction of our member organization.

The areas of particular concern are:

1) The primary and overwhelming focus of the AAO should be on aggressively differentiating Orthodontic Specialists from Primary Care Dentists

- a. We feel the CAP, while well intentioned, is not getting the job done
 - i. Telling patients that orthodontists go to more school is not useful when most patients do not know what an orthodontist is
 - ii. We believe that we must educate patients on how to tell the difference between PCDs and Orthodontic Specialists
 - iii. Stating facts about credentials

is not negative advertising

b. We believe patient education can easily be accomplished by encouraging patients to ask some simple questions of the person claiming to be an expert in orthodontics

- i. How many cases like mine have you done?
- ii. Did you go to a full time, accredited orthodontic residency program or to a part time/ weekend CE course?
- iii. Have you or your family ever been treated by an Orthodontic Specialist?
- iv. Have you ever had to ask an Orthodontic Specialist for help with orthodontic treatment in braces or aligners?
- c. We are proud of orthodontists who have chosen to become ABO certified but feel it is silly to aggressively promote one orthodontist above

another while we are unwilling to promote orthodontists above Primary Care Dentists.

- i. The majority of dues paying AAO members are not ABO certified
- ii. Once we win the orthodontists-PCD battle we can worry about promoting ABO certification
- iii. This is not anti-ABO this is pro-orthodontist in an attempt to present a united front to the public

2) We believe that those of us who still need to practice orthodontics and make a living for the next 20-40 years must act now to protect and preserve the orthodontic profession and we know we need the help of the older generations to insure the orthodontic profession survives.

- a. We feel the AAO leadership, by and large, do not have this same sense of urgency given the age difference and that this difference can cause

- disharmony among the age groups in the association if not addressed
- b. We believe that the AAO leadership wants to do what is right for the profession and the membership but may not realize the jeopardy that younger members are in or the speed at which change is taking place.
 - c. We feel the AAO is THE membership organization that will save the profession or let it die depending on how the leadership and the HOD chooses to act now and in the long term. There are no viable alternative membership organizations and we do not see that changing
- 3) We believe this is a critical time for the orthodontic profession and that drastic measures are needed.
- a. We feel it appropriate to suspend/ cease all non-essential expenditures and reallocate all possible funds towards educating the public. Here are suggestions – certainly not all inclusive.
 - i. Dispense with in person meetings and utilize technology to hold virtual meetings
 - ii. Dispense with non-essential staff
 - iii. Minimize travel, food and lodging costs
 - iv. Stop holding regional meetings that lose money or break even
 - v. Have the House of Delegates meet, debate and vote via the technology that is available
 - vi. Dispense with receptions, parties and volunteer “thank-you” gatherings like the ones at the annual session
 - vii. Spin off nonessential holdings/ organizations/businesses that could be run more efficiently by contracting with others
 - b. It may be time to reassess the mission of the AAOF and its funding in the current reality
 - c. We must reallocate any and all funds available to aggressively promote

- orthodontists as THE dental specialist to see for all orthodontic needs
- d. We feel that well over half of the AAO’s 20-25 million dollar annual budget should go to effective patient education and would like to see north of two-thirds spent on educating the public
- 4) Because most orthodontists still rely on PCDs for patients, it is essential that our member organization shoulder the load when promoting orthodontists over PCDs. Members cannot speak up

We believe that those of us who still need to practice orthodontics and make a living for the next 20-40 years must act now to protect and preserve the orthodontic profession

- in their local areas by and large for fear of recrimination from PCDs but our national organization can. It is time to start looking at ways the AAO can do this instead of counting the reasons the AAO should not do so
- 5) The ADA and Primary Care Dentists are looking out for their best interests – and that is smart for them to do so. It is time for the AAO to aggressively look out for the needs of member orthodontists.
 - a. We understand that the AAO wants dentistry to present a “united front” and that we need the ADA and this is why the AAO Leadership fears upsetting the ADA

- b. However, if this is the case then the ADA needs the AAO as much as the AAO needs the ADA
 - c. The ADA looks out for Primary Care Dentists with no regard for specialists – one need only look at what is allowed when it comes to specialty designation to see this.
 - d. The AAO must take the same stance and look out for orthodontist members.
- 6) The AAO must become more active on the state level. The vast majority of legislation that controls dentistry happens at the state level and the AAO must become influential in state politics – even if that means re-organization of the AAO to do so.

We, the undersigned, respectfully present this list of concerns for consideration by the AAO leadership and HOD. We are appreciative of what has been done by the AAO volunteers in the past and understand that major change is a major obstacle. However, we need our member organization now more than ever and hope that the AAO will step up and be the defender of the specialty that we so desperately need in the face of the new reality.

To sign the petition, click the link on our homepage: www.theproortho.com







I'M AN ORTHODONTIST

By Dr. Kliff Kapus

Dr. Kliff Kapus is well known among those active in our orthodontic Facebook groups as a wordsmith with unmatched insight. Many times during the course of a discussion, Kliff swoops in and changes the direction and collective mindset of the group by forcing us to consider an angle or approach that was not apparent to us. We want more people to experience what makes Kliff, Kliff - and Dr. Kapus has graciously agreed to join the Progressive Orthodontist Advisory Board as well as contribute an article every quarter. We are excited to have Dr. Kapus on board and once you read his words, you will see why!

I'm an orthodontist. It's what I do, not who I am.

I love my profession; my art, my speciality. It is the perfect merging of factual science and subjective esthetics. No other career so elegantly merges hard-edged, evidence based treatment protocols with the anecdotal, soft touch methodology of tailoring treatment to an individual patient's needs. Science and Art in equal measure. And then, like buttercream frosting on top, there's the layer of daily interaction with my patients. They are simultaneously my greatest joy and bedevilment. Perfecting the daily dance of smoothing ruffled feathers, calming jangled nerves and explaining complex dental concepts in simple terms

is a skill that is developed over many years through hard won experience. I'm a politician, a businessman, an artist and a scientist; I am an orthodontist! It's really

I love my profession; my art, my speciality. It is the perfect merging of factual science and subjective esthetics. No other career so elegantly merges hard-edged, evidence based treatment protocols with the anecdotal, soft touch methodology of tailoring treatment to an individual patient's needs.

pretty awesome when you stop and think about it. But unfortunately I hardly ever do. Because I'm way too busy juggling my endless insecurities.

How did that happen?

The answer isn't simple. It started out in residency when we desperately wondered if we were good enough. All our friends made that tired joke "but you're not a real doctor..." We submitted to the authority of our teachers, of course, and we were secretly afraid we were going to screw it all up somehow. Then we stumbled into private practice and we had absolutely NO idea what the heck we were doing. Should we incorporate or not? How do you set up a 401k plan? Should I hire salaried or hourly employees? How many days a week should we be open? Do we really have to have child safety covers on all the outlet plugs? What must we have in our emergency drug kit? Where do you keep the MSDS manual? Should there be hot water to the eyewash or not? Should we buy that expensive piece of equipment because we need the tax write off or is that just rationalizing an indulgence? Overwhelmed, we suddenly realized how little we actually knew. That was another blow to our self confidence.

Mistakes happened, we learned from them. The teeth didn't always do what we told them to and we wondered for a time if we were really any good at this at all. We built our practice, did the rounds of professional lunches and shook a lot of hands, desperately hoping the local dentists would like us and refer. It

felt a little like begging, really. All that education and hard work and here we were blathering on about this or that new technique, making pointless small talk to fill the uncomfortable silences or asking “have you golfed on that course?” It was like running for political office; as if we were on one, long, endless speed date. Seeking approval, glad handling, desperate to be liked by our peers, all the while knowing that our careers and family depended on it (no pressure).

So we headed out to the conventions. We bumped into old friends and colleagues. They told us how well they were doing. This one paid off her student loans already. That one took over his dad’s practice (after graduating with zero debt) and recently bought a cabin up in the snow. Everyone strutted around like peacocks. They all seemed to be doing so darn well. What was wrong with us?

Then the sales representatives came. Like vultures they circled, cawing “you get a discount if you buy 1000 cases!” (but I’m not busy enough to justify that big a purchase) “Doctor Warbucks down the road submitted 180 cases last quarter!” (What?! I’m not anywhere close to that!) “I just want to help you grow your practice!” (sure you do...). “Attend our courses!”, “listen to our speakers!”, “join our buying group!”, “buy a laser!”, “scanners are the next, big thing!”, “your patients want accelerated orthodontics!”, “you’re not doing TADs?”...

So many things to feel guilty about. Obviously we needed help. But where to turn?

And crawling out of the woodwork came the practice management gurus, brimming with confidence; telling you you’re doing it all wrong. They alone have the hidden secrets to practice success! Now quickly: fire that staff member who you hired in 1972. I don’t care if she babysat your infant children! Lay down the law! Grow a backbone! Don’t let them run your practice (but hey, have them

do all the work). Aren’t you on social media yet, you dinosaur? Do you have a Facebook page? Google+? LinkedIn? Pinterest? Tinder? Snapchat? Do you blog? Here, use our proprietary method for calculating your true income potential. Permit us to secretly call your practice so you can learn what horribly rude and incompetent staff members you’ve employed. But please don’t call them “staff” (staph is an infection) they are your “team”! Dress your team all the same

*I have a message
for you, my fellow
orthodontists: you are
smart, you are talented
and you are important.
I know this because
you made it through
residency. And last I
checked they don’t just
let any old fool into
those programs.*

like creepy little dolls. Get a logo (look, a stylized monogram of your initial! How original!). Write an office manual. Script everything. Micromanage. Pay to fly your entire office to New Zealand for my seminar. Now have everyone sing the “deband song”! Aren’t we having fun with your money?!

Dear God, kill me now.

I have a message for you, my fellow orthodontists: you are smart, you

are talented and you are important. I know this because you made it through residency. And last I checked they don’t just let any old fool into those programs. The sales representatives and the practice gurus don’t have to jump over those same hurdles to get where you are. You earned your position and no one can take it away from you unless you let them. Bottom line: you’re worth more than the tidal wave of bullsh*t that’s been crashing over your head all these years. You know how I know? Because you give a damn. (You still do, right?)

You still care about the work that you do. You still like making your patients look better and feel better about their appearance. You still love it when you put up the before and after photos and think “hey, I do good work!”. You still get excited when you learn a new trick to help handle those difficult clinical situations that pop up from time to time.

So focus on that. Feeling better? Good.

Think of it like this: we are all living on a metaphorical archipelago. Each of us is stuck on our own island with very little contact with the outside world. We’re all desperately curious to look in on someone else’s island but we guardedly protect our own. We are very concerned with the economics of our island and wonder if we’re somehow missing something terribly obvious. Perhaps if we put an iCAT on our island we would feel better about having someone over?

You know what? It’s time to string some phone lines between the islands. We need to get our collective act together before all these outside forces rip us apart like ants on a dead cricket. Yes, I know, “organized dentistry” already exists, but does it really? Does the current system of organization truly represent the interests of you, the boots-on-the-ground orthodontist?

The fact is the entire industry that has been set up to sell you its products and services has predicated its business model on leveraging your self doubt. We don’t

have Consumer's Report or Angie's List or Amazon.com product reviews to rely on so we're easy pickings. If they tell you that they alone have the missing answers or that their unique product is going to bring new patients storming into your office in droves, where can you turn to check those claims? Some other doctor thousands of miles away who they themselves referred you to? If you benchmark success by comparing yourself to your competition (a horrible idea, by the way) and they tell you that your mortal enemy is running riot because of their proprietary techniques, what are you going to do, call his office and ask? There is zero accountability and that works to their advantage. You, as an ethical practitioner are required to provide informed consent. They, as salespeople are not. They operate in this fashion because they know you're not liable to call another island! In short, you are manipulated by fear, made to feel incompetent by design and treated (to borrow an old saw) like a mushroom: kept in the dark and covered in manure...

I submit to you that we have far more in common with one another than you may think. Were we to join together in open and honest discourse we could very likely improve our collective lot significantly, not only at the level of national interaction but also in our day to day practice. The

good news is we have access to heretofore unheard of levels of communication. Email, social media, chat boards, etc. Let's start talking, folks. I promise you, the more you speak to other orthodontists about the concerns we all share and the obstacles we have yet to overcome the faster your confidence will grow and the sooner we'll accomplish our goals. When you realize that we're all dealing with the same insecurities and worse, the same people who like to play on those insecurities, the stronger you will become as a person and the stronger we will become as a group.

I am an orthodontist. It's what I do, not who I am.

I don't claim to have all the answers. I don't believe it will be easy. But I know that I still care about how good my cases look when they finish. And I definitely care that my customers leave my practice feeling good about having investing their time and money there. And if there's someone out there in the ether who's willing to help me achieve more of that then I'm willing to listen. And I bet you probably feel the same way... ✂



DO YOU FEEL FREE?

How a unique brand can deliver freedom

By Adam Mead



As many of you know, this year's AAO Annual Session is in the beautiful city of San Francisco. What an amazing story this city has to tell, and what a perfect location for a gathering of industry pioneers. The awe-inspiring tale of the 49ers should be our guide. And I'm not talking about Joe Montana, I'm talking about the Gold Rush of 1848 and 1849.

Can you imagine what life was like back then? It was an era of Manifest Destiny, exploration, new frontiers, new horizons, and of course, gold. At Sutter's Mill in

Coloma, California, the first nugget was discovered. Word spread around the world like icing on a hot cake. In less than two years, San Francisco's population grew from just 1,000 to 25,000. The city's narrow streets are said to be a direct result of its inability to keep up with the surge of growth during the Rush. It's funny to think that this incredible movement in United States history caused what we now consider to be San Francisco's unique brand of "charm."

Thousands and thousands of pioneers,



prospectors, and entrepreneurs flocked to the West Coast with dreams of striking it rich and enjoying a better life. They envisioned the day they no longer had to worry about money. They envisioned their futures free of the challenges they faced. In essence, they envisioned freedom—be it financial freedom, homestead freedom, or even religious freedom, pioneers were willing to risk life and limb to achieve it.

The idea of freedom has always driven this country to evolve and most certainly was the uppermost thought in the minds of brave pioneers as they trekked ever westward. But the idea of freedom takes many different forms and can be used to describe more than just a sense of liberty. Freedom can be achieved from removing stress from our lives. Freedom can be achieved when we reach the pentacle of self-actualization in Maslow's hierarchy of needs. We feel free when there is a lack of competition or opposing pressures. It's warmth to bitter cold. Cool to extreme heat. Light to dark. It is a clear distinction from what it is not. Freedom is the unchained and unrestricted essence of hope and joy. Freedom is the unalienable right to "life, liberty and the pursuit of happiness." Pure and simple, freedom equals happiness.

So. How free do you feel with your practice?

This is a question that all of us as business owners ask from time to time. It's perfectly normal. Pressures build up and we feel restrained or boxed in. Competition steps it up a notch, so we feel even less free. But if you are feeling as if you haven't tasted the pure and sweet flavor of true freedom in a long time, I would suggest you might be struggling with understanding who you are and what you represent as a practice. Self-actualization, according to Maslow, means the ability to fulfill your known potential. But how do you know your potential? Clarifying who you are and what your

vision is will provide the way forward. Not knowing where you're headed is not a freeing feeling. If you don't know your destination, any road – or trail for that matter – can take you there.

Let's achieve freedom. Freedom from the unknown. Freedom from our competition. Freedom from a crowded marketplace. Freedom from getting in our own way. Here are a few tips that hopefully will help you gain the freedom you deserve.

Feel free to be who you are. Some pioneers went to Utah. Some went to Oregon. Some went to California. But thousands and thousands of pioneers settled in other areas. The variety in destinations, dreams, and goals are what made the migration to the west successful.

- Feel free to be who you are. Some pioneers went to Utah. Some went to Oregon. Some went to California. But thousands and thousands of pioneers settled in other areas. The variety in destinations, dreams, and goals are what made the migration to the west successful. Don't feel pressure to be like someone else. Make it your own. Make

sure it fits who you are. All the hard work will be well worth the freedom you feel. Remember: there's a lot of room for pioneers to stretch their legs once they reach their destination.

- Free yourself from what everyone else is doing. The unfortunate 49ers who were late to the rush had to work much harder for gold. The hills, or in our case the marketplace, reached saturation, and all the nuggets that rested on the creek beds had been snatched up already. Just because everyone is doing something—iPad contests, smile busses, in-office baristas—doesn't mean you have to, too. Knowing your individuality as a practice will help you do your own, more compelling thing. You'll be rewarded for that and, in essence, become a 49er in your own right.
- Free your mind of gold fever. Don't have a gold rush mentality when it comes to marketing tools. There are many people who will tell you about the latest and greatest, but stay wary. While some may strike gold, plenty of others will not. Just as the gold rush wasn't as easy as everyone advertised it to be, so too are all these tools. Those who learned quickly or those who knew what they were doing were most successful. But it took lots of effort and diligence. There is no silver bullet in marketing, but there are plenty of small gold nuggets. Collect enough and you'll change your life.
- Feel free to be a pioneer. Adventure and risk are fun and rewarding. You don't have to go for broke, but you do have to claim your own territory. Just as the passes through the Rockies were difficult, your path to setting yourself apart and getting your staff on board will be difficult. But what a reward! Playing it safe never helps you stand out. Only those who stand out, well, stand out. Depending on your market, you may need to be a 49er. Or you may just need to settle on a 500-acre plot



of land in Montana trapping furs for a living. Either way, the pioneering spirit will give you more freedom than you ever imagined.

- Free the bad members of the party. Imagine the amount of boredom pioneers experienced as they crossed thousands of miles of plains. I can only imagine, especially as times got tough, that not everyone was of one accord. In much the same way, make sure you have the right team members in all the right places. Your culture is critical! Ensuring a consistent patient experience that matches your brand's expectations is so important for fostering trust. As times get tough, your culture must stay intact. Even a hint of disconnect will chip away at trust like a jackhammer. Everyone in your party has to be committed to your destination. If not, there are a lot of miles to travel in frustration, and you probably won't feel very free when you get there.
- Feel free to make mistakes. Pioneers had to make tough decisions when they encountered forks in the road. We all face forks in our personal roads

Feel free to make mistakes. Pioneers had to make tough decisions when they encountered forks in the road. We all face forks in our personal roads throughout our careers. Fortunately if we decide to really set ourselves apart in a way nobody else has in our marketplace, at least we won't face the grave dangers pioneers of old did.

throughout our careers. Fortunately if we decide to really set ourselves apart in a way nobody else has in our marketplace, at least we won't face the grave dangers pioneers of old did. Axels and wheels would break just as advertising campaigns may not be as effective as we had hoped. But the pioneering spirit will help you overcome these challenges and gain more ground than you lose—certainly more than if you decided never to go.

Let the journey be freeing. The essence of a pioneer is freedom. Milestones are wonderful places to reflect and celebrate the ground you've gained. But even if you don't make it to your destination, your journey as a pioneer will be far more liberating and exhilarating than the alternative. Our career paths will always go up hills and down into valleys, but that's what makes it so much fun. Put yourself in control of your brand, the experience you provide, and your destination—you'll feel far more freedom than you would by sitting and toiling over competition or taking unnecessary risks. Get out of your own way and explore. ✦



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#WILKINS METHOD TRUE CONVERSION RATES



THE WILKIN'S METHOD *for Calculating TRUE Conversion Rate*

By Matt Wilkins

For decades orthodontists have argued over how to define conversion rate. Do you count patients who are not ready for treatment? Do you count patients who need dental work? Do you count patients

who have a bad attitude or bad brushing? Do you count phase I patients again when they do phase II? And on and on and on...

Well, I'm not trained as an orthodontist

but I do know business and from where I am sitting it seems to me that most doctors focus on conversion rate entirely too much and often try to skew the numbers to make their conversion rate

look better. This is not a healthy way to run a business because 1) you are fooling yourselves into thinking you are doing better than you are and 2) conversion rate is not the end all be all indicator of success or failure you think it is 3) orthodontists will do a lot of dumb things that cost them time and money in order to keep their conversion rate bragging rights.

Business is business! Through my eyes, the proper way to measure conversion rate is simple. Let me explain what we will call the Wilkins Method.

Orthodontists like to brag about conversion rate almost as much as they like to brag about how low the interest on their loans are or how cheaply they are getting supplies. I have literally heard more than one orthodontist basically say, “well if you don’t count the patients that don’t start then my conversion rate is nearly 100 percent.” Now they didn’t mean to say that but with all the caveats and adjustments they make to their conversion rate calculations; that is what they are in fact saying. Traditional orthodontic consultants have not been much help in this area of the business and it seems they contribute to the confusion over what conversion rate is and the overblown focus orthodontists give to the number. Just remember that THEIR conversion rate has nothing to do with how many patients you start but rather how many orthodontists sign up and pay them!

As I said, I am not an orthodontist but I do have a Masters in Accounting and a Law Degree and a great deal of business experience. Business is business! Through my eyes, the proper way to measure conversion rate is simple. Let me explain what we will call the Wilkins Method.

To figure out your **TRUE CONVERSION RATE**, simply take the total dollar amount of treatment the patient signs a contract for and divide it by the total dollar amount of treatment you propose. EASY! Let me give you a few examples:

1 You prescribe full treatment for 18 months for a fee of \$6250. The patient agrees and signs a contract for agreed upon down payment and monthly payments. The conversion rate calculation looks like this:

$$6250/6250 = 1$$

(so your conversion rate is 100 percent)

2 You prescribe full treatment for 18 months for a fee of \$6250. The patient declines treatment and walks out the door. The conversion rate calculation looks like this:

$$0/6250 = 0$$

(so your conversion rate is 0 percent)

3 You prescribe full treatment for 18 months for a fee of \$6250. The patient negotiates with you and you agree to

lower your fee by 1000 dollars to get the deal signed (I’m not a fan of this plan for lots of reasons but lots of people do this). The patient then signs a contract for 5250 and the agreed upon down payment and monthly payments. The conversion rate calculation looks like this:

$$5250/6250 = .84$$

(so your conversion rate is 84 percent)

The Wilkins Method for True Conversion Rate removes all the other variables and allows us to compare ourselves across treatment types, philosophies, fee structures and geography. It is important that you, as orthodontists, have real data so that you can compare your practice to others in an effort to identify strengths and weaknesses and improve. The orthodontic specialty would be well served if you would consider moving to the Wilkins Method

The Wilkins Method for True Conversion Rate removes all the other variables and allows us to compare ourselves across treatment types, philosophies, fee structures and geography.

for assessing conversion rate. If we can have legitimate numbers that allow us to set realistic and well defined benchmarks then all orthodontic specialists will benefit from that knowledge. ✨

Insanely
Simple
The
Obsession
That Drives
Apple's
Success
Ken Segall





HERE'S TO *The Crazy Ones*

By Angela Weber

Keeping things simple should be simple, right? In actuality, it's quite difficult, but people who are good at simplicity will find it to be "the ultimate competitive weapon," according to author Ken Segall.

And Segall should know. He is an advertising executive who worked closely with Steve Jobs when Jobs left NeXT computers to rejoin Apple, which was on the verge of bankruptcy at the time. Segall named the iMac, effectively laying the foundation for the names of future Apple products, and helped develop Apple's famous Think different campaign. He saw first-hand how Jobs' talent for simplicity led Apple from near collapse to becoming the most valuable company in the world.

At the recent Synetics Summit, attendees had the opportunity to hear Segall give the keynote speech, *The Power of Simple*. Afterwards, Ken spoke with us further about the power of simplicity.

Q&A WITH KEN SEGALL

As you and I have discussed, it's amazing how many have been inspired by the Apple way of doing things. As a creative professional, I find not a day goes by that someone doesn't bring up the Apple brand as a standard they want to emulate. When did you realize you were part of something special, iconic even?

I know exactly what you mean about other companies using Apple's way of doing things as their reference point. Or,

more accurately, the gold standard. It's always amazed me, even when working with clients in a completely different



"The reason simplicity works is that the world is a complicated place, and if you do something simpler, then it stands out."

— KEN SEGALL, Synetics Summit Keynote Speech, March 7, 2015

industry, that Apple was on their mind. That's quite a tribute.

I had worked with Steve Jobs for eight years as his advertising creative director

for NeXT, so it was somewhat natural for me to join the fun when he returned to Apple in 1997. Did I believe it would be something special at the time? Well, yes and no. I was rejoining my old agency, which was also Apple's old agency (TBWA\Chiat\Day), so I was part of a group of "believers." Steve Jobs was an icon, even though he had struggled with NeXT, and the prospect of him saving Apple was an exciting one. But there was also the reality that Steve had failed years ago with Apple, and that NeXT was not a commercial success — and Apple was near bankruptcy when Steve came back. So we were all very much excited about being part of the effort, but success was not at all a sure thing.

And I can assure you that even though we believed it was possible, none of us imagined Apple rising to the heights it did. This is truly a case of success beyond imagination.

Simple solutions seem so obvious. Why do you think Simplicity has become so difficult for businesses to implement? Why is it so hard to keep things simple?

You are exactly right about the obviousness of simplicity. In an odd way, that's one reason many businesses aren't very good at it. Obvious things don't appear to need much attention. But the truth is, such things don't take care of themselves. Making things simple requires determination and hard work along with

common sense.

I think human beings have two qualities that work against each other. We are genetically predisposed to like things that are simpler. But then, in a business setting, we tend to make things more complicated. We're paid for our skills, so many of us feel obligated to prove that we deserve our salaries. We inject opinions, create rules and procedures, and expand product lines even when those things aren't really necessary.

Many companies develop this "culture of complexity" — and when this culture takes root, it becomes nearly impossible to reverse. It often takes some form of decree from the company's leader.

Steve Jobs clearly had a passion — almost an obsession — with keeping things simple. Do you think this is a skill that can be learned?

I do believe simplicity is a skill that can be honed. I say "honed" instead of "learned" because we're all born with that preference for simpler things. For some of us — like Steve Jobs — the skill is far more pronounced and comes more naturally. For others, it takes education and practice. But it's kind of like learning to ride a bike. Once you appreciate the

"Things that are simple to understand make you like the person who's offering them to you."

— KEN SEGALL, Synetics Summit Keynote Speech, March 7, 2015

value of it, and use it to evaluate business decisions, it becomes a lifelong skill.

Can you offer practical advice for someone who wants to do things in a simpler way?

We all have different challenges in our jobs, so it's hard to offer specific advice. In general terms, focus is the key to achieving simplicity. It's the art of doing fewer things better. I think this was one of the most important aspects of Steve Jobs' personality. It really does make a difference. Of course, Steve did this on a global scale, focusing many different groups of people on a singular vision, product after product.

But we can all apply similar principles to the jobs we do. We can speak up when the business is trying to do too many things at once, forcing compromise into all. Or when internal processes have grown so complicated, things take longer than they should, or involve too many people. Most important, we can look at what we do through the customers' eyes, and demonstrate expertise not by offering more choices, but by offering the right choices — and better choices. ✦



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Meet Aly Kanani

Dr. Aly Kanani is one of the most, if not THE most successful orthodontist on the continent – by any measure you choose to employ. Those fortunate enough to know Aly are aware of his phenomenal educational background, his iron will, his unparalleled work ethic and we see his success as no surprise. Those who do not know Dr. Kanani should do whatever it takes to spend time basking in the warmth of his knowledge and wisdom. Dr. Aly Kanani is an orthodontist, a businessman, a real estate mogul, a teacher, father, husband and philanthropist and he excels in all these roles. Who else can say such things? Who else can do what Aly does? We don't know of any but would like an introduction if you do! People like Dr. Kanani make the world a better place and the Progressive Orthodontist Magazine had the pleasure and privilege to sit down with Aly for this interview in order for you to get to know him as well.



Tell me about your upbringing and family. I know both contribute heavily to your success.

I was born and raised in the Vancouver area until high school by a family that instilled the desire in me to always give back to the community that I lived in. I have two brothers. My father was born in Kampala, Uganda and my mother was born in Nairobi, Kenya. They each have several brothers and sisters. My parents immigrated to Canada in 1972 when they were expelled along with thousands of other families by then Dictator Idi Amin from Uganda. They fled to Canada and arrived as refugees to start life over, leaving behind their home and all of their belongings. My father was trained as a pharmacist and my mother as a school teacher. My parents story and their hard work, love, and dedication to create a life for us, in Canada, has always been and will continue to be a true inspiration and guiding light for me. After completing my studies out of the Province, I eventually came back to where my roots were in Vancouver.

Tell me about your extensive education.

After receiving my Bachelor of Science degree in Physiology from McGill University in Montreal, I went on to receive a Masters in Economics and Management at the London School of Economics, in London. With the desire

to enter into the dental field after a several month voluntary engagement looking at oral health disparities in Asia, I completed my formal dental education. Then I received an additional Masters degree in High Education Administration at the University of Pennsylvania,



in Philadelphia. My post-graduate orthodontics residency meant completing two more years at the University of Detroit Mercy in Michigan. You might say that I'm a bit of a professional student in addition to being an orthodontist. I simply love to learn.

Why did you choose orthodontics?

I love the challenges that orthodontics presents to myself as a specialist. Not only does orthodontics rely on art, it also relies on precision and extreme attention to details. Seeing your patients' smiles transform right before your eyes brings me more job satisfaction than I thought possible.

How did you go from getting out of residency to being the dominant orthodontist in western Canada?

I don't see myself that way. After residency I served part-time as an assistant clinical professor at the University of British Columbia Dental School. I was able to meet several dental students, primary care dentists, and orthodontists by going out into the field and observing what made some more successful than others. This gave me the initial knowledge of the area marketplace to which I could apply my business background and sound business principles moving forward. I am privileged to call some of the most progressive owners of dental and orthodontics practices in North America friends through our various study club affiliations, societies, and philanthropic efforts. Ultimately, knowing what your patients want, what they don't know they want yet, and how to deliver it to them is essential. Today is not like ten years ago,



or even five years ago, or even last year. You have to think outside of the scope of traditional dentistry.

Tell us about working two offices a day and other things you've done to become so successful.

As you know, running a single orthodontics practice is hard work. Managing a multiple location

orthodontics business requires unconventional management and effort to be successful, especially today. In life and in business, there is no point putting in less than 100% effort to anything you set your mind to. We are fortunate to have excellent, dedicated, and caring staff that share our vision for growth while providing high quality orthodontic care and a memorable patient experience.

There are only so many hours in a day so you learn quickly to become system dependent and those systems have to be continuously modified and improved. By being active every day to work on the business as well as in the business is also an ingredient in our success. Furthermore, be prepared to take some shots from your local orthodontic colleagues as you change the traditional orthodontics model. Most

are inherently good people but may not be wired to see the changes in the profession and may feel threatened. They don't know you personally so don't take it personally. Stay the uphill path noting that nothing worth pursuing is easy or everyone would be doing it. Finally, I would also advise readers to diversify your business interests. Aside from our orthodontic practices, I have growing businesses in other unrelated sectors that have an additional 50 employees. Surrounding oneself with others of the same mind and attitude is critical.

What makes your practice different and more successful?

I've teamed up with some great people that are committed to helping patients enjoy their visits, proactively bettered the community, and have the right kind of attitude. Some orthodontists only throw money at marketing programs, but we put our attitude and



energy into the lives of the families that come to us for care. It's more than just providing dental or orthodontic care; it's a way of life.

What are your thoughts about tele-dentistry like SCC?

Services like SmileCareClub are increasing access to care to those persons with mild dental irregularities that cannot either afford orthodontics treatment or live in remoter parts of the USA or Canada and therefore don't have access to orthodontic specialists in person. What makes SSC so unique is that it allows us to provide mild orthodontic corrections safely (because they are so mild,) and without the patient needing multiple trips to the orthodontist. Moderate to severe needs will of course continue to need supervision by an orthodontic specialist.

Tell me about Dental Corporation of Canada?

Dental Corporation partners with leading growth oriented dental and specialty practices across Canada. In looking for a business partner to support my growth ambitions Dental Corporation was ideal. They operate only in the background, assisting me with tactical back office resources and capital to support my growth and invest in the latest technology. Most importantly, I maintain complete decision making autonomy, clinical autonomy, and operating autonomy. This all allows me to focus on delivering optimal care and outcomes to my patients. The company is a 2014 winner of Canada's Best Managed Companies. Their website is www.dentalcorp.ca

What do you see as the future of dentistry and orthodontics?

As the public continues to be educated

and more concerned about their overall health and then specifically their oral health and oral disease, the future is bright for those practitioners that can

embrace change and provide solutions that are patient-focused.

What are your thoughts on corporate dentistry?

Corporate dentistry will have a place going forward in the dental profession. Due to the high cost of dental education and the limited opportunities for younger doctors to practice in well-run environments where they can learn and develop skills, there are significant benefits corporate dentistry brings to the table. It will also play an increasing role for those who don't want the headaches of day-to-day management to continue; perhaps especially for parents who want to practice on a part-time basis, which would be impossible as a solo doctor due to high overhead.

You're a well-known real estate expert. Tell us a little more about your real estate businesses?

Thanks Terri. I wouldn't consider myself a real estate expert but more like a dedicated student in the real estate field. Over the past several years, I have treated my real estate businesses with the same passion as I have for our orthodontics businesses. Like other entrepreneurs who find success with their primary business ventures, many search for the proper investments for their profits. Real estate is one of the chosen industries I have focused on. We own a portfolio spanning residential, office buildings, commercial strip malls, and apartment buildings. By this summer we are close to overseeing 200,000 square feet of leased space, much of which is in prime commercial centers in Vancouver, BC and the suburbs. Our investments are all professionally managed. I am also in the process of completing my real estate and property management licenses and designations as I find this entire industry also very exciting.



You need a very supportive wife to be able to pull off the number of hours it takes to grow and run something like this. Anyone that tells you they maintain a perfect balance is probably not telling you the whole truth or is doing things on a smaller scale.

Now, what everyone really wants to know...tell us about your passion for cars.

Collecting exotic cars has been a bit of a fun hobby that I've enjoyed over the past several years; typically German and Italian ones. One of the things that make them so fascinating is the extent of creativity, detail and quality that goes into each model. I currently drive a Ferrari California. It's a great way to wind down after a long day or a particularly challenging week spent at the practice.

I know you have an interesting story as to how you and your wife, Suphattr met. Tell us a little about that and how long have you been married?

When I was a dental student at the University of Pennsylvania, we had the opportunity to do an international externship at a sister dental school so I went with a few close friends to Thammasat University Faculty of Dentistry, in Thailand. It was here that I met my beautiful wife, Suphattra. After some effort and her completing the two-year international dentistry program in the USA, she moved back and joined me, in Vancouver. We just celebrated our ten year anniversary! It is truly amazing how life can unravel.

Tell us about your adorable two children and what are their favorite activities to do with dad?

Our son Aaryan is now 5 and our



daughter Anaya is 2. He is a big fan of cars. Not sure where he gets that from! He also loves reading, playing with his action hero toys, and has been learning to swim, play the drums, and play the piano. Anaya likes to play with her dolls, cook pretend food, and watch Wiggles and Elmo on TV. They both like dancing to music in our living room!

Any advice on how you balance work and family life?

You need a very supportive wife to be

able to pull off the number of hours it takes to grow and run something like this. Anyone that tells you they maintain a perfect balance is probably not telling you the whole truth or is doing things on a smaller scale. At the end of the day, it's important to surround yourself with like minded goal focused people who can, over time, shoulder more responsibility. This will eventually give you time to go back and spend time with the most important people in your life and justify why you work so hard in the first place – for your wife and children.

You, like many very successful people, enjoy giving back. Tell us about that.

My wife and I do enjoy giving back and supporting causes that we believe in. One of our proudest accomplishments was in supporting our local university - the University of British Columbia, with donations resulting in two room namings. We are

grateful for all of the opportunities life has afforded us and support numerous charities that help our local communities, children, the aged, and third world development efforts.

So, we all know the saying “All work and no play” – what does Dr. Kanani do for fun?

I love travelling! I love spending time with my family! I love trying new places to eat! It's only work if you don't enjoy what you do. I love what I'm doing right now. I want to send a thank you to all of my mentors over the years. God Bless. 🙏



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

Study Group

for

Residents &
Recent Grads

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

For better dentistry
DENTSPLY
GAC

 **THE PROGRESSIVE**
ORTHODONTIST
Change is good.

DENTSPLY GAC WORLD CONGRESS

Loews Coronado Bay Resort, San Diego, CA

The Dentsply-GAC OrthoWorld Congress annual session in San Diego was an awesome event! A strong showing of doctors and staff members enjoyed fantastic speakers that included a best selling author, an expert in customer service, social media experts, the CCO System team, up close and personal staff engagement with detailed scripting and role play as well as detailed instruction in how to market, grow and run an orthodontic business in the modern era of dentistry.

Focusing on orthodontic technique is and always will be important but Dentsply-GAC seems to understand that tooth talk is no longer enough. Dentsply-GAC has spent a great deal of time, money and effort to bring the business knowledge necessary to thrive in spite of change to their customers and is well ahead of the curve when it comes to discussing the Business of Orthodontics. We look forward to attending the OrthoWorld Congress next year!



THE FORUM - ORMCO | DAMON SYSTEM

JW Marriott, Orlando, FL

Over 1900 doctors, team members and industry leaders discovered once again why orthodontic professionals from around the world consider this conference a must attend event. Exciting new products were introduced by clinicians, engineers, and manufacturing specialist. Many of our ProOrtho Members were guests speakers at the event including Jamie Reynolds, John Graham, Tim Bandeen, Mart McClellan and Jeff Kozlowski. Highlights of the event included a wonderful opening night with PGA Tour Player Tom Watson and the black-tie event featuring a live and silent auction for the Smile for a Lifetime Foundation.



MEETING OF THE MINDS & THE SUMMIT ORTHOSYNETICS

Loews Hotel, Miami Beach, FL

OSI and the ProOrtho co-hosted the first Meeting of the Minds conference at the Loews Hotel in Miami, FL. ProOrtho members received valuable information from guest speakers Matt Wilkins, Ryan Holiday, SmileCareClub executives and Dr. Ben Burris.

Following Meeting of the Minds, GAC hosted the 2015 Synetics Summit. Over 250 doctors and team members came together for education, inspiration and innovative connection. Guest speakers included Chip Fitchner, Ken Segall, and John Jantsch. Attendees were then treated to a final evening party – 80's style!



DR. JASON KAPLAN SELECTED NEW MEMBER OF
Disney Parks Mom's Panel

By Terri Rice



Little did Dr. Jason Kaplan know that his passion for Disney and taking his family to the Florida parks would lead to something much larger. Kaplan, who owns a private practice in Dunwoody, GA was recently named as a new member of the Disney Parks Mom's Panel. The panel is an online forum where guests receive tips and insights for a Disney vacation from real moms, dads and grandparents who have mastered the art of planning Disney vacations. Guests can pose questions to the panelists in English, Spanish, French, and Portuguese, as well as gain access to other vacation-planning tools for booking a Disney vacation. Featuring just 12 members during its inaugural year in 2008, the panel now boasts 50 park-savvy panelists as a result of the popularity of the site and an ever-growing number of questions submitted by curious parents.

After visiting the Florida Disney parks over the past several years, Kaplan's wife Leanne suggested that he apply to become one of only 22 new members on the esteemed Disney Mom's panel. Upon completion of a very rigorous multi-step application process that included writing an essay, submitting a video, answering questions and a phone interview, Jason was selected as a finalist over thousands of other applicants.

"I didn't know how competitive it was," said Kaplan. After he was selected, he and other new members of the panel underwent four days of training in Orlando. "It's really an absolutely amazing place," said Kaplan. "You get immersed in it, and you really don't want to leave."

As a member of the panel, Kaplan reviews questions posed by people planning to visit Disney properties and tackles those he feels best qualified to answer. His goal, he said, "is to give advice on how to achieve magical moments while touring the parks. It's such an amazing privilege to be a member. I feel like I won the lottery."

When asked how this compares to his work as an orthodontist, Jason replied, "A famous quote by Walt Disney comes to mind, 'It's kind of fun to do the impossible' and that is exactly what I do in creating smiles."

Jason created an analogy of Disney and the orthodontic profession which he would like to share with our readers:

Welcome to the Show – Walt Disney created theme parks with the allusion of visiting the theater. At the Magic Kingdom Park you enter through "turnstiles", walk the "red carpet down Main Street USA" and even see the credits of those Imagineers responsible for the Show (the theme park experience). I did the same with the layout of my office, a magical greeting when you walk in, a tour of the office and a presentation designed specifically for our Guests (patients). Each visit is a new adventure towards a beautiful smile.

Be Our Guest – The customer service at the Disney Theme Parks and Resorts is the gold standard. They supply every reason for you to be there including attractions, special tours, parades, fireworks showcases and extensive dining options for every palate. Concierge level service at a price not just for the wealthy. Like Disney, my practice offers customized service by providing tailored treatment plans, fun contests, a rewards program, patient appreciation events and friendly atmosphere; all this at a price not just for

the wealthy. The personal investment we make in each patient sets us above the rest.

Circle of Life – I developed my practice to provide a comfortable and entertaining environment for patients of all ages. With my open bay layout, patients are able to interact with each other and my team members. Walt Disney World Cast

DISNEY PARKS MOMS PANEL



When asked how this compares to his work as an orthodontist, Jason replied, "A famous quote by Walt Disney comes to mind, 'It's kind of fun to do the impossible' and that is exactly what I do in creating smiles."

Members constantly engage their Guests making the experience magical. There is something for everyone. As an aside, my practice is not themed in Disney decor but I do share the Disney magic by showing Disney movies. It's great to hear young patients sing along to classic songs while more mature patients say, "I remember seeing that as a kid."



Fantasia Clean – Through the day we keep clean surfaces with minimal clutter even without magical mops. This provides an exceptional level of confidence and comfort. I believe if Walt Disney World Resort can keep their theme parks clean for tens of thousands of Guests a day, so can we.

Magic Your Way – A Walt Disney

World Resort experience is tailored to each Guests' needs just like orthodontics. There are many ways to treat patients and we want their magical transformation to fit their lifestyle by utilizing a variety of treatment modalities, such as Damon braces, clear braces, aligner therapy and accelerated treatment options. A Walt

Disney World Resort vacation can be as long or as short as you want and can include simply visiting a theme park or a luxurious VIP experience with a personal Cast Member tour guide. Through their meal plan they will cook and clean for you and with their PhotoPass photographers will capture every moment, magically the way you want it.

Magic Your Way - A Walt Disney World Resort experience is tailored to each Guests' needs just like orthodontics.

Poppins – Employees are invested when you respect them and create fun. Mary Poppins said, “You find the fun and snap! The job’s a game.” My lively engaging environment builds value with my team. I have no turnover because we have fun together. To keep moral up, I treat them to lunch twice a month, play music they like, give them ownership in decision-making and provide the opportunity for them to bonus every two months. Happy employees are critical for patient confidence and practice growth.

Happily Ever After – After visiting Walt Disney World Resort, Mickey Mouse has been known to mail an autographed photo as a “thank you.” I also send a hand written note to patients who just started orthodontic therapy thanking them and expressing excitement about our orthodontic journey together. When treatment is complete we provide patients with before and after photos showing their magical transformation. ✨



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THE STRAIGHT TROOTH

Dentist vs Orthodontist

By Dr. John McManaman

I was asked by The Progressive Orthodontist to explain why we started the Straight Trooth public awareness campaign. Straight Trooth was started in 2013 as a means of educating the public in regards to the difference in education and training between that of an actual certified Orthodontist and a Primary Care Dentist that provides orthodontic treatment.

One of the very first things I remember about training to become a Doctor is that my entire purpose in treating patients is to provide them with the absolute best possible care. It is, by its nature, the utmost goal of our job as professionals. In practicing as an Orthodontist for 12 years now, however, I have seen an alarming new trend. A rapidly growing number of Dentists are using countless tactics to mislead and misrepresent themselves as actual Orthodontists when they clearly are not. What is worse is that many of these same Dentist's send their own children, or go themselves, to an actual Orthodontist for their own care as they want the best. Should they not want the best care for their patients as well?

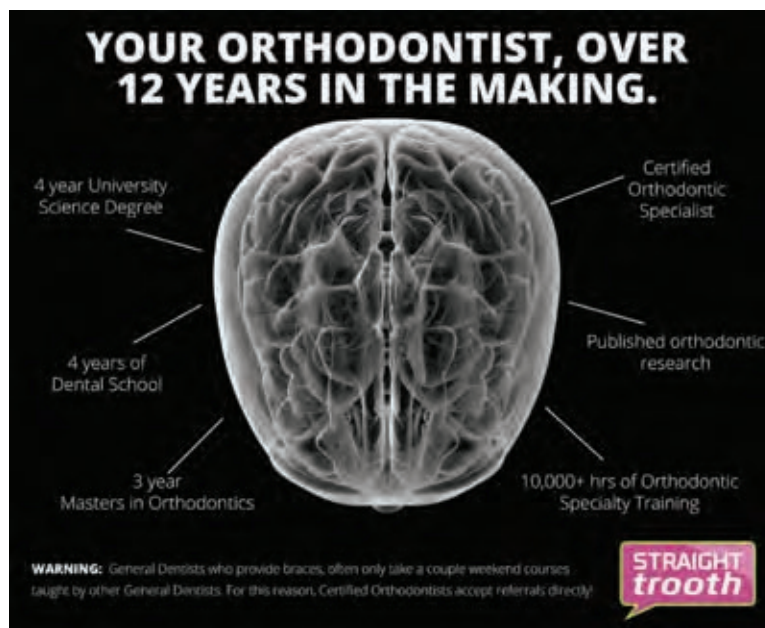
Would a family medical physician attempt or contemplate providing an ENT procedure to a child that is their patient, or would they refer them to an actual certified Otolaryngologist? If your family physician diagnosed your child with a kidney disorder would they try to treat the illness themselves, or ensure that your child receives the best possible care and refer you to a Nephrologist? We all know the answer to these questions, because they are obvious! So why is Dentistry different?

argue that one cannot compare “teeth” and Orthodontics to something as serious as a medical condition and medical specialist. The people that often make this argument are Primary Care Dentists. Such an attitude, in itself, is further support for your child to see an Orthodontist. Orthodontists spend an additional two to three years of graduate specialty training specifically studying how children's jaws, breathing, chewing and speech patterns develop and are inter-related. If your

Dentist can not appreciate the importance of ensuring the ideal growth and development of your child's jaws, facial structure, speech and breathing by referring your child to an expert in the field, there is a major problem. Does a child not deserve the best possible supervision by a certified Orthodontist?

Straight Trooth is a free tool to ensure that we, as Orthodontists, start doing what we should have done many years ago; educating the public on the difference between a certified Orthodontist and a Dentist and thereby

ensuring patients receive the best possible care. You will find graphics, videos and other content on the StraightTrooth.com website as well as the corresponding



Dental regulations and rules are largely controlled by the Dentists themselves that make up the Dental Boards and regulatory bodies. Some people would

Facebook page. One of the most powerful tools we encourage you to use is an infographic that lists eight questions every parent should ask of any Dentist contemplating providing orthodontic treatment for their child. Some of these questions are:

- Are you a licensed and certified Orthodontist?
- Why should you provide my child's orthodontic treatment and not an actual Orthodontist?
- Have you sent your own family to an Orthodontist for their care? If so, why?
- How many cases like my child's have you completed?

In my office, we have these printed on 4x8 inch cards that we ensure go in all new patient folders. A stack is kept in our reception areas at all times as well.

The website also has a members section that we encourage you to join. It is all free, as we feel it is important that parents and patients have a right to know the level of expertise that their child is receiving and that they are properly informed. We hope that these materials can help you educate your patients and the public as well.

In closing, I would like to emphasize that many Dentists do respect the boundaries of the profession and make excellent judgment in referring their patients to an Orthodontist, as well as providing superb care to our mutual patients. But the trend of Dentists misrepresenting themselves as specialists is growing at an alarming rate. The public deserves to know the difference, so that they may make an informed decision as to the best possible treatment provider for their needs. Our tag line for the Straight Trooth public educational campaign sums it up well: "Your child deserves the best. Choose an Orthodontist!"

STRAIGHT trooth BEFORE STARTING BRACES OR INVISALIGN ASK THESE QUESTIONS!

Should your Family Dentist provide your child's orthodontic care or a licensed Orthodontist?

Are you a Board Licensed Orthodontist? Why should you provide my braces and not an actual orthodontist?

Do you develop your own treatment plans or rely on an outside company or third party dentist?

How much Orthodontic training do you have compared to a licensed Orthodontist?

Are you confident that you can provide the same level of orthodontic care for my child as that of a licensed orthodontist?

Have you sent your own Family to an orthodontist for treatment? If so, why?

How many cases like mine or my child's required treatment have you completed in your career?

Have you ever had to refer one of your cases to a licensed orthodontist because you could not finish it correctly?

Disclaimer: This graphic is not intended to be used as a substitute for professional advice. Seeking your General Dentist for a second opinion and typical specialist's fee is not recommended. Please consult with your dentist. You deserve to know the truth about your child's care.

You have a right and owe it to your children to have treatment with an actual licensed Orthodontist. A referral is NOT required to see an Orthodontist.

STRAIGHT trooth www.straighttrooth.ca

Parents: you have the right and owe it to your family to receive the *best treatment possible.*

Get the **STRAIGHT trooth**. See a licensed Orthodontist!

TEAM DEVELOPMENT





THE **BALANCING** ACT *Of an Office Manager*

By Priscilla Fonseca

As the Office Manager and Financial Coordinator for a relatively large orthodontic practice, I must regularly wear many different hats. One of the most difficult struggles for me has always been trying to balance having compassion and understanding for patients and my team members' circumstances while still running the practice professionally and proficiently.

Fortunately, my doctor has allowed me to attend many orthodontic seminars where I have taken away valuable pearls of wisdom from many of the excellent orthodontic consultants. Over time, I have been able to utilize many of these lessons in my decision-making process for the practice. Today I will share with you some of the ideas that have had the most profound effect on our practice. I will also discuss some of the products that we have implemented that have been game changers for us.

It is crucial that you have a great Practice Management Software platform

in place to handle patient and practice details. In our practice, we use Ortho2 Edge. Over the years, Ortho2 has been able to simplify many of the tasks that we used to do manually. For example,

It is crucial that you have a great Practice Management Software platform in place to handle patient and practice details.

where we used to make appointment reminder calls to our patients - we now utilize the Edge platform to send text reminders. Another great feature of Edge is its integration with our payment

management company, OrthoBanc, which allows us to post a week's worth of payments with the click of a button. Knowing that you have a reliable practice management system is like walking through your day with a trusted best friend.

Now is the time to embrace payment drafting and all the positive benefits that come from implementing this technology. When we made the decision to offer payment drafting, we decided to jump all in and make this the only payment option other than cash up front with a discount. At first, we were worried that our patients would not like being limited to only electronic drafting for their office payment plan, but the resistance we have experienced has been miniscule. Our responsible parties actually love the convenience, and the benefits to our staff have also been tremendous. We use a company, OrthoBanc, that drafts our monthly payments and also handles follow up regarding failed transactions. This has taken so much work off of our staff and has also improved our patient relationships because we are no longer having these hard conversations with our patients and parents.

Don't be afraid to go paperless/chartless – the benefits far outweigh the up-front investment of time. When we first started down the path to a chartless practice, we were reluctant and excited all at the same time. We just were not sure that we would be able to maintain all needed information without having a physical place to store that data. But moving everything to a centralized patient treatment hub has been such a positive experience! Having access to everything on the computer, in one place, is hands down better than searching through a patient's "chart." Obtaining patient signatures on all necessary forms is now very simple ... There is no way I would go back to maintaining and pulling charts.

Use a credit rating system to help reduce risk and, even more importantly, to help increase your case acceptance.

I strongly believe in utilizing a credit rating system to assist in determining the best possible financial option for each potential patient. Most people consider credit scores to be a way to reduce the risk for the practice. That's the obvious purpose. But we have found that utilizing credit ratings have also helped us to identify which patients are worthy of our

When we made the decision to offer payment drafting, we decided to jump all in and make this the only payment option other than cash up front with a discount. At first, we were worried that our patients would not like being limited to only electronic drafting for their office payment plan, but the resistance we have experienced has been miniscule.

very best offer. If we know someone is a low credit risk, we can be more flexible with their payment terms – often offering a lower down payment or stretching out payments over a longer period of time.

Knowing the credit risk up front allows us to do what is best for the practice by gaining greater case acceptance from the patients that are going to pay us on time each month. This allows us to maintain better relationships with our patient which in turn has improved scheduling, clinical cooperation, and the quality of the doctors' and team members' lives.

Commit to a morning huddle every day. We gather our team together every morning to discuss the upcoming day. During this quick meeting, we can identify tough cases, challenging patients, etc. that may cause problems for our team. By discussing these up front, we have a plan for tackling issues that would have otherwise wreaked havoc on our day. We also read an inspiring quote or funny story at the end of each huddle to start our day in an encouraging way. Our practice completes this quick huddle each morning without the doctor, but I know other practices where the doctor participates. I think it is a great team building exercise either way.

I have learned many other valuable lessons over my years in an orthodontic practice, but the things I have shared with you are the ones that I consider having had the most significantly positive effect on our team. Feel free to contact me if you have any questions about any of the products or ideas that I have discussed. I have absolutely no financial interest in any of these companies or services – I am just a believer because I have seen them make a tremendous difference in our practice.

Priscilla "Prissy" Fonseca has been working in orthodontics since 1995 when she joined Dr. Michael Reznik's practice as an Orthodontic Assistant. In 1999, she became the Financial Coordinator and in 2005 she became the Office Manager. Reznik Orthodontics has been a three doctor practice since Dr. Derek Reznik and Dr. Megan Reznik came on board in 2007.





CHOOSE A SPECIALIST

By Jeff Behan

For most consumers, the question of whether or not you're a good doctor doesn't even enter their mind – people assume you're good because you are a doctor. That means that, unlike the world of surgeons, neurologists and heart specialists, when it comes to their teeth, consumers don't understand, and, therefore, don't value, working with a specialist enough to always consult with an orthodontist. If their PCD says she/he can do the job, that's all most consumers need to hear. And, frankly, the orthodontic profession's long-accepted marketing standards support that notion by casting any consumer messaging that differentiates you to the marketplace in a negative light.

I'll never forget my first orthodontic client meeting. The doctor actually used the phrase, "You can't differentiate me from anyone else. That's not allowed." He went on to explain that any comparison statements or claims of being better,

more experienced, faster, etc. were not acceptable in the orthodontic profession. That point of view has deep roots in the profession. Most doctors who've been in practice 20 or more years lament the direction of the profession and this new, more competitive world. But that is the world we live in and it's time to ride the wave of change.

In just its first ten years of direct-to-consumer advertising, Invisalign's brand recognition grew to the point where approximately one out of every two people in the US knew the brand, and most could also articulate that the product was related to straightening teeth. It's time for forward thinking orthodontists to take the same approach. It's time to go direct-to-consumers and build that kind of awareness of the value of the orthodontic speciality. Our Choose A Specialty campaign is a step in the right direction.

For more information, please contact us at chooseaspecialist.com.

Choose a Specialist



Saddle Creek Orthodontics • Braces and Invisalign for Germantown, TN

Saddle Creek Orthodontics • Braces and Invisalign for Germantown, TN Dentist

Timeline About Photos Reviews More

PEOPLE 1,985 likes 141 visits

Mary Jane Fagala, Tim Rebecca Brinley and 492 other friends like this or have been here.

Build Your Audience View Promotion

ABOUT

February 15 Flashback! — with Nicole Powell and 21 others

I don't know about you, but we had an "extremely" busy February! Dr. Fagala went on 4 different trips and schools were canceled 5 days, all during the shortest month of the year! #franticFebruary #apocalypse2015 #Orthodontics

Share Open Link in New Window Open Link in New Private Window Bookmark This Link Share This Link Save Link As... Copy Link Location Search Google for "Dr. Fagala dro..." Inspect Element

Saddle Creek Orthodontics • Braces and Invisalign for Germantown, TN

It's FINALLY here!!! #BracesOff #TaylorSwift #ShakeItOff #Parody

Braces Off - Taylor Swift "Shake It Off" (Parody)

"Braces Off" features the staff, patients, and friends of Saddle Creek Orthodontics. We reside in the best city on Earth: Memphis, TN. ► Find us on the Web - ...

103,424 people reached

Promote

THIS WEEK

21 Page Likes

15,942 Post Reach

0 Book Now

UNREAD

0 Notifications

0 Messages



THREE TIPS TO INCREASE *Facebook Reach*

By Kyle Fagala, DDS, MDS

I have managed Facebook Pages since around the time they were first introduced over 8 years ago in November 2007. At the time, I was a dental student by day and drummer by night, trying my best to promote my rock band. Before the release of Facebook Pages, I did most of our band marketing on MySpace, tweaking intricate CSS code for hours and doing everything I could to make our page look amazing. The main allure of Facebook Pages was the clean design and ease of use. It also didn't hurt that people were flocking to Facebook in droves.

Originally, a typical Facebook Page post was served to a majority of one's fans. As Facebook matured, they decided to monetize their service, and subsequently, organic page reach was decreased further and further. Today you can expect only one to ten percent of your fans to see your posts. If you use Facebook Pages, then you

The surest way to increase reach is by increasing engagement. Regularly posting high quality content will increase your engagement.

probably already know this, and I'm sure you don't love it when only 10 to 100 of your 1,000 "fans" see your posts. So, what can you do about it?

The surest way to increase reach is by increasing engagement (likes, comments, and shares). Regularly posting high quality content will increase your engagement. If your posts get more engagement, then more users will be organically served your content on their

news feed. Let me be clear: **producing high quality content is the main goal of Facebook pages.** As orthodontists we all have a compelling story to tell. We impact and improve the lives of a diverse group of patients every day, so there are a myriad of stories available to us. Unfortunately, creating high quality content day after day is difficult. It takes time, talent, and commitment to do it well.

Fortunately, there are some easy ways



to boost organic reach and engagement. Whether you're a beginner or a social media pro, here are a few tips and tricks I have discovered that can help improve your Facebook Page performance.

BEGINNER TIP:

Understand what makes a Facebook post more likely to succeed.

The best way to be successful at Facebook is to consistently find new and compelling ways to tell your practice's story. If every post is on the same topic (e.g., braces on, braces off), photographed on a low-resolution cell phone camera or in the exact same location in your office, then you will eventually reach fewer and fewer people. Work on making your posts as good as they can be. If your posts aren't good, then why would anyone want to engage with them? Take photos on a DSLR camera, edit them in Photoshop or with an app, and spend time writing entertaining captions. Flip the script from time to time. Keep your posts fresh and interesting.

As a general rule, here is my hierarchy of Facebook posts from worst to best in terms of average reach and engagement:

- **PLAIN TEXT:** There is almost never a good reason to do a plain text post. Why? Because they are boring and the story can almost always be told better with a photo.
- **SINGLE PHOTO:** ALWAYS have some visual element and experiment with different photo dimensions. For example, a square photo displays best on mobile devices.
- **MULTIPLE PHOTOS AS A SINGLE POST:** Multiple photos tell your story better. They also generate more reach. Use your own software to stitch photos together or let Facebook do it for you automatically. Just be sure you attach your favorite photo first.
- **PHOTO ALBUMS:** Give the album a catchy title and make sure every photo

within the album is captioned. Only include the best photos you have. An album of 7 great photos is better than an album of 16 average photos.

- **HIGHLY CLICKABLE AND SHAREABLE LINKS:** The stories don't have to be about braces, but they should relate to your practice in some

The best way to be successful at Facebook is to consistently find new and compelling ways to tell your practice's story. If every post is on the same topic (e.g., braces on, braces off), photographed on a low-resolution cell phone camera or in the exact same location in your office, then you will eventually reach fewer and fewer people.

way. Curating high quality content can be as important and valuable as creating it.

- **VIDEO:** Video is the granddaddy of them all. A well-done and highly shareable video can easily get 10,000+ views in a day. Facebook also prioritizes video uploaded directly to their site over video uploaded to sites like YouTube or Vimeo. Autoplaying

Facebook videos drastically increased your view count and reach.

MODERATE TIP:

Tag people in your Facebook photos for a dramatic increase in organic reach.

As mentioned above, the main problem with Facebook pages is that posts will only be served to a small percentage of users who like your page. Users who have recently engaged with your page (liked, commented, or shared) are more likely to see your posts. The true nature of who sees your posts and why is only understood by the programmers at Facebook responsible for their news feed algorithm called EdgeRank. It's beyond the scope of this article, but do a Google search on EdgeRank if you're interested.

The trick is to increase organic reach for free. The surest way to do this is by always posting high quality content that encourages engagement from your fans. You can also expand your post reach by tagging people in your photo. For example, take a photo at a staff lunch and tag everyone in the photo. Now your photo will enter EdgeRank with the weight of your 1,000 fans combined with the total friends list of everyone tagged in the photo. Depending on the number of tags, your photo could reach thousands of users whereas the same untagged photo might only reach 150.

Note: make sure you have signed photo waivers for everyone you tag. Also, legal or not, I don't recommend tagging anyone under the age of 18. Parents, on the other hand, won't mind being tagged in your photos – especially if you ask for their permission first.

PRO TIP:

Find a way to always tag your photos.

One thing I find frustrating about Facebook is how difficult it is to tag photos posted by your page. After struggling with this for years, I still can't predict when or why it won't allow me to tag photos, just that it sometimes does not work. If you've

managed a Facebook Page for very long, you know what I'm talking about. Here are a few workarounds I've discovered.

1. **Become friends with the person you want to tag.** Due to privacy settings, the surest way to be able to tag someone is to become friends with them. You may not be able to tag everyone due to each individual's privacy settings, but this usually works.
2. **Don't bother using the Facebook app.** Like most apps, the Facebook app has limited functionality, and so tagging doesn't always work. Unfortunately, tagging also works inconsistently on the mobile web version of Facebook. The only mobile work-around I've found is by forcing your phone to open the desktop version of Facebook by visiting the following URL: <http://www.facebook.com/home.php?m2w>. While this isn't the most user-friendly option, it does work.
3. **Get out that laptop.** The surest way to tag photos is to use the desktop version of Facebook. Normally, when you click on your page photos, it opens the photo in a sort of pop-up/overlay view. In this view, Facebook sometimes won't let you tag people, only other pages. To avoid this frustration:
 - Find the photo on your page timeline.
 - Right click the photo directly from your timeline (don't open the photo, because it won't work).
 - Once you've right clicked, select "open link in new window" or "open link in new tab." This will open the photo in an older style, white background photo view.
 - The tag option should appear in the bottom right hand corner of the photo.

This may sound tricky, but I promise it isn't. The benefit is that you will always be able to tag photos, leading to better reach, engagement, and ultimately, more ROI. ✚



BRACES OFF *YouTube Video*

Be sure to check out Dr. Fagala's video "Braces Off" that he produced and choreographed with his patients and staff. The video has received over 50,000 hits on YouTube and continues to be a huge hit on all Social Media Platforms.

<https://www.youtube.com/watch?v=N9m2O66dzLk>





AN INTERVIEW WITH *Dr. Robert Haeger*

ProOrtho:

You were born and raised in Michigan, why Seattle?

Robert:

Seattle is a very progressive city that loves to innovate. I am constantly around very successful friends who are entrepreneurs and are always asking probing questions about the future of orthodontics. The best news is that they have tremendous insight into the future and challenge me to do the same for my profession. This leads me to deliver top-notch service while taking risks and utilizing “out-of-the-box” thinking. Seattle also offers easy access to most outdoor activities. I spend my free time hiking, fishing, and upland bird hunting. My wife is a city girl, so Seattle is a great compromise where we can blend our interests.

ProOrtho:

What led you to choose orthodontics as your profession?

Robert:

Having experienced braces as a child, I saw orthodontics as a way to combine my love of science and my passion for helping people in a hands-on way. I love seeing the positive changes that orthodontic treatment can bring to my patients’ lives. I also really enjoy working with the public. With current changes in orthodontics, I have had to learn how to evolve and run a business and to also identify and manage each level influencing efficiency and profitability.

ProOrtho:

What are your favorite things about practicing orthodontics?

Robert:

The positive impact on people’s lives and the independence of working for myself. Treating complicated cases and solving the unique scenarios they present are very challenging and enjoyable. I also enjoy the opportunities that come from meeting interesting people and visiting new places.

ProOrtho:

Why did you start Truenortho?

Robert:

I wanted to find the best way to run an orthodontic practice. I was astounded and baffled that orthodontists rely on monthly production and collections to manage their business. If you are going on a 100 mile hike, would you ever use a compass that was not set to true north? No! So, understanding your metrics and

the drivers of profitability are essential for accurate navigation and business success. For the past fifteen years I have conducted detailed tracking of data from my office and I also worked with the Schulman Study Group (SSG) where I managed the statistical analysis for eight years. I saw the power of identifying the best business practices within our profession by running analysis on a lot of different practice types. After leaving SSG I saw an opportunity to work with all orthodontists to create an evidence based approach with practice management. The end result allows orthodontists to take complete control of their business instead of being at the mercy of the inadequate monthly production/collections reports.

ProOrtho:

Why should the average orthodontist listen to you about practice numbers?

Robert:

I have been a full-time clinical orthodontist for the past 25 years and I ask the questions that clinical orthodontists want to know. I also worked with two PhD's who ran analytics for such companies as Dupont, Amazon and the Hearst Corp. More importantly, I went "all-in" on my own Truenortho recommendations two years ago and saw 53% increases in production for the second half 2014. Collections and profits are now following the production increases.

ProOrtho:

How can the average orthodontist benefit from Truenortho?

Robert:

Truenortho is total practice management from setting up QuickBooks for better analysis, coordinating status/procedure codes, monitoring new patients/conversion rates, developing a marketing plan by correlating new patients with proper expense categories, and culminating in a Truenortho Report that provides doctors a total understanding



of where their practices are succeeding or needing help. The Truenortho Report benchmarks doctors' practices against similar offices in order to get a better analysis of where they are. This allows me to isolate where they need to start making improvements in their practice and provides them the knowledge on where they can greater impact profitability. Understanding of the metrics of what makes a successful practice and how their business stands, makes the decision process easier. I am able to provide metrics and discussions of where he/she wants to go and what it takes to get there. The articles posted on

Truenortho.com provide instructions for setting up QuickBooks, proper status/procedure codes, exam tracking, and creating a strategic marketing plan.

ProOrtho:

What advice do you have for residents and recent grads?

Robert:

Set up your practice so you can quantify and measure all metrics within your office. Without this information, you'll never know how to improve efficiency, where to direct your marketing dollars, or how to become more profitable. Also, think big picture about where you want to

be and create a strategy to get there. Be sure to include a proper P&L statement, status codes, procedure codes, and records on clinical techniques similar to the ones outlined at Truenortho.com.

ProOrtho:

What would you have done differently?

Robert:

I would have purchased an existing practice rather than starting out cold. The dentists can see your treated results much faster, you can leverage siblings, and there is a faster integration into the community.

ProOrtho

Tell us some things you see happening in the future of orthodontics that some may not expect?

Robert:

Our market is being shaped by the pediatric medical business model. Our primary purchasers are 35-45 year old females who have become accustomed to not having the same doctor treat their child each time they go to the office. More often than not, they choose a convenient appointment time and trust the doctors to know the best treatment needed. This is why corporate orthodontic offices are becoming so successful. As orthodontic

insurance disappears, patients will choose corporate offices for convenience and will place less weight on a doctor's skill or reputation. This is even truer as dentists/orthodontists commoditize orthodontics by stressing the materials like Invisalign/technology over the skill of the orthodontist. Look at pediatricians and tell me how many have small practices.

ProOrtho:

Tell us about your family?

Robert:

I have been married to my college sweetheart for 27 years. We have three children ages 21, 19, and 17. I am proud to say that they are all willing to explore, take risks and find their own path in life. Our favorite place to be together is our cabin on Lake Superior in the Upper Peninsula of Michigan. ❄️



Truenortho is the fact-based resource tool that channels metrics and business analytics into key insights and recommendations for growing orthodontic practices. Truenortho provides a thorough analysis of orthodontic practices, and outlines a clear path for implementing updates to help make each practice run more efficiently and more profitably. Truenortho looks beyond collections and production and provides a strategic understanding of how to make businesses proactive instead of reactionary when new situations arise. Their assessment of orthodontic practices is unique in that Truenortho measures the three areas of an orthodontic office (generation of patients, clinical techniques and expenses). By analyzing these critical business metrics and comparing practices to the most profitable offices, they are able to identify best practices for orthodontists, evaluate the financial implications of clinical techniques, and provide a detailed report on every single practice. The Truenortho Report not only includes expenses but also provides targets for marketing activities, profits per doctor day worked, and conversion rates based on amount of Phase I treatment and adult exams. Dr. Robert Haeger then personally reviews the report to identify the key leverage points within each practice that, if improved, will lead to the highest increase in profitability.



HR COMPLIANCE FOR THE MODERN ORTHODONTIST



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Know you're in compliance



ONE STEP EMPLOYEE ONBOARDING

Stop paper pushing



NO HIDDEN FEES

Know what you're paying for



ACCELERATE EMPLOYEE PERFORMANCE

Increase your bottom line



AUTOMATED BENEFIT TRACKING

Lose your confusing excel sheets



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HR for HEALTH
WE IN HUMAN RESOURCES FOR DOCTORS

For less than \$6 a day,
we keep you compliant.

Let's talk.



CONNECT ON *Facebook*

YOUNG-DOCS STUDY GROUP is for Orthodontic Residents and Orthodontists out 5 years or less. I've also added several seasoned orthodontists to give advice, field questions and help you learn and grow. This is a must join group.

<https://www.facebook.com/groups/GACyoungdocs/>

YOUNG DENTAL SPECIALISTS is place for all dental specialists and residents to discuss the changing landscape and how to thrive in an ever-changing world.

<https://www.facebook.com/groups/youngspecialists/>

PRAGMATIC ORTHODONTIC CLINICAL DISCUSSIONS is where orthodontic cases and treatment philosophy are discussed in practical terms free of any product peddling. This group is restricted to Orthodontists and Orthodontic Residents.

<https://www.facebook.com/groups/PragmaticOrthodontics/>

PROORTHO STUDY GROUP (The Progressive Orthodontist) is restricted to owner-Orthodontists and strictly geographically exclusive, membership in ProOrtho Study group allows for no holds barred discussion of every aspect of the business of running our practices. This is the big leagues and the group is restricted to those who have an established track record or huge potential, work ethic and aspirations.

<https://www.facebook.com/groups/proorthosg/>

THE PROGRESSIVE ORTHODONTIST MAGAZINE is an online and print forum for orthodontists and other experts who serve the orthodontic profession. Our team strives to bring you fresh insights, new trends and best practices for the BUSINESS of orthodontics.

<https://www.facebook.com/proortho/info>



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OF ALL OUR
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TO EXPAND YOUR
MIND AND GROW
YOUR PRACTICE!
TOGETHER WE CAN
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GUARANTEE MY SMILE is an awesome way to let your patients feel good about their smile for a lifetime! Geographically exclusive providers offer patients a lifetime satisfaction guarantee - if for any reason after braces come off patients are unhappy with their smile, GMS providers will put braces back on for free and only charge a monthly fee (set by the provider) for treatment until the patient is happy. Paying monthly until they are happy encourages patients to get happy sooner! This FB group is exclusively for GMS providers and their teams to discuss ideas, scripting, presentation and whatever else comes to mind!

<https://www.facebook.com/groups/GuaranteeMySmile/>

Drs. Law, McManaman and Burris formed **THE LAW, MCMANAMAN AND BURRIS RECOMMENDED VENDOR GROUP** to share current info on the business of dentistry, give pointers and help others network with vendors, coaches, consultants and service providers who we have found to be helpful in growing a business. Membership is restricted to Dental Specialists and Residents.

<https://www.facebook.com/groups/LMBvendorgroup/>

LMB TREATMENT COORDINATOR FORUM

Given the success of the Law, McManaman, Burris Recommended Vendor Group and after many requests from TCs, we have decided to create a forum for TCs to meet and discuss the latest techniques for helping people afford braces. Together we can make orthodontic treatment from an Orthodontic Specialist affordable! If we don't how can we blame people for going to Primary Care Dentists for their orthodontic treatment?

<https://www.facebook.com/groups/LMBTCForum/>

LMB MARKETING FORUM Given the success of the Law, McManaman, Burris Recommended Vendor Group and after many requests from member doctors, we have decided to create a forum to focus on all the aspects of marketing - from ask fors, internal marketing, partnering, seeking out local employers, TV, radio, newspaper, magazines, events, snocone trucks to anything else that comes to mind. Nothing is out of bounds and the goal here is to spitball ideas and learn from those who have done it.

<https://www.facebook.com/groups/LMBmarketingforum/>



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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.





GET NOTICED AND GET HIRED –

Tips on finding your dream opportunity.

By Mike McEwan DDS, MSD

When I first began searching for an orthodontic opportunity I felt like the deck was stacked against me. Since 2001, nine orthodontic residency programs with 73 spots have been created. In their 2014 resident survey Bentson, Clark, and Copple reported 68% of residents said finding an opportunity was “difficult or very difficult.” I have now been on both sides of the transaction – first buying into a group partnership and now selling a satellite that has grown into a full practice. Here are some thoughts on how to get noticed and get hired.

1. FISH WHERE THE FISH ARE -

“But I just have to live on the coast/big city/Utah!” The most desirable areas to live are also the most difficult to find a great opportunity. Some of the worst advice still offered by “experts” is this: “decide where you want to live, then go practice there.” Thank goodness my father didn’t listen. He was an optometrist practicing in Utah and when I was in 4th grade he moved us to the cornfields of Illinois in order to double his income. This year he retired at age 60 with a healthy nest egg due to a combination of low cost of living and a high salary. By opening your mind to a geographic sacrifice – fishing where the fish are – you will find many more lucrative positions and make plenty of money to vacation wherever you want to go.

2. BE OPEN TO CREATIVE

ARRANGEMENTS - I joined a partnership of other orthodontists and it is a franchise model where we are affiliated with general dental offices for referrals. More and more opportunities that are not the traditional private practice model are out there. Explore all the options you can.

3. THROW OUT THE BORING CV/

COVER LETTER - When I began my search I asked other doctors what they wanted to see in a CV/cover letter. I quickly realized that traditional stuff was boring and outdated. Doctors don’t care about your GPA or your research, they care about how you will

Some of the worst advice still offered by “experts” is this: “decide where you want to live, then go practice there.”

be an asset and help them grow their practice. The practice is their baby they have grown and they are looking for a special person to take over or to come onboard. I ended up hiring a graphic designer to help me layout an

alternative CV/cover letter and I created an inexpensive website to post it. Best \$150 I ever spent! Talk to some graphic designer students at your school. Having an interesting and compelling CV will help you stand out and start the conversation. My website is still up and unchanged from 2010 if you want to check it out. <http://mikemcewan.com>

- Include a photo – people want to see what you look like and include the spouse and kids.
- Tell a story – explain what motivates you, how you will help grow the practice, what interests you in orthodontics and in life.
- Sell yourself – bilingual, great communicator, hard worker, active in the community. Did you work as a dentist during residency? Did you do service? Put that in there. Learn about the seller and explain why you are excited to join their practice. Explain how your can help grow their practice!

4. START EARLY - at least a year before graduation, maybe earlier. Many sellers have no urgency and will wait for the right person.

5. JUMP ON OPPORTUNITIES! - Sign up for the AAO practice opportunities website and have it set up to email you whenever opportunities arise. Talk to everyone you can think of to find jobs. When you find an opportunity email

and call quickly. Return phone calls and emails promptly. Show eagerness and when invited don't hem and haw about coming out and what dates you can't come – just come! Getting a face-to-face meeting as soon as possible should be your goal. Bring your wife and kids – they need to be behind you 100%. There are probably multiple candidates that could be a great fit for the practice, so the order people come out is important. You don't want the decision made before you get a chance to come out and shine. Which brings us to the next point...

6. HAVE A STASH OF MONEY TO TRAVEL - I'm not a Dr. Daddy-did-it-for-me and having a young family in residency made money tight. It's important to live like a resident and be frugal, BUT you need to have some

money so you can travel quickly to job interviews. Take out maximum student loans up to cost of attendance and also consider a residency/relocation loan. When else in your life can you get access to money at low interest rates with no collateral and flexible payback options like IBR and forbearance? Having a stash will allow you to take the more expensive flight so you don't miss clinic and get chewed out by the program director when you go to interview.

7. PEOPLE DO BUSINESS WITH PEOPLE THEY LIKE - put your best foot forward when you interview. Pressed clothes, a big smile, promptness, and a friendly and outgoing demeanor with the staff and patients is important. The staff and owner will remember if a doctor

was shy or not friendly. If you are like me and not a natural extrovert, start practicing and fake it until you make it!

8. FOLLOW UP - Send a thank you back to the owner to thank him or her for the time and be very clear that you are highly interested. If this is your top choice, tell them! Don't mention other interviews – just that you are very excited to join the team.

9. NEGOTIATE VERY CAREFULLY - it's a seller's market and unless you have another offer that you would be happy to take and can walk away, be very careful about negotiating with the seller. Chances are the seller has multiple other residents/graduates eager to jump on the opportunity, so trying to change the offer could be dangerous. ✦



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Dr. Heather Brown of Houston, TX and some of her S4L scholars!

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— Dr. Heather Brown —

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RISK RETENTION GROUPS V. INSURANCE CARRIERS – *Know the Difference*

By Anjali Singh & Nicholas Bowman

Risk retention groups (RRGs) – what are they, and why does it matter to me as an Orthodontist? RRGs are common throughout the medical industry; structured much like an insurance company, except that the insured individuals become partial owners of the RRG, pooling their liability with professional peers. Some of the benefits of joining these groups include a lower cost of coverage, simplified underwriting standards, and the potential for redistribution of excess premiums in the form of a dividend. Some drawbacks include that RRGs are only available for liability insurance, and that there is no requirement for a guaranty fund for the members (i.e. a pool of funds used to pay claims). These groups are not subject to the individual state laws/regulations that apply to traditional insurance carriers; consequently, you (as the insured) may not be afforded certain protections by the state department of insurance. For example, a claim against you may not be handled in the same way that it would with a traditional insurance carrier, which

is to be expected due to the limited capital and resources RRGs maintain. After an unfavorable outcome, you have little to no legal recourse which can leave you paying a significant portion of the claim (essentially self-insuring), with potential for derogatory marks on your professional licenses.

We have found that selecting the proper liability company for workers compensation, malpractice, etc.; appears not to be a major concern for our orthodontist/dental clients, but it should be. We constantly hear, “I am not worried about liability claims, because most of the services we provide to our patients have low dollar values relative to the rest of the medical industry”. This feedback is especially common when we discuss with doctors the nuances of malpractice insurance. A critical error we found with many doctors strategies, is that they follow the path of least resistance and go with whatever their peers purchased, instead of purchasing what best fits their needs.

It should be noted that, malpractice



insurance (a.k.a. professional liability insurance) is a choice that should be made by you alone, and not biased by peer / industry pressure. If you ever have a claim placed against you, it will be your assets, your reputation and your life that's affected – not your employers' or colleagues'. A qualified agent / consultant



Insurance



Malpractice



**Workers
Comp**

should be able to provide you with more than one option, and be able to explain the contractual differences between them; specifically, how they will perform in the event of a claim.

Regardless of the dollar amount, any claim could have a significant and permanent impact on your career/

practice. For example, if you are moving to a new state and wish to practice there, an action against your license in the prior state could prevent you from gaining a license in the new state. Many of our clients did not realize the importance of their choice of carrier until they were in the process of transitioning, which

in some cases negatively impacted their ability to conduct business due to delays or denial of the desired license(s). Though we are not advocating legal advice, some due diligence on the part of your advisor can prevent this, but the onus ultimately lies with the doctor to select the proper coverage and company. ✚

RECENT CONVERSATION

Facebook - Young Docs

If you are a doctor in practice for less than five years, we highly suggest you request membership in our Private - Young Docs Facebook group at the following link.

<https://www.facebook.com/groups/GACyoungdocs/>.

Below is just a sample of the incredible conversations that take place here.

QUESTION

YOUNG DOC - TR. 5 - 7 consults a month - opinions on is this enough to sustain a once a month orthodontist in a GP office?

BN - With a good conversion rate ... YES

JS - Just curious, why would someone go to an orthodontist who is only available one day a month when they could go down the street to an ortho office with much better availability?

JB - 1 day/month jobs are the worst. Find something else.

TR - I am not looking for a job, I was talking to a GP who is offering this kind of "job" and sounds like someone is going to take it. There is no ortho in the office right now so it's starting from scratch. I didn't know how to tell the GP nicely to call me if the ortho bails. Later I thought maybe I'm wrong, maybe it does work and I just don't know. (JS) I asked myself this when I walked into a different GP office one

day. They have a once-a-month ortho and it was that day I walked in. The waiting room was overflowing. Patients don't realize they have other options when they are being referred (steered?) "in-house." This GP I was talking to claims they are not happy with the results from the orthos in the area. Yeah, I doubt that.

JB - These GPs are so desperate. They are trying to keep everything in house. Unless there is no other orthodontist in the area, this isn't a good job. With no TC, limited clinic availability and no staff support (his staff hates the idea), you won't close many cases. It'll end up being a pain in your butt.

LF - I agree with JS. And the patients are never yours so you can't transfer them

to your own office when that day comes. And in spite of initial assurances they can handle it, they will probably make you come in to see emergencies on other days of the month. And since it's only one referral source, when he doesn't have enough kids it will dry up.

NN - Not saying it's the best option, but I've done it and it works (depending on what your goals are). PM me if you want details, there are certain things I learned to do to make it a smoother operation.

JS - NN Would you mind sharing on here what helped make it work? Always love learning more about avenues that I would think would be a dead end

NN - I knew somebody would ask me to write it here..first off please know: I'm not advocating it, I fully realize what I do isn't helping the future of our profession one bit and I resent that. I did the 'go to



underserved areas' route and it wasn't. Oh so far I haven't been asked to chip in for any ortho marketing done by the GPs. so my overhead is strictly what's in my bag.

TR - Thank you so much for sharing! I will read and digest what you wrote later. I think there is a way to do it right, which sounds like you are doing. Have to drive home to my 15 month old!

NN – Also TR, I started with 2 pm until whenever and gradually stretched the hours so now it's 9-5. I figured as long as it's one column I don't need an assistant. But now I'm going to 2 so I need an assistant.

TB - It really all depends on the structure of the job agreement. Are you strictly responsible for treating the patients they provide and make \$X per day or X% a month? Do they want you to provide staff and pliers and handle ordering etc.? I took a similar job 2 day/month at a 3 doc (poorly managed) PCD office about 150 miles away. My scratch startup right out if residency got delayed 3 months and had no associateship or corporate job lined up and with an unemployed public school teacher wife (moved back to state mid school year) and a 6 month old this job seemed way better than the Home Depot I had applied at 2 days before! They had about 10 Ortho patients a previous doc had started and thought they could get me 10-15 consults a month. I got a percentage of collections and all I had to do was show up and treat em, allegedly.

Well 2 years and 300+ starts later we are now 4.5 days a month even though the schedule is chaotic, dental assistants doubling as Ortho assistants are slow and mind-numbingly lazy, PCD turnover is astronomical and the sorriest excuse for a TC imaginable, the patients keep starting. Same day started 8 last Saturday. They just flat out like the convenience of not

going anywhere else and me of course, even though there are plenty of extremely good orthodontists around with templates schedules, Ortho assistants and 4 day/week availability. I also am not advocating this because it is hurting the profession but when 50+ associate request letters go unanswered..... You gotta take what you can and maximize it to your benefit.

NN - TB - My easiest job is a multi set up (everything but pedo), (zero advertising). About 90-100 cases, 2 Saturdays 8-1. Definitely chaotic but like you say pts just come & start, nice fat paycheck.

The “ideal solo practice profession” doesn't pay my rent, bills or put food in my mouth . We have to provide for ourselves and families.

AG- Should we be sorry? We are where we are because of the current state of the economy and marketplace..let's not apologize for making a living or hurting the profession. The “ideal solo practice profession” doesn't pay my rent, bills or put food in my mouth . We have to provide for ourselves and families. I also work at a GP office 4 days a month and it sucks! I get paid a hell of a lot better than I do as an Ortho associate the other 5 days a week. I love these groups and discussions. Before, I felt so alone, guilty or I had sold out. Now I understand we all have very similar challenges and worries. These jobs aren't going anywhere because there will always be someone just as poor, young and hungry that is graduating....

SG -If there are no other orthodontists

in the area, OPEN your own office. Build relationships and watch it grow. Can you give patients excellent service only one time a month? Why be dependent on one GP? Why be dependent on any GP? Would this GP refer to you if you were not in his office? Can you make better use of your time somewhere else? Tuhina think about “Why” you are opening. I don't have any answers, just questions.

TB TO AG - I am sorry to a certain extent It hurts the traditional referral based solo practice model, that I also own and participate in, but I tried to land an associateship in a big metroplex but all these old dudes wanted to pay me \$800/day to do their debonds and I ain't about that life! In 4 days I make BANK! I spend 3 nights a month away from my wife and now 2 daughters but for me personally and my private practice it is well worth it! If they didn't want me to be out there hustling patients into a PCD office so they can take a cut they should have been more receptive to hiring me as a real live associate and not a highly paid assistant.

PS: I know that this will happen to me in reverse later in life but that is the changing state of our profession. #AAOFAIL

NN TO TB - It won't happen to you in reverse if you open multi.

NN - SG - If there were NO orthodontists around I would have opened. If you have a few satellite offices of your own you will not be in all at the same time full time. Do you provide less than excellent services there?

AG TO SG - I don't speak for everyone, but understand for me this is just a way to pay the bills for a few years, I don't work for them 6 days a week, but I just graduated 9 months ago and I simply don't have the capital to get a lease, hire a staff, supplies etc. in a very saturated marketplace (NYC).

AG TO TB & NN - what are some lessons/

missteps you have made in the GP Offices , mine is the how God awful the PCD staff is, any thoughts on training

NN - Get the GP to be your mouthpiece. Staff's paycheck comes from him. He'll back you up b/c it benefits him. The staff listens to him if they want their job.

TB -Try to make things as easy as possible. I schedule 2 consult columns. A Start column. Multiple adjustment columns, etc. they can't and won't take the time to understand anything else. And get the PCD to back you or get the staff to love you in spite of the PCD greedy owner who is making them work hard on Saturdays, whichever works to your favor.

SG TO AG - I understand you paying the bills. I get it. But what is your ideal practice situation? Any orthos in your area looking to retire or sell their practice? Are you happy? What I am trying to say is that you are building relationships from the beginning in your own place. Nona, I do have several satellites. However, they are within 30 minutes of each other. Very easy for me or my staff to take care of business. I even had an ortho-pedo set up about 70 miles away from where I live in 2000, and I worked 2 days per month. Pedo lived 3 blocks away. We took care of business. We had about 10 GP referring to us. 1200 SF office. Very low overhead. Many ways to skin the cat. Many practice models. Nona what is your ideal practice model? The reason I joined this web group was to help all young orthodontists, and for me to keep in touch with the evolution of our profession. Anywhere, anytime, anyhow.

AG TO SG – I guess my problem is taking the leap of faith and opening, any clue where to learn about insurances, building

codes , what equipment to buy, how many days do you start out ?

SG TO AG - Will help you jump! Private message me.

TB - For a lot of young docs ideal practice situations aren't really attainable. I wanted to buy a practice in a generally less desirable rural area than where I ended up starting up but no one was selling or realistically close to selling at a sane valuation. I didn't want to buy a dying practice in a dying metro area or be someone's debond monkey who had



no intention of making me a partner. So I started from scratch on the edge of growth and now have hustled out 2 side jobs along with my private practice. I did what I do so that I could grow my business without having to pay myself and still

be able to reinvest some for marketing, training etc. to make my practice the best I can. Bills are bills and have to be paid and I want to live a little as well. I work 6 days a week to make all this happen so that soon I don't have to if I don't want to.

NN TO SG - My ideal practice is an existing old GP office & what it could become which I'm currently looking into. I honestly am not interested in multiple offices, too many staff & juggling &..., I leave that to you big guys. The logistics are the challenge & I've thought about a lot of things and consulted on how it would work out but like Anish taking the plunge is pending. No ortho in my area is selling or will. I wouldn't buy it anyway. If you're here to help I'm all ears. Thank you.

JS - NN - Thanks for explaining how it works. When I asked it was not to make you feel bad for taking a job in a PCDs

office!!! Providing for your family comes first and foremost ahead of "protecting the profession", that is the job of the AAO, which they are failing at, not you by working as an orthodontist. #AAOFAIL the reason why I asked is that I had that kind of opportunity six years ago when I came out of residency and I couldn't figure out how it would make sense, even though the dentist promised a very high per diem. Congrats for making it work for you. Trevor Bodine I get where your coming from but I learned a TON as a "debondodontist", like a TON!!! Seeing how cases finish, and seeing where bends were needed made me soooo much better at direct bracket placement as well as seeing the case volume in an ortho office to hone your treatment planning abilities. And even if it pays less, it was so valuable to learn efficient clinical mechanics and the practice mgmt side of the business. By all means I am not saying you made the wrong decision at all, but Ben Burriss has invited a lot of residents on this forum to help guide them and I think its good to not only look at an associate job as simply a paycheck, but rather a well paid fellowship in some cases. I LOVE these discussions though, would have been soooo helpful to me when I was a resident or just coming out.

TR TO SG - I do have my own office, it is a startup. I quit all my side jobs 3 years ago because it was mentally exhausting. Earlier in my career an acquaintance with his own GP startup approached me about doing ortho because he hated having to see all that production walk out. I met with him and said I will bring all the ortho supplies, I promise to finish what I start whether we grow or die which is a multiyear commitment from me, and I take 75%. He nearly fell over so obviously I didn't go there, but I see Nona has GP offices willing to take 40% so I wasn't that crazy to suggest it. I agree that the GP owner absolutely has to be willing to support the specialist or else it doesn't work. Two

of my former once-a-month jobs fizzled out because of no support and deaf ears. Even with my own office, I still do my own adjustments. I didn't realize until recently that an assistant in my state needs to have a license to go in the mouth, so it will be a while before I have someone to fill that role. Thanks for the input about concrete numbers to make a once-a-month job work. Hopefully it will help residents who get out and interview for these jobs make a good decision about whether to jump in and wait for growth or to pass. I definitely went into one of my positions blind back when I got out and it did not work out.

NN - So my overhead in those jobs is 40% which is high for a GP set up type of job (my supplies don't cost that much but then I don't pay rent or utilities) AND I have no asset to build or sell one day.. That bugs me.

BB - Good stuff here gang!

JB - Hate seeing all of the production walk out of my office too.

SG - I want to share with everyone. So here goes. For insurance, I would try to find out who the major employers in your area are and what are the ortho benefits. Sort out what will work for you. Building codes vary from state to state, county to county, and city to city. Building a new office from scratch takes lots of time. Maybe look for an existing dental property that is empty for lease. You can be up and running fast. Equipment to buy is personal preference. Visit other ortho offices and see what works for them. Dental Planet, Ebay, Craig's List. How many days to start out? Depends on situation. Do what others won't do. Friday and Saturdays are awesome. One of the great things about orthodontics is you can serve others in all sorts of ways. Be creative and resourceful. There is no right or wrong. Have a vision and be happy.

TB TO JS - I am by no means advocating this type of practice for residents to aspire to and am not necessarily sure that I made the best decision I could have at the time. My opportunities were two separate 1-day/week low paying "debondo-dontist" and a corporate job that wanted a 3-yr signed contract. With a start-up right out of residency both of those were not good options for me at this time with a wife, who hadn't found a job yet, and kid. Cash is king and cash flow for a business is paramount. I know that you know this better than me, but valuable learning experiences sometimes don't pay your 2 bedroom apartment rent. I wish I had found an opportunity that was viable to learn from another orthodontist!

For a lot of young docs ideal practice situations aren't really attainable. I wanted to buy a practice in a generally less desirable rural area than where I ended up starting up but no one was selling or realistically close to selling at a sane valuation.

TB - The original question was whether or not a one-day a week PCD practice gig would work. The answer is it can, depending on how it's arranged and how you approach it. Make a decision and

work it to maximize the benefit for you, whatever that may be. It's not the ideal practice situation but as a last resort it can work out very well.

JB - Are there specialist offices that you could work out of? That seems like a much better long term fit.

NN TO JB - No. Everyone is holding on tight to what they have and if they want to bring in someone, teaching them the ropes is the LAST thing on their mind. Even the ad is asking for a 'retired' orthodontist who 'wants to help out'. I'm serious. I respectfully understand their point and why they want to be protective but they don't understand my point. That's ok. This is what I dream about: it becomes mandatory for every ortho practice to hire a new grad. No grad is allowed to work in GP offices. The existing ortho community in each area will be responsible to 'place' the new grad somewhere. You can't work till you're 95. You can't open 25 offices and be working 90 hours a week before hiring associates. LaLa Land: when you decide to move to a new town, the whole ortho community there will meet with you, interview you and give you a place to start. Yea some towns are already full hence people like me who resort to alternative routes. Hence why this is LaLa land. Sorry for the rant. Call me crazy.

JF TO NN - Why would you want that kind of world? Nobody owes us anything, so they shouldn't have to take you in or give you a place to start. I know it's LaLa Land, but why should we ever expect to be forcibly mentored?

JS TO NN - I think the problem with that idea is that in order to take in an associate/partner, you gotta be at capacity or very close to, which almost no orthodontists are, hence why people open more offices without hiring more doctors. There is no shortage of ortho grads, and residencies

keep opening up, added to all the PCDs and pedos doing ortho, there's just more supply than demand in most areas, especially in the desirable cities to live in. I am okay with people having to make their own decisions, even if that means taking a job at a GPs office. Like TB said, if it pays significantly more, it can be a good option. My bias/worry against this is that you are working under the PCDs brand (someone mentioned it as a good thing above bc it gives you instant credibility to the patients), but that also means you are very expendable if/when the PCD finds someone willing to do it cheaper than you. I'm all about trying to control my professional destiny as much as possible

JB TO NN - I meant is there a OS, Perio, Endo, Pedo (I wish) office that you can work out of. Usually those offices are run differently and they have locations that aren't in use 5 days/week.

BB - I will say that trying to block programs from opening is what I would consider protectionist and anti-competitive and against access to care and I would argue against orthodontist taking that POV publicly or privately. It's a lose-lose-lose scenario in my opinion.

NN TO JF - I'm not saying I want to be forcibly mentored. I'm saying if there were more ortho associateship jobs available (not only in select states) I would work less out of a GP office.

TB TO JS - I agree with everything you said. I know that any day the PCD could kick me to the curb and hire a new hungry grad and pay them \$1000/day as opposed to my 50% collections. HUGE savings for him. It is definitely a risk and I try to keep them happy with my work. Again, not an ideal situation.

AG - I've been mentored more on these forums than in real life.

BB - ME TOO!

JB - think group practices are the answer, like OS. Leverage assets for marketing, locations, equipment and availability. Merge some (2-3) larger practices, hire a new associate to open up nights/weekends.

NT - Speaking of hiring associates, if any

I am okay with people having to make their own decisions, even if that means taking a job at a GPs office. Like TB said, if it pays significantly more, it can be a good option. My bias/worry against this is that you are working under the PCDs brand (someone mentioned it as a good thing above bc it gives you instant credibility to the patients), but that also means you are very expendable if/when the PCD finds someone willing to do it cheaper than you.

young docs hear of an ortho looking to be my associate in the Detroit suburbs area for 4-5 days per week, send 'em my way.

TR TO AG - About your comment above on how to train assistants at a GP office - it is hard and sometimes impossible to the point where it's not worth it. I recommend you figure out how to simplify things so you depend on them as little as possible. Organize your supplies well - at one office I was at, this was impossible because they were constantly moving my supplies around without telling me! If you are only there 1x/month, you're not there enough for them to catch on to the ortho ways of doing things. Even if you are assigned one, that person may not be interested in helping you do ortho. Train the "assistant of the day" simple things like to turn over the chairs, seat the patient, get you the chart, have patients pick colors, how to count and cut powerchain, maybe hand you wires or brackets if these supplies are well organized, etc. At one job, I used to have the assistant clean the patient's old archwires with wet gauze and put them in those small sterilization bags, and then I'd label the archwire size and staple it into the chart. That way if I needed to drop down to an .018 NiTi, I already had one in the chart and didn't have to get up and find a new one.

JF TO TR - I'm not gonna lie, that situation sounds like a huge pain. I know Nona has found a way to make it work for her. It would definitely not be for me. You will never have top notch efficient staff, which will prevent you from scaling. I would also think it gets stressful and tiring when you are playing all those roles, orthodontist, assistant, trainer, inventory manager, etc. If it works for you and you don't get burnt out that's great though. I am also involved in a "rover" situation, but I travel with my whole team. We take over a pedo office and run it like it's our own. We pay rent and an equipment usage

fee (Pano, high speeds, autoclave). We get 100% collections and have been sharing ortho advertising expenses (his billboard is completely focused on braces) with the Pedo owner.

TR TO TB & NN - & AG - Do you find yourself using any “complex” appliances when working at someone else’s office? I almost never ordered things like Herbst or Mara or even proposed stocking things like Forsus because I didn’t want to get a phone call when there would be an emergency. Luckily I was in a situation where I could refer cases that I felt were beyond brackets/wires/glue out, but I know other orthos don’t have this luxury.

TR TO JF - As I mentioned above, I have my own office which is the only place I work so I get it. I posted this question based on a recent conversation with a GP looking to hire an ortho because they felt the nearby full time orthos were not good. I call BS on that reason, but I wasn’t about to argue. Someone will be taking the job anyways. What I wrote are my experiences from the past and I am just trying to help out those who are still in the “a day here, day there” trenches not have to figure everything out from scratch.

JF TO TR - exactly my point. If you don’t feel like you can use Forsus springs because your staff can’t handle it, then you’re being able to provide the best or most efficient treatment. I got confused by who had posted what. lol. This thread got pretty awesome

BB TO SG - It would be great if you would share your thoughts on how to jump off and start a practice on this thread or another if you don’t mind. I hate to think

of all that awesome info on messenger going to waste...

JB TO TR - I would always extract in these practices. The only appliance that I would use was an RPE.

SG TO BB - How about we start a separate thread. I don’t know how awesome it will be, but I will share what has worked for me in the past. I will also share some of the things that haven’t went as planned. This group is awesome! Always learning.



TR TO JB – I did the same thing.

SG - start the startup thread! I would love to read it!

AG TO TR - much like my life, I practice a KISS (keep it simple stupid) approach. Zero Tads, avoid class II correctors (distalizers, maras etc). If it’s a surgical case with a deficient mandible then surgery is tx option presented. I lean heavy on elastics.

JF - i would disagree I don’t think best treatment provided is based on if you use an expensive class II corrector. Class I is class I.

JF TO AG - We can agree that results are results, but I want to see how you get to Cl I canine on a non compliant 12 yr old who doesn’t brush his teeth. Forsus (or any spring. I personally like TwinForce) are not expensive if they get you to your desired result in less appts. The shortest and most efficient treatment is the best treatment, results are not the only metric.

How you get there matters too.

TB - Wow this thread blew up this morning! I really hope residents on here read this whole thing, if I had been on here as a resident maybe I would have chosen different paths. JF how did orthodontists get Class I occlusion before these fancy gadgets (which I love) were made? There are lots of ways to move teeth. I don’t use complicated mechanics or appliances at the PCD office in part because I am over 2 hours away during the week and I want as few issues to pop up that an assistant or PCD can’t handle. In my private practice I use Forsus, Herbst, distalizers, etc. But I still don’t think that just because

mechanics are simple and I don’t use all the gadgets that my treatment is compromised in any way. Sure I pull more teeth there but who says that’s wrong? I got a heavy Tweed education and I get to use those skills way more out there than I do at my office where I have everything at my disposal. Don’t be a slave to gadgets and companies; be an orthodontist.

NN - Working under someone else’s brand is not a big issue to me, it’s not always a bad thing. About being kicked to the curb, that’s where having a good relationship with the owner comes in. What I’ve found is that most owners will be happy to see a nice headache free flow of income for them without them being in the office. Unless they are just vicious people they don’t necessarily want to disrupt things to save some money because of one main thing (& they tell me this): “ I don’t know anything about ortho, I’d be terrified if I had no doc to continue tx, do other orthos even take over existing pts?, what do I tell pts? Will you promise to not leave me hanging? I want to offer ortho in my office but I need your commitment to stay”. JS

- I will have a tougher time leaving these places than to worry about being replaced. Those GPs that know zero about what we do & how it's run are the securest jobs. Not saying it can't happen. But I'll cross that bridge if I come to it. It certainly isn't a big enough reason for me not to venture into this kinda thing.

TB TO TR - yes I have referred out cases as well. Actually my cousins live in the town I work in and I told them not to come see me there and to go to another orthodontist in town because I thought he needed a Herbst and I didn't want him treated with Schien brackets JF – Yes, working in these offices are a pain. No one who does this wants this for their professional lives, but its better that these patients are being treated by orthodontists than PCD's and better than not having a job in the first place. I started my own office right out of school, so I know about going out and making it as well.

JF TO TB - how do you reconcile the fact that you are literally telling me that you choose tx modality based on where you are treating the pt? If there is nothing wrong with the simpler way of doing things, or with extracting more, then why not treat like that across the board. I mean this as an exercise in logic. I understand the realities of life and would probably do the same thing you're doing. To your point of how it was done before the fancy appliance, the Herbst was released in 1909. It's over 100 yrs old. We have always had some gadget for the difficult pt.

TB TO JF - As I said I refer some people out as well that I know that we cannot treat effectively. Yes if it were my practice I would treat the same and have staff able to handle emergencies, etc, regardless of zip code and/or building, but it is not. I have to do the best I can with what I have access too. I use the Herbst routinely and

Forsus and would if there if I could. It's not a perfect situation and I think Nona, Anish and Tuhina would all agree with me on that.

JF - I appreciate the response, but you didn't fix the original statement. You're choosing less ideal tx modalities due to the practice set up. I agree that you gotta do what you gotta do, but we have to agree that it is a lower quality of tx (not necessarily in results but in efficiency,

*I have been told several times by old, cranky docs that my quality of care *must* be lower in the pedo office where I work. That simply isn't the case for me ... I get to treat kids how I would treat my own kids, which is how I believe it should always be in our profession.*

comfort, etc)

SO - Let's give it up to TR for starting the threads with the most comments

JB - This is way better than OT.

AG - would argue that less than ideal tx modalities will usually trump orthodontists.

JF TO AG - I completely agree. I don't mean this as an attack on TB . I am sure he is doing the best he can with the tools he is given.

AG TO JF - You certainly are NOT coming across as attacking. This is just a good debate on pros and cons of what we are dealing with in our lives. I think we all agree this is a constructive discussion. These are real issues that we all face. It is better that we discuss them versus blindly ignoring them.

NN TO AG - Hell yes. So far I haven't had to compromise on tx. For RPE I use a lab that have their own bands, the assistant places sep 4-5 days before I'm there & I deliver. Of course issues come up but issues come up in the traditional office I go to every week too. I start rubber bands super early, if a pt is non compliant they probably will fuss about & mess with Forsus too. I do MAJOR chairside talk & encouragement & use any analogy, trick that I know. If the mom & I like each other & kid thinks I'm funny I have less lecturing to do about rubber bands.

Again, not a dream situation but I can sleep comfortably at night knowing I didn't short change people.

TJ - Thanks to all the contributors of this thread. I can't say enough how great it is to gain this much perspective. Residents like myself are reading and taking note, even while my head explodes.

TB TO JF - I am in no way taking any of this as an attack either. What would you have us do then? Not work in these situations at all? Sure, that would be ideal. Let these patients be treated by an ortho-dentist? I am not delivering poor treatment and would put my results up against anyone. I don't use as complicated appliances and mechanics there. I think it's easy to be on the outside of this and say "Oh how could you?" "I wouldn't compromise..." but just

because Herbsts aren't used in one place vs another doesn't mean good results and good treatment experiences aren't being achieved.

JF - glad it didn't come across that way. I've been in a very excited mood today and I know I can sound abrasive when I'm like this. I'm typically pretty chill. I would be doing the same thing you're doing if I hadn't gotten lucky with buying what used to be a GP/Ortho office and moonlighting in it as an orthodontist through residency. There aren't any "how could yous" from my part. I get the reality and like you said, your treatment is orders of magnitude better than GP tx. My goal with my argument was to get everyone to ask what would be the ideal

practice modality. From the perspective of both the providers and the patients. I have my own idea of that, but I would like to hear y'all opinions.

TB - Yes, working in a PCD office 2 hours away from where you live 5 days out of the week, working with inefficient scheduling and sub par assistants is NOT ideal. But if you find yourself in a situation like this you may have to make some decisions about treatment sometimes. There are many ways to get from point A to Class I occlusion.

CF TO JF - you da man!!

JF - Thanks bro. but I'm just a lowly tooth straightener with a small office. I've learned most of what I know from these forums and great mentors Ben, Scott, Derek John, Kyle

TB - All of whom I assume routinely use Herbsts no matter where they are at.... (tongue-in-cheek)

KF - First off, I should NEVER be in the same sentence as docs like Ben, Scott, Derek, and John. But I do appreciate the kind words JF!! If you meant to tag someone different and accidentally tagged me instead, then I will be deleting this comment ASAP. Secondly, I have been

because I would not be happy there. That's only my opinion, not a judgment on anyone else's work.

NN - The only reason our pts may suffer is because we're on FB all the time reading & posting on this awesome forum. Not because we don't use Herbst



TB TO KF - JF - I'm glad you both were able to land additional jobs along with your own practices where you could treat every patient exactly the way you want to. You are very lucky in that regard. The PCDs do not tell me how to treat and how not to treat. I choose how I treat and yes there are other factors to take into account when selecting appliances and treatment plans. Like I said, if I don't think that I can give them a great

told several times by old, cranky docs that my quality of care *must* be lower in the pedo office where I work. That simply isn't the case for me. The main reason is because the pedo office I work at allows me to treat patients however I want. They pay the lab bill and don't complain or micromanage what I do. Not even once. I get to treat kids how I would treat my own kids, which is how I believe it should always be in our profession.

That means I sometimes do extractions, elastics, forsus, herbst...whatever the case requires. HOWEVER, just because I need those tools to render the best possible treatment with my hands, doesn't mean another doc needs those same tools. If Trevor can provide top notch work with different treatment modalities, then he should do it. My assumption, though, is that treating differently in different offices produces different outcomes on average. Are those differences significant enough? That's the question I guess. Personally, I would not take a job where they told me how I could and could not treat cases,

result, and just because you take out U4's instead of distalize when you normally would does not mean that the outcome is poor, I refer them out. Have done this with several severely retrognathic kids, a cleft palate patient, and a few adults that needed SARPEs and/or TADs. Again, the topic of this post was can working out of a PCD office "work"? Yes it can. Is it ideal? No. Can you still deliver quality care better than some orthodontist 6MS guy even though you may have to change a few of your treatment preferences? ABSOLUTELY. ✨

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- 3 Liholiho Yacht Club (871 Sutter St.)
- 4 The Perennial (59 Ninth St.)
- 5 The Progress (1525 Fillmore St.)
- 6 Mourad (140 New Montgomery)
- 7 Hawker Fare (680 Valencia St.)
- 8 AL's Place (1499 Valencia St.)
- 9 China Live (644-660 Broadway St.)
- 10 Tartine Bakery (18th St. at Alabama)

NIGHTLIFE

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- 2 The Boom Boom Room
- 3 The Chapel
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- 2 Explore Alcatraz
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- 3 & 4 – See the Golden Gate Bridge and Golden Gate Park
- 5 Take a ride down Lombard Street
- 6 Check-out Chinatown
- 7 View the Painted Ladies in Alamo Square
- 8 Shopping in Union Square
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Ben Burris, DDS, MDS
Public Speaking & In-Office Education
Email: bgbdds@yahoo.com
Facebook: facebook.com/bgburris
Twitter: twitter.com/bgburris

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?

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Choose a Specialist 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.

OrthoSynetics

OrthoSynetics.com
Phone: 877-674-1111
Facebook: facebook.com/orthosynetics
Twitter: twitter.com/OrthoSynetics

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.

- SERVICES:**
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 - Recruitment & Placement
 - Practice Transition
 - Real Estate
 - Practice Check-up
 - Newly in Practice

Smile for a Lifetime

S4L.org
info@S4L.org
Facebook: facebook.com/smileforalifetime

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.

OrthoAccel

OrthoAccel.com
Email: info@orthoaccel.com
Phone: 866-866-4919
Facebook: facebook.com/AccelDent

OrthoAccel® developed and sells AccelDent®, the first FDA-cleared clinical approach to safely accelerate orthodontic tooth movement by applying gentle micropulses, SoftPulse Technology™, as a complement to existing orthodontic treatment.



Guarantee My Smile

GuaranteeMySmile.com

facebook.com/pages/Guarantee-My-Smile/

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.

Propel

PropelOrthodontics.com

Email: info@propelortho.com

Phone: (855) 377-6735

Facebook: facebook.com/pages/Propel-Orthodontics/130140807150082

Propel is an innovator and manufacturer of dental and orthodontic technologies. Propel's premier product the Excelleration Series consists of the Excellerator device and the Excellerator RT. The Excellerator and RT drivers are both used to create Micro-osteoperforations (MOPs). The New York University clinical study published in the November 2013 issue of the American Journal of Orthodontics & Dentofacial Orthopedics (AJO-DO) stated "Micro-Osteoperforation to be an effective, comfortable and safe procedure to accelerate tooth movement and significantly reduce the duration of orthodontic treatment." The Excelleration drivers are patented FDA Registered Class 1, medical devices specifically designed to be used by a clinician in conjunction with any orthodontic treatment modality. Similar to the Excellerator, the RT driver provides the practitioner with the same advanced orthodontic treatment, however it includes an autoclavable handle and disposable tips to minimize waste and maximize storage efficiency.

OrthoBanc

OrthoBanc.com

Phone: 888-758-0585

Facebook: facebook.com/orthobanc

Twitter: twitter.com/orthobancllc

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.

Ormco

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A consumable technology leader for progressive Orthodontists who desire to continuously improve the health, beauty, and youthful appearance of their patients. Our products will drive procedures that create lifetime results while minimizing the time and discomfort of treatment.

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.

TruDenta

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Phone: +1 855-878-3368

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