The Progressive Orthodontist
CHANGE IS GOOD!

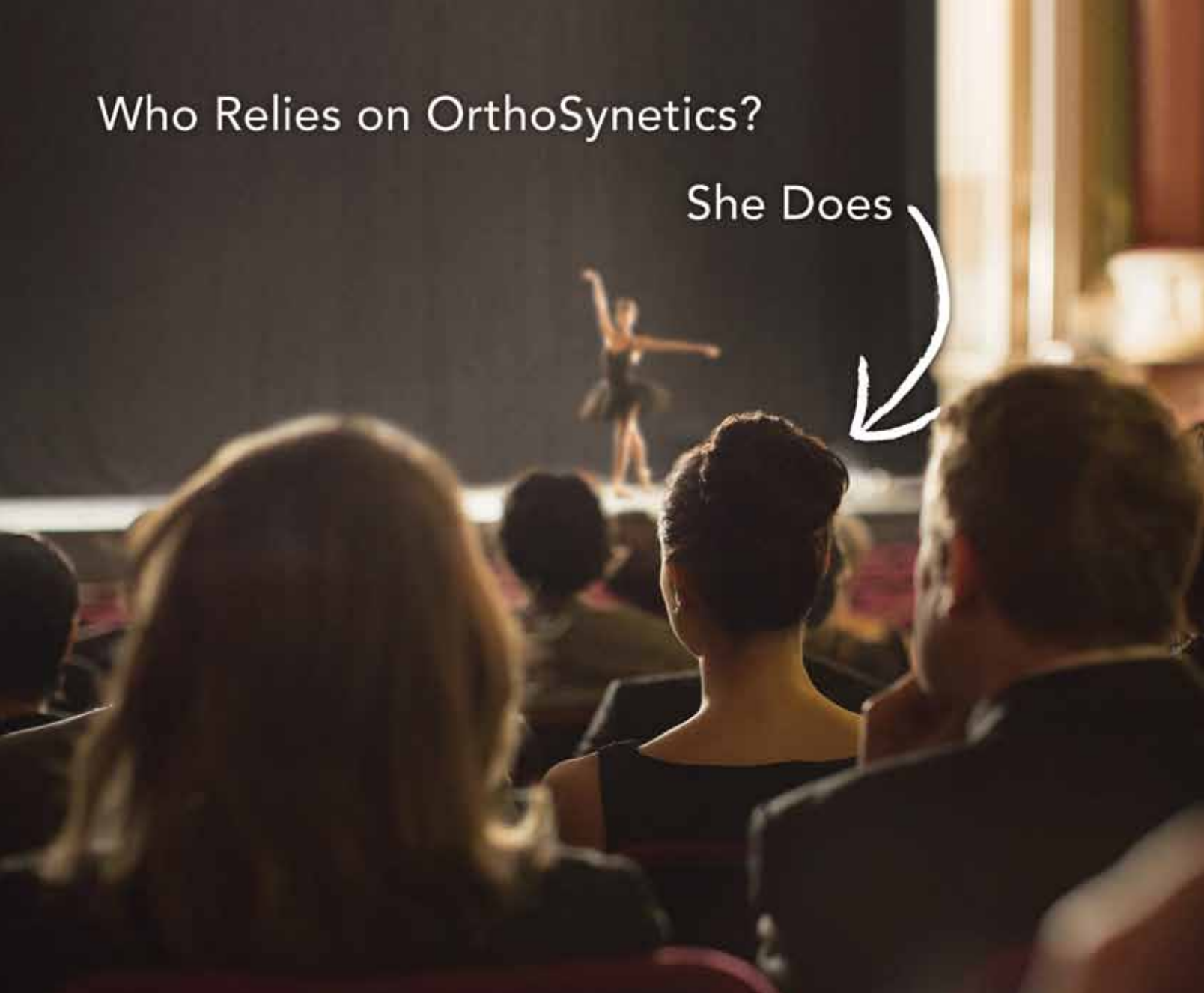
# SMILECARECLUB
# Where are they now?

## BUSINESS PRACTICE & DEVELOPMENT
Get Me To the Church On Time – BY DR. JEAN MCGILL

## MARKETING/SOCIAL MEDIA
The Emperor is Naked: The Truth about Social Media
BY DR. GREG JORGENSEN

## YOUNG DOCS
But I Want It! – BY DR. JEFFREY M. SHIRCK

Q1 2016

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# EDITOR'S NOTE

Happy New Year!

Just like Janus we are looking ahead while keeping an eye on the past. In this issue we take a minute to look back and catch up with SmileCareClub to check the status of teledentistry in orthodontics. Though hotly contested and mostly opposed by orthodontists and organized dentistry, teledentistry is not going away and it's important to understand what's happening so we can plan for what's around the corner.

The world won't stop spinning for us to catch our breath and so we also have included the hard hitting and actionable business info you've come to expect from *The Progressive Orthodontist* magazine in this issue. I won't waste your time rehashing or promoting our content here – you know it's good so get to it.

I would like to remind you that change is good and in that light we've decided to add a clinical corner. For the first time in our 6 year history, *The Progressive Orthodontist* magazine includes a clinical case with teeth pictures for your collective enjoyment. Dr. Derek Bock was kind enough to share his insight and wisdom with us on this case. We know how much you all love your teeth photos so enjoy and let us know what you think.

2016 is going to be a great year. The best one yet. Seize each and every day and enjoy being part of our awesome profession.

— Ben Burris

The Progressive Orthodontist
CHANGE IS GOOD!

PUBLISHER
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Dr. Ben Burris



CREATIVE DIRECTOR
Sherri J. Dewig

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# Advisory

## 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.

## KYLE FAGALA

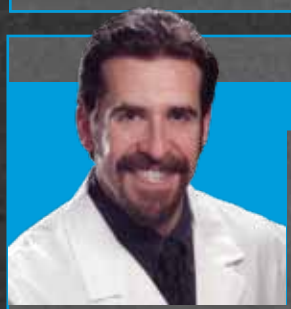
Dr. Kyle Fagala is the owner and orthodontist at Saddle Creek Orthodontics in Germantown, Tennessee. Dr. Fagala graduated in May of 2013 with a certificate in orthodontics and a master's degree in Dental Science for his thesis on three-dimensional imaging of the airway. Dr. Fagala is the course director 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.

## 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".



## 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 for a couple of years. He returned to school for his DDS degree in 1997 from University of the Pacific (now Arthur A. Dugoni School of Dentistry in San Francisco). He continued on there with orthodontic residency, graduating again in 1999 with an MSD (Masters of Science in Dentistry). He bought a practice in 1999 in Cupertino, CA and worked there until 2012. Kliff opened a practice in Livermore CA in 2007 and continue to work there presently. He called his practice "Wild Smiles by Dr. Kapus" because when he was a teenager he worked at a local zoo. His original intention for going to U.C.D. was to be a veterinarian. Life didn't work out that way for him but he still loves animals and nature so he had his office designed to look like "Indiana Jones meets the Crocodile Hunter for lunch at the Elephant Bar."

# BOARD

## BRIDGET BURRIS

Bridget Burris is no stranger to orthodontics. For over 11 years she and her husband have grown and run one of the largest groups of practices in the country. Having extensive experience in every position in an orthodontic office except chair side assisting, Bridget knows how to train employees to maximize their efficacy and how to teach the customer service delivery that is so essential in the modern practice. Bridget also knows how to grow an orthodontic practice from small to massive in a logical, stepwise manner because she's DONE IT! Multiple times.

## 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.

## JASON BATTLE

Dr. Jason Battle, received his Doctorate of Dental Surgery with honors from the University of Tennessee's College of Dentistry. He holds a certificate of advanced graduate studies in orthodontics and dentofacial orthopedics from Jacksonville University School of Orthodontics and earned a Bachelor of Science in Biology from Valdosta State University. Dr. Battle was born in Michigan, and raised in Cincinnati and Atlanta. His favorite pastimes are being outside participating in sports, grilling (specifically BBQ), and watching athletic events or documentaries on the history channel. You can usually find him spending time with family, at the gym, softball field, or playing flag football. Dr. Battle believes in giving back to the community. He volunteers his time to provide dentistry to those in need at the Orange County Dental Research Clinic and through the Smiles Change Lives Foundation. He also visits local schools, day care centers, and camps to teach proper brushing and nutrition.

## JASON TAM

Dr. Jason Tam is the owner of MCO Orthodontics, with three offices just outside of Toronto, Canada. He completed his dental school at the University of Toronto, followed by a GPR at New York Hospital Queens, and an orthodontic residency at Boston University. While his practice is primarily braces, he is a Top 1% Super Elite Invisalign Provider. Dr. Tam has a special interest in office efficiencies and implementation. He is happily married with two young boys, and another baby expected in December 2015.

## 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.

# CONTRIBUTORS

## DR. BEN BURRIS

*Article on page 52, 58*

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.

## DR. JONATHAN SHOUHED

*Article on page 54*

Dr. Jonathan Shouhed is a native of Southern California, having been born and growinn up in the West Los Angeles area. Dr. Shouhed received a Bachelors of Arts in Political Science at UCLA in 2009 and continued his education to receive a DDS degree from the Ostrow School of Dentistry of USC in 2013. Since then, he has begun a residency in Orthodontics at Roseman University of Health Sciences in Henderson, NV and is scheduled to graduate in June 2016. Dr. Shouhed has a great interest in educating his peers and others in his community as evidenced by his commitment to teaching and publishing, is devoted to community service through a number of charitable organizations and has a passion for traveling. In his free-time he enjoys spending time and bonding with his co-residents at Roseman University. After graduation, Dr. Shouhed plans on moving back to Southern California and live the orthodontic dream of one day owning his own practice in his hometown.

## BRIDGET BURRIS

*Article on page 13*

Bridget Burris is no stranger to orthodontics. For over 11 years she and her husband have grown and run one of the largest groups of practices in the country. Having extensive experience in every position in an orthodontic office except chair side assisting, Bridget knows how to train employees to maximize their efficacy and how to teach the customer service delivery that is so essential in the modern practice. Bridget also knows how to grow an orthodontic practice from small to massive in a logical, stepwise manner because she's DONE IT! Multiple times.

Bridget's knowledge and acumen is only surpassed my her incredible ability to communicate and get others to do the same. Her unique skill set allows her to enter an office, identify the problems, prioritize issues and form a logical implementation plan; but, most importantly, she is then able to communicate the plan to the owner and employees to get consensus and even enthusiasm for how all parties can get where they want to be! No one else in the industry has the experience, wisdom or pragmatic, solution based approach that Bridget brings to your practice. Her results speak for themselves.

## DR. DEREK BOCK

*Article on page 39*

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.

## DR. GREG JORGENSEN

*Article on page 20*

Dr. Greg Jorgensen is in the private practice of orthodontics in Rio Rancho, New Mexico. He has lectured nationwide on Internet, social media, and reputation management, has authored numerous articles on technology, and has been a guest lecturer on the Practical Reviews in Orthodontics CE audio series.

## ANDREA COOK

*Article on page 44*

Andrea Cook's in-office, hands on training motivates and energizes orthodontic clinical teams. She bases training systems on practical knowledge gained through 20 years chairside experience. She works as a clinical consultant and trainer for premier orthodontic offices across the country.

Since effectively training clinical teammembers is a critical portion to the advancement of clinical productivity and profitability Andrea works with teams to increase efficiency, improve communication and guides the of level of excellence.

## CHIP FICHTNER

*Article on page 46*

TruDenta, Director of Marketing. Started, bought and sold multiple companies in diverse industries over the last 30 years.

## DR. JEREMIAH STURGILL

*Article on page 10*

Dr. Jeremiah Sturgill is a board certified orthodontist and owner of Storie & Sturgill Orthodontics with locations in Johnson City, Tennessee and Norton, Virginia. He is an associate professor at Virginia Commonwealth University Department of Orthodontics and associates with Gardner Orthodontics in Richmond, VA. He completed his certificate in orthodontics and dentofacial orthopedics at A.T. Still University- Arizona School of Dentistry & Oral Health in 2014. Dr. Sturgill also received his Master of Public health and Doctor or Health Education from A.T. Still University. He and his wife, Riley, an endodontic resident, have served on mission trips in Uganda, Alaska, Brazil, and locally with Missions of Mercy. During his free time, he enjoys outdoor activities and volunteering at their church.

## DR. JEAN MCGILL

VISIONTRUST COMMUNICATIONS

*Article on page 24*

Dr. McGill is a Board Certified orthodontist with two practices in eastern Pennsylvania. She is a graduate of both Lehigh University and Northwestern University Dental School. She earned a Masters degree in Orthodontics from The University of Michigan. Prior to her dental career, she earned her C.P.A. and worked for a large public accounting firm in New York City as an auditor.

Dr. McGill is also an educator as serves as a Clinical Assistant Professor, Department of Orthodontics, Rutgers School of Dental Medicine. She serves our profession as the MASO representative to the AAO Council on Communications. In her spare time, she attends her children's many sporting events.

## DR. AARON MOLEN

*Article on page 36*

Dr. Aaron Molen is an internationally recognized speaker on merging technology and orthodontics. He serves on the Technology Editorial Board for the AJO-DO and has published several papers and textbook chapters on the topic. He also currently serves on the AAO's Committee on Technology. Dr. Molen's orthodontic practice includes three locations south of Seattle and maintains a strong social media presence. Dr. Molen completed his orthodontic training at UCLA and his dental training at Loma Linda University. He has swum in all five of the world's major oceans and hopes to visit his 7th and final continent, Australia, this summer. In his free time he loves spending time with his wife and three beautiful children..

## DR. MIKE LANZETTA

*Article on page 16*

A lifelong resident of Michigan, Mike graduated from the University of Michigan Dental School, then received his Orthodontic Certificate from the University of Indiana 2 years later in 1987. After 2 years as an associate, he opened his own practice in Taylor MI and has practiced solo there ever since. He's been hitched to Elana for 32 years and they have 2 college age daughters. Passions include photography and flying his single engine Mooney over Detroit.

## DR. JEFFREY M. SHIRCK

*Article on page 49*

Dr. Shirck is a diehard Buckeye having attend The Ohio State University for undergrad, dental school, and orthodontic residency. Since graduating in 2009, Dr. Shirck has started up three practices from scratch and is passionate about helping other young-docs create the practice of their dreams. When not in the office, he loves chasing after his three kids with his wife Zhenia."

# DIFFERENTIATION *makes a difference*

By Dr. Jeremiah Sturgill

Differentiation—the buzzword of orthodontics in the 21st century. Every consultant, sales representative, and advisor of any brand will likely use the word "differentiate" during the first 30 seconds of his or her sales pitch. The obvious and typically faulty adage is spending money will make you money via the common notion that differentiation equals more patients. The problem is all of these services and products cost money and raise overhead, with little to no proof they will actually produce any patients. There is hope! Use processes within your practice and make them the differentiating aspects of your practice for little to no added cost.

Potential patients (or their parents) are constantly judging you and your practice by "thin-slicing" each interaction. Thin slicing is a psychological phenomenon, described by numerous studies, in which people subconsciously make quick judgments on their environment. The new patient exam is the first process you should examine within your practice. Patients should be able to tell you are a specialist—without you telling them. This realization can occur via the quality of your records, clinical experience, and available options.

In this day of multiple consults, I am always surprised when new patients at our office say we are the first office to take photos or a cephalometric radiograph, even when prior consults were with orthodontists. Consider how an appointment with the general dentist regarding orthodontic treatment may go. During a routine cleaning or filling,

the patient complains about the anterior crowding to their Primary Care Dentist (PCD). The PCD does an oral exam and explains how they can fix it with clear aligners. If the patient decides to get a second opinion from you, the specialist, you should be doing more than just an oral exam and a panoramic radiograph--because that would be no different than the PCD. Buying a quality SLR camera and computer monitor on which to present radiographs and photos will cost approximately $2,000-$3,000, and is money well spent! See figure 1 for quality photos and figure 2 for poor quality—any potential patient/parent would notice the difference. Showing a potential parent/patient their malocclusion on a large screen with a high-resolution photo will better illustrate the need for treatment than your eloquent orthodontic jargon. The cephalometric radiograph is another great tool, since PCDs rarely have access to take this type of radiograph. You do not have to be technical, but show the radiograph and spend 30 seconds to say, "I use this radiograph to measure your jaws, angles of your teeth, and evaluate your airway." If they have moderate to severe overjet, any layperson can typically see that clearly in the cephalometric. Point out the overjet and say, "We will correct your bite." It essentially costs you nothing to take photos and radiographs, so why wouldn't you? You should be able to use records to clearly communicate with the patient while still keeping it simple, so the patient does not feel overwhelmed.

*Every consultant, sales representative, and advisor of any brand will likely use the word "differentiate" during the first 30 seconds of his or her sales pitch.*

Your experience is a key differentiation between you and the PCD. You acquired more expertise and knowledge in orthodontics in the first month of

residency than any PCD out there; so use it to your advantage! You and your treatment coordinator should not be laconic when discussing your experience. When a patient or parent expresses concern about the case, reassure them with "We treat cases like this every day, and I can assure you that your smile will be beautiful when we finish." You can also discuss your experience when it comes to retention. For example, "Because this space will try to re-open even after your braces come off, I will use a bonded retainer to make sure it remains closed." Many patients are not ready for treatment at the time of the consult, but you can still reassure them that they are under the care of a specialist. Put the parent at ease by telling them how glad you are they brought Sallie in today, and how it is a perfect time to take a first look and acquire baseline records! From there, you can explain how you want to see them back (not to count baby teeth like the PCD), but to follow their growth and development.

A third way one can differentiate oneself from the PCD in consult is by giving options. The large majority of PCDs can only offer clear aligners or some abominable version of braces. As specialists, we have a myriad of tools at our disposal: traditional braces (clear or metal), clear aligners, a combination of aligners and braces, lingual braces, active retainers, limited treatment, and accelerated treatment (Propel, SureSmile, etc.). We can also offer more treatment options, such as extractions, surgery, IPR, camouflage, and combinations. The art is to provide appropriate options without being perceived as confusing or overly pedantic. Patients are more amenable to treatment when they can choose an option, instead of feeling forced into only one option. Put yourself in the shoes of the mom. Would you not feel defensive if a stranger (you the doctor) walked into consult and told them without any warning their precious little princess needed teeth pulled out and her jaw broken? Instead, pull up their occlusal photo on the screen, and in cases of severe crowding, many parents say, "Wow, there is no space," before you say anything. Respond with "Exactly! We can create room by (insert your ideal treatment)." Another approach is to ask the patient and parent, "Do you feel your teeth are too far forward, in an ideal spot, or too far back?" or "Do you feel as though your lower jaw is too far back, in a good spot, or too far forward?" Use their answer to guide the discussion and typically they will come to the conclusion they need extractions or that surgery would be necessary. Using this method, you come across as neither a salesman pushing your treatment nor a domineering doctor. At the end of your consult you or the treatment coordinator should be able to summarize clearly the options. In an average case, the options could be metal braces, clear braces, or clear aligners. In a more complex case, the options might be more dramatic- surgery, extractions, or compromise.

*The obvious and typically faulty adage is spending money will make you money via the common notion that differentiation equals more patients. The problem is all of these services and products cost money and raise overhead, with little to no proof they will actually produce any patients.*

Keep the 30,000-foot view when talking to your patients in consult; few patients care about what type of bracket, wire, or scanner you have in your office. Most parents and patients want answers to the basic questions such as "How long will it last? Will it hurt? Can I afford it? and When can we start?" Make sure you and your treatment coordinator are always providing answers to these basic questions, without the patient or parent asking. Of those questions, financing can often be the most important. Train your treatment coordinator to discuss treatment options as a monthly cost, not the overall fee. For example, if you offer a patient clear aligners or traditional braces, presenting those treatments as braces cost $5,750 and the clear aligners cost $6,350, then many parents will hear $5,000 and $6,000, which seem to be a dramatic price difference. Presenting the options as "The braces are $239 a month, and the clear aligners are $264 a month," makes the price differential seem insignificant.

Improving your records, showcasing your experience, and offering treatment options is not a panacea to create differentiation between PCDs and orthodontists, but it certainly is a step in the right direction! Ponder the idea of spending less time differentiating us as orthodontists from one another, and more time differentiating us, as a group, from PCDs. Battling one another leads to the success of advertising companies, orthodontic manufacturers, and PCDs. In most areas, we will naturally be differentiated by personality, price point, insurance participation, and PCD relationships. I would urge for a paradigm shift in our efforts, especially marketing, to be in differentiating orthodontists as specialists versus differentiation from one another.

# HAVE A GREAT MORNING MEETING

By Bridget Burris

My husband and I have started, taken over and grown a few practices. We have also visited more than one! One of the things I most want to see in any office is how the morning meeting is run – I can tell a great deal about an office, a team and their success or lack thereof by simply observing their morning huddle.

Let me describe to you what I am looking for in a morning meeting and why. If you read this carefully and pay attention to the detail here, you should be able to create your own template for your office that will work for you. There is no one size fits all when it comes to morning meetings.

TIMELINESS – A team that starts on time usually runs on time, sees patients on time, finishes appointments on time, finishes cases on time, finishes for lunch on time, returns from lunch on time and leaves on time. In my mind, there is nothing more important than timeliness. This goes for the doctor too – this goes for the doctor especially. Doctor, you set the tone. Either you are lax on time, or you are unwilling to accept anything but running on time. For everything you do!

ATTITUDE – Attitude is key. Are people smiling and happy to be at the morning meeting? Are they standing and paying attention or sitting down and trying to drink their coffee in peace? Just stand back and take a look, or, better yet, get an uninterested third party to observe your meeting without the staff knowing what you're doing and see what their impression is. They don't need to be an orthodontic consulting expert to give you great insight into the overall attitude of the doctor and team!

APPEARANCE – Dress for success is more about how we wear what we wear than what we wear! Do the doctor and team take pride in their uniform – whatever that may be? Do the doctor and team look clean and well groomed? You don't have to get a makeover every day, but we should all do our best to look like we care enough to be presentable.

*The morning meeting should reflect the personality of the doctor/ owner and the team she or he has created.*

ENGAGEMENT – Is the meeting setup, so it takes active participation from all team members? Are they writing down the dates for future appointments? Are they highlighting people who are over treatment time or past due? Are they noting patients with birthdays or special needs? Watching how much or how little team members care about the details tells me all I need to know about how the office runs – clinically and administratively.

ENTHUSIASM – A good attitude is just the start. Being happy to be present is the minimum price of entry for the offices we run and for those with whom I consult. The goal is to have team members who are excited to be there and excited to help people get the smile they've always dreamed about.

PURPOSE – Why are we here? What are we doing? What is our purpose at this moment at the meeting? For the day? For the week? For the month? For the year? It is good to remind everyone what we do and why. We all need a purpose and an office with a clear and repeatable purpose will always outperform one without clarity.

SCHEDULE CONTROL – Is the team striving to control the schedule? Scheduling is the most important thing in an orthodontic office. What days will be worked, how is the template set up, how are the patients distributed through the schedule (evenly or bunched up in the am and after school), how are patients distributed among days (does each day have a similar number of patients or is there wild fluctuation among days)? Either you control the schedule or the schedule controls you. Be proactive, someone should look at every patient day over the next ten weeks at least


weekly and make sure the patients are evenly distributed among the days and for each day. Tell the staff members what days are available for them to schedule 4, 8, 10 weeks out (whatever the doctor prescribes) and only open a few columns at a time per patient day and fill those up before opening more. This will help you avoid an hourglass shaped schedule.

TRACKERS – People respect what is inspected. Trackers are fantastic ways of keeping track of what we are doing and how well. You can track any number of things: Ask Fors, same day starts, same day debonds, compliments received by the staff, compliments given to patients and parents, patients referred by our patients, patients referred by PCDs, patient complaints (and our solution), Facebook, Pinterest and Instagram posts, emptying the garbage can, cleaning the bathrooms and much, much more. Track behaviors you want and reward the completed tasks with encouragement and recognition!

GOALS – Similar to "Trackers" but bigger! What do we want to accomplish? Similar to "Purpose" but smaller!

ENCOURAGEMENT – Do team members encourage one another, appreciate what others do for them and the team and recognize individual and group success? Do team members and the doctor encourage patients on a daily basis?

PERSONALITY – The morning meeting should reflect the personality of the doctor/owner and the team she or he has created. Again, there is no right way or one size fits all solution when it comes to a great morning meeting. Some doctors are loud and boisterous, some are quite and reserved, most are somewhere in between. Make it your own but make it fun!

WHY US? – The very best teams can all recite, in their own words, why patients should choose us. Specifically. Precisely. Concisely. If a potential patient or parent asks a team member or the doctor, "Why should I come to your office instead of going to see Dr. Smith," what is the answer? You better have one. Every team member better have one. And it better be good. I can't give you yours but I can tell you that our offices have been about access, affordability, great results and fun for a long, long time. Again, this is not a phrase to be memorized but an ideal to be internalized by each and every team member and then put into their very own words. A great way to work on, refine and crystallize this "why us?" is to have team members take turns answering the question, "why us?" at the end of every morning meeting, every single day. You will see your why grow and change and improve with the passage of time and the sharing of ideas among peers and friends!

I also get asked for ideas for morning meetings. Here are a few in no particular order to help you construct the perfect morning meeting for YOU!

1. Doctor, decide if you will be part of the morning meeting or not – Your meeting, your culture and your practice should reflect you and your personality and your practice philosophy. If you want to know about everything and feel you need to control every detail, that is

perfectly fine (and most orthodontists feel this way in my experience), you should be front and center at the morning meeting. Now, if you are going to be there and participate, doctor, it is vital that you show up on time and hold up your end of the bargain. You can't be playing on your iPhone and not listening or otherwise detracting from the meeting process. If you're going to be present, you need to be PRESENT! If you're not going to be present and set an excellent example in terms of timeliness, engagement and attitude then you would be better off to let your office manager and/or leads handle the morning meeting and fill you in later.

2 Put a sign at the front desk explaining that you are in a meeting and will be with patients directly. Some offices put a teddy bear with a sign that says "Bear With Us". It's silly but it's fun!

3 Make sure every member of the team is at the meeting and has their very own copy of the day sheet AND that they take notes on their copy for use throughout the day.

4 Assign tasks to team members – There are many things that need to be done every single day at the morning meeting. These tasks will vary by office, and this is not an all-inclusive or complete list. It is simply a list to give you some examples of what some teams do at their meeting. A specific person needs to be responsible for each item on the morning meeting agenda and if he or she is not present there needs to be enough information available for someone else to cover temporarily.

a. **Lab work** – someone needs to check the schedule for any and all delivery appointments and then verify that the lab work is completed and ready to go and in the correct office at least two days before the delivery appointment. This should be reported on daily, and any problems noted so that corrective action and/or rescheduling can take place.

b. **Overtime patients** – someone needs to account for any patients who are passed their estimated treatment time or getting close and a plan needs to be made to finish those cases ASAP.

c. **New patients** – some info about them, where they go to school, how they got to us, any family in the practice, any friends in the practice, etc.

d. **Special needs** – some patients need a little extra TLC. Identify them and make a plan.

e. **Special occasions** – birthdays, births, deaths, weddings, accidents, etc. all need to be handled as a team and by individuals. You are part of your community so pool your resources and ask everyone every day if they see anyone on the schedule with something going on.

*The very best teams can all recite, in their own words, why patients should choose us.*

f. **Future appointment dates** – the OM or a lead should be looking ahead at the next ten weeks (or however long your appointment interval is) and making sure your schedule is even. What I mean is that you don't want one day with 30 patients and another with 100 patients. If you schedule by columns instead of rows and pay attention to the daily patient load, then this person can give dates that the team should use that day for 2 week, 4 week, 6 week, 8 week and 10 week appointments to keep the schedule even. This is one of the more difficult things to accomplish, and it takes a special person to make it happen.

g. **Problem patients or parents** – you know who they are. Talk about them and make a plan.

h. **Patients we upset** – we all make mistakes and sometimes our mistakes impact people negatively and make them justifiably upset. Identify these folks and make a plan to make them happy and make their day!

i. **Patients who are behind on payments** – Make sure someone is letting all team members know about patients who are behind on patients and how each will be handled. All team members should be taking notes on their copy of the day sheet.

j. Depending on how you do things and what software you use, you may want to have someone track and report upon which patients are due for a pano, which patients are due for a cleaning or other things.

5 Talk about goals for the day – Many offices track referrals out to PCDs, ask fors, compliments, complaints, hero moments, etc.

6 Quote, joke or story of the day – time permitting this can be one of the most fun and inspirational parts of your morning meeting. Have something good on hand (or have your OM or lead do so) and use that if no one volunteers to share, but it is preferable that a team member shares something that happened to them or something they heard.

7 Some offices do a cheer or some fun team building exercise before starting the day. This is highly specific to the doctor and the office culture.

8 Have fun! – Gang this is supposed to be fun. We all have to work so we may as well work in a fun place with happy people. Decide it will be so in your office and set about making it happen!

Morning meetings are important. Take the time to design the one that is perfect for YOU! Don't try to copy someone else because you are unique and special with your own set of strengths that enabled you to make it to where you are in life. Make your meeting a priority and you will see what a powerful and useful tool it can be to you, your team and your practice.

# I'LL NEVER HAVE A SATELLITE PRACTICE.

## *Let me show you my satellite practice!*

By Dr. Mike Lanzetta

I'll never have a satellite practice. Let me show you my satellite practice!

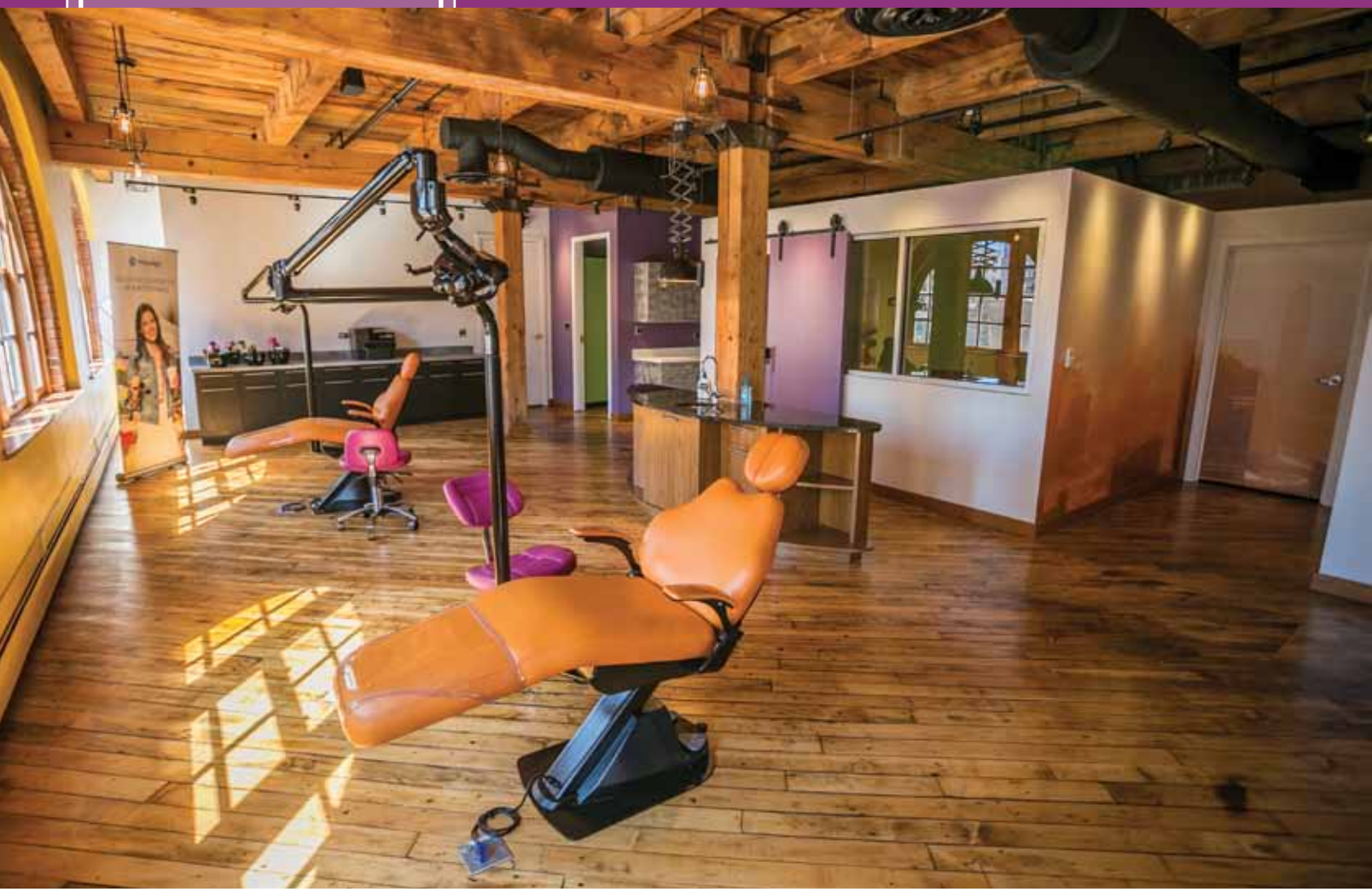
After practicing solo for 26 years, and after beating the drum of never having an associate and keeping to one location, I decided to open a satellite in Downtown Detroit with two partners. I have long felt that we get bogged down with distractions as orthodontists and "business owners." The truth is, most of us are not good business owners or managers. Better to stick to one thing and one thing only, and do it well. Don't be a real estate tycoon, don't invest in crazy schemes, don't hire a bunch of associates, don't own other businesses, don't have partners, and stick to one location. I bet we could track the downturns in most offices, and trace them back to the time you built a house, or got a divorce, or were audited, or started a new business. Be great at the one gift you were given: the opportunity to make a great living straightening teeth. Focus on that one thing and be awesome at it. And so that is what I did. For 26 years. And it's been fantastic.

I practiced for all of those years on my own in Taylor, MI, a very average, blue collar bedroom community suburb in the shadow and fallout of the famous auto industry of Detroit. Detroit was a joke. Detroit was nearly dead. It suffered a significant decline over the last 40 years: riots, depression, city corruption, abandoned buildings, crime. No one worked or lived there - all small business happened in the suburbs. So with the support of my beautiful wife, my plan was to open a satellite in Detroit with two partners. Did I just lose my mind?

It was a perfect storm of 3 events: Detroit's comeback, my success with Invisalign, and my desire as a 55-year-old to challenge myself professionally as I approach thoughts of retirement.

Detroit was positioned for a massive comeback. Billionaire Dan Gilbert of Quicken Loans dedicated much of his wealth to creating an environment of prosperity, opportunity, safety, and excitement (and some built-in business to business marketing). Detroit is experiencing one of the greatest comebacks in history. There is a central hub of growth, approximately a one square mile block where most of the original majestic buildings of Detroit's heyday of the 20's still stand. Three years ago Gilbert brought the Quicken Loans headquarters to the center of this and started developing. Since that move, there has been an explosion of activity. The Downtown area was becoming vibrant and exciting with new developments occurring almost weekly.

I also had two colleagues who were




interested in being 1/3 equal partners with me so we could share the cost and the time commitment (credit to Ken for coming up with this crazy idea in the first place). We also had an incredibly talented office manager, who is well seasoned in business and speaks for Align. And as it turned out, there wasn't a single orthodontist in the downtown area. At this point, I wanted to be the first one down there to establish our presence and dominate the market.

We decided upon an Invisalign only practice. We are serving a primarily adult demographic, so our plan was to be hyper convenient. Downtown workers want Invisalign, and need convenience. With Invisalign, the appointments are 10-12 weeks apart, less than 10 minutes in length, and NO emergencies. Each partner works two days/month, so scheduling appointments is not a challenge. In terms

of costs, having personally started over 1300 cases and being a Top 1%, the satellite office can take advantage of my Find a Doctor web search, and my discount level. My experience has given me the confidence to take on nearly any case that comes our way. We require less equipment and inventory with Invisalign.

We found a killer building and office space - 1700 square feet in an old tobacco building built in 1888, with great windows and views, and a very cool vibe. Using a local designer, we created an "Urban Industrial" look. The goal was to get new visitors to say "I've never seen an orthodontic office like this before!" I love being there.

After one year of research, planning, and building, we opened in September 2015. So far, we are off to a solid but not great start. We need 3-4 starts/month to pay our bills, and so far we are averaging 5. Not as great as I would have hoped, but we are working hard to generate referrals. A high profile dentist opened last week, and we are present for Health Fairs and networking meetups. Our goal is 10-12 starts/month, which should net each partner a reasonable return. Enough to warrant a fun diversion and a possible semi-retirement option. The key to this endeavor is to remind myself: Keep your eye on the prize! Do not let your Taylor practice suffer. I'm happy to report that 2015 will be a record year for Taylor.

So stay the course! But if you have a great opportunity in front of you, remind yourself where your real success comes from and keep your focus there.

Next time you are in the Detroit area, give me a call!

*dosortho.com*

# THE EMPEROR IS *Naked!*

## *The Truth About Social Media*

By Dr. Greg Jorgensen

Growing up, my dad used to read me stories every night before I went to bed. The Emperor's New Clothes, by Hans Christian Anderson, was one of these. It was the tale of two conmen disguised as weavers hired by the emperor to make him a new set of clothing that would be invisible to those who were unfit for their positions. Fearing that they will be deemed incompetent, the subjects of his kingdom gushed over the emperor's new wardrobe as he paraded down the street completely unclothed. Suddenly a child in the crowd innocently blurted out the obvious "The emperor is naked!" Even though the emperor suspected this all along, he decided to finish the parade anyway.

Social media as we know it today began to appear about a decade ago. In May of 2007, I was sent to St. Louis by the RMSO to serve on the Committee on Information Technology for the American Association of Orthodontists. My first assignment on the committee was to learn about social media and then advise the AAO and its members about the pros and cons of this new technology. I began reading and listening to everyone I could and even registered my practice with almost every social media service available. All of the voices inside and outside of our profession were saying the same thing—the future belongs to social media and those who are not "all in" are doomed to failure.

*Just like the emperor in my bedtime story, these marketing "weavers" convinced the multitudes that social media was essential and that practices who had embraced it were thriving.*

At that time, the big social media sites were Facebook, LinkedIn, YouTube, and Twitter. Shortly thereafter, other services like Pinterest, Instagram, Vine, Google+, and Snapchat appeared and made their way into the PowerPoint presentations of the marketing gurus making the rounds at the orthodontic meetings. The number of social media sites that were recommended for our success quickly multiplied to a seemingly unmanageable list. Doctors were told that their practices could not survive without a strong social media presence and companies (many owned by those doing the lecturing) began to spring up offering to help us with this "essential" form of practice promotion. Just like the emperor in my bedtime story, these marketing "weavers" convinced the multitudes that social media was essential and that practices who had embraced it were thriving.

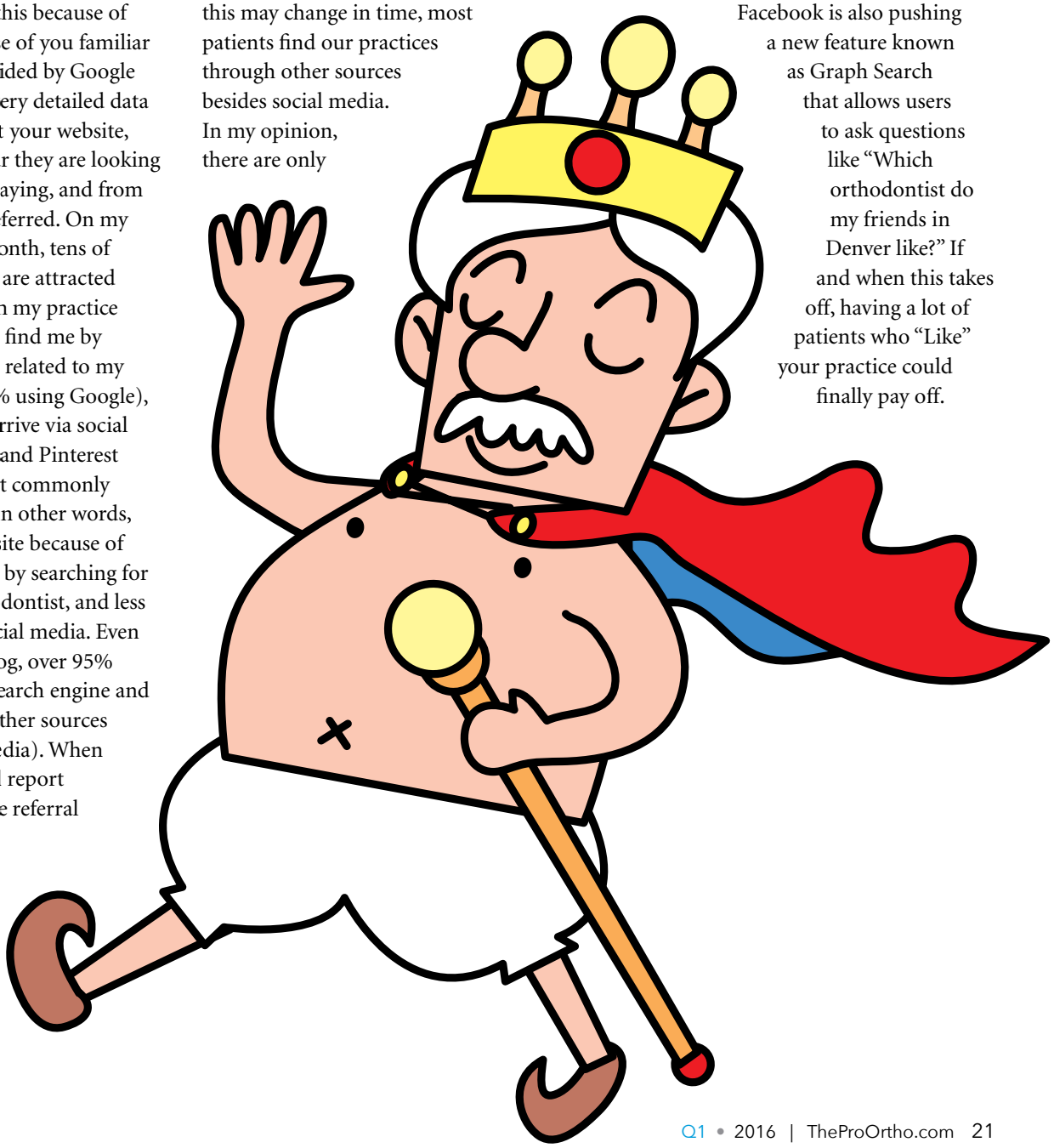
I jumped into social media headfirst and became very active on Facebook, YouTube, LinkedIn, Twitter, Google+, Pinterest, Instagram, and SnapChat. My staff and I took pictures, made videos, held contests, and updated our statuses exactly as advised by the consultants. We worked tirelessly and carefully monitored our results. The most important metric for me was the number of new patient calls that mentioned they found us on social media. My practice management software makes this easy to track. The second, but perhaps more telling, way to track success is using Google Analytics to see exactly from where visitors to my practice website are coming. After 8

years and countless hours spent "being social," I am now standing up on the wall overlooking this parade yelling, "The Emperor is Naked!" to anyone who will listen. Social media is NOT the key to attracting new patients.

With the exception of three social media platforms that I will discuss below, it is my opinion (and I'm sure there are those that will disagree) that the use of social media to build your practice may be mostly a waste of time. Here's why. I get about 35,000 hits on my website every month. Again, I know this because of Google Analytics. Those of you familiar with this free tool provided by Google know that it provides very detailed data about who is looking at your website, what pages in particular they are looking at, how long they are staying, and from where they are being referred. On my website in any given month, tens of thousands of searchers are attracted to the content found on my practice blog, about a thousand find me by searching for keywords related to my practice (with with 90% using Google), and only a few dozen arrive via social media (with Facebook and Pinterest being the two that most commonly appear in the results). In other words, over 90% come to my site because of my blog, less than 10% by searching for me as a potential orthodontist, and less than 1% because of social media. Even if you throw out my blog, over 95% arrive directly from a search engine and less than 5% from all other sources (including all social media). When you look at our referral report for the same period, the referral sources mentioned by patients during the new patient call almost never included references to social media sites. (An important exception is Google My Business which will be discussed shortly.) The take-home message is that most patients are not finding our practices through social media.

Today's patients use social media to keep up with family, friends, and things they like to do. Although they can be persuaded to "Like" you on Facebook or "Follow" you on Pinterest, they are not typically turning to Twitter, LinkedIn, Instagram, or Snapchat to decide who to trust with their teeth. Although this may change in time, most patients find our practices through other sources besides social media. In my opinion, there are only three social media sites that warrant your attention – Facebook, an original website-based blog, and Google My Business.

Facebook is the largest and most frequented social network on the Web. It is estimated that 70% of the patients or parents that are treated in our offices have Facebook profiles and regularly check their newsfeeds. Although they may not currently turn to Facebook to find their doctors, Facebook can be an excellent way to connect with your patients and secure their loyalty to the practice. Facebook is also pushing a new feature known as Graph Search that allows users to ask questions like "Which orthodontist do my friends in Denver like?" If and when this takes off, having a lot of patients who "Like" your practice could finally pay off.



As mentioned above, the number one draw to my website is my practice blog. I have been adding content to it now for over five years, and the effort has paid off. Although very few of the visitors to my blog are potential local patients, Google loves the fact that so many people visit my site. It tells Google that there is information there that is useful, so it continues sending readers my way. That constant traffic helps elevate my position in search results which does benefit me on the local level. In other words, although local patients may not choose me because of what I write on my blog, they can find me easier if my blog content pushes my website up in the search results. One caveat here, be sure that you do NOT plagiarize your blog content. Google's web-bots are smart, and they detect duplicate content. If they discover you're posting information from someone else's blog (or if the owner of the content reports you), Google can actually block your website from search results altogether. That would be a disaster. If you really like an article from someone else's blog, be sure to state clearly where it came from and place a clickable link to the original content. This will be a win-win for both you and the author.

Finally, your Google business listing (Google My Business) is the profile that you provide Google to be included in local search results for your name or business type. It is the information that appears when your patients search for "orthodontist 87124," "Chandler braces," or "Dr. Phil Brenning in South Bend." Although you may not consider Google My Business to be social media, the most visible element of your listing are the reviews posted there by your patients. There is nothing more social than having a former patient share the experience they had in your office with potential patients. Google recently changed the format of their local search results so that your reviews are now more prominent than ever. Whether in the search results or on Google Maps, reviews in the form of star ratings are prominently displayed wherever a prospective patient turns. Although we have had very few new patients mention our business page on Facebook, we regularly have them mention that they were impressed by the Google reviews they found online. (Getting patients to review you is a topic for another article.)

*Although you may not consider Google My Business to be social media, the most visible element of your listing are the reviews posted there by your patients. There is nothing more social than having a former patient share the experience they had in your office with potential patients.*

Although I believe that the social media emperor really is naked (with the exception of Facebook, a blog, and Google Reviews), Internet marketing is an area that is constantly evolving. While Twitter and YouTube have not been major sources of new patients for me in the past, something may change in the future that will completely change my opinion. For now, however, focus on cultivating referrals from your patients (and primary care dentists if possible), making sure that you have an amazing website, and doing just enough on Facebook, your blog, and Google to make your practice stand out.

# GET ME TO THE *Church on Time*

By Dr. Jean McGill

I have treated my fair share of adults in my twenty years of private practice. A funny thing happened recently – I now actually enjoy treating adult patients. I am not sure how or why this shift occurred. What I can tell you is that, more often than not, I am treating these patients on MY terms. If you think about this, it actually makes sense. As knowledgeable professionals, we seek out experts for our healthcare. Why then are we surprised when our patients travel great distances to start or continue their orthodontic treatment with us?

When I had back surgery, my surgeon worked out of two locations – a large teaching hospital in New York City and a small regional hospital in New Jersey. The regional hospital would have been infinitely easier for my husband. My surgeon preferred the NYC hospital. Why? He told me " All of my favorite tools are there." Of course, I had my surgery in New York City. I wanted to set him up for success and have the best prognosis possible. Why do we think that our adult patients are any different?

I will often offer patients multiple options for treatment and discuss the pros and cons of each option. In the past, many patients came to their initial exam with only one treatment modality in mind. It did not matter if it was not best for them. Now after our discussion, I usually hear " I will do whatever you think is best doc. I don't want to have to do this again". If a patient opts for a less than ideal treatment plan, we discuss and document the expected compromises. I try to identify the "real" reason for seeking treatment to determine time frame, potential issues and/or the need for accelerated treatment (PROPEL).

*I recently debonded a young adult female patient named Kerry. About six months into treatment, she became engaged. Our target deadline had now changed, and I was charged with making her look wedding perfect.*

I recently debonded a young adult female patient named Kerry. About six months into treatment, she became engaged. Our target deadline had now changed, and I was charged with making her look wedding perfect. It was doable but a little bit of a stretch. I offered her an early wedding present –PROPEL (on me). I had beta tested PROPEL and continue to use it in a wide variety of clinical applications. I felt that Kerry's situation (narrow arches with crowding) fell into a category where PROPEL worked with predictable success. We used PROPEL twice (twelve weeks apart) to accelerate tooth movement and hasten finishing. As Kerry's wedding day approached, I tried to make things as perfect as possible. We debonded her two days before her wedding day (treatment time-14.5 months). I tried to fine-tune her smile with a little chairside bleaching, incisal edge adjustment and a minor amount of cosmetic bonding. She was thrilled with the result and the fact that we met the deadline for her big day. Kerry has recently referred several friends and co-workers who started treatment with us after seeing her new smile.

Again, this should not come as a surprise. I routinely refer my hairdresser and other professionals to family, friends or anyone else seeking my opinion. Our office often serves as a "one-stop shop" for patients who relocate to our area. They come in for braces and leave

with a pediatrician, family dentist, and hairdresser. So why do we think that our patients behave any differently than we do? Look at your referral reports. You will find that happy adult patients tend to refer on a regular basis.

Adults seek treatment for a variety of reasons. Some were never treated as teens and would like to address their malocclusions or cosmetic issues. Others are treating prior orthodontic relapse. We treat moms who initiate treatment either with their children or as soon as they finish paying for their child's treatment. We treat brides to be and those who are recently divorced (primarily male) and looking for a tune up. We treat adults who would like to have spacing rearranged to facilitate restorative treatment plans and those who would like to have their spacing closed. Most adults tell me that they would like to make their smiles wider and would like to " show more teeth." They would like to return to their youth.

Orthodontic treatment often kicks off a transformation process for many of our adult patients. If you look at photo sequences from the beginning to the end of treatment, you will see very positive changes and not just dental ones. Patients will change hairstyles and hair color; lose weight and have body parts lifted and tightened. Often, what starts as a desire for a better smile ends with a more youthful and attractive patient.

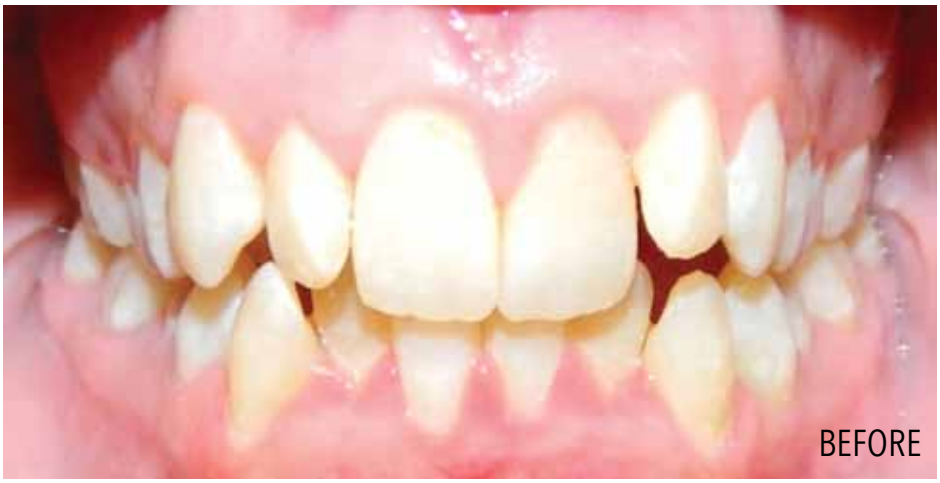
So now that you have attracted all of these great new adult patients (because you have provided such stellar treatment for their friends), what are you going to do with them? What specific changes or accommodations do adult patients need? Some practices choose to provide separate adult reception areas and treatment rooms. Depending on your market, this might be the way to go. If you practice in a metropolitan area, adults might expect a "spa-like" feel. I practice in a very middle class "vanilla" area. We have not altered our reception or clinical space to accommodate our adult patients. I do have private treatment rooms but do not have adults who wish to be treated there. In fact, the fussy child patients sometimes end up in a private room instead of our adults. Our reception area has a well-stocked coffee bar and a great supply of current magazines but otherwise is nothing special.

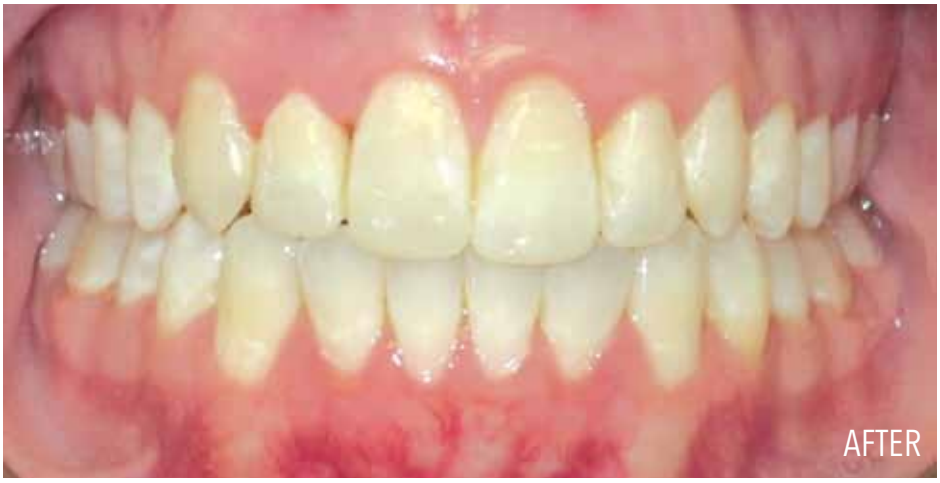
As a busy adult myself, I am especially mindful of scheduling issues involved with the working adult patient. It's all about the schedule. We start our clinical day at 7:30. Our adult patients overwhelmingly choose to be seen at the very beginning or end of our day as many commute long distances to work. Some adult patients will opt to come in right before or after our lunch break. I will generally tell my adult patients the time interval that I would like to see them for the next two appointments so that

they can schedule accordingly. After all, I book my hair appointments a year out to get the times that fit my schedule. As soon as I have a change in my schedule, I call the salon to reschedule. My adult patients treat me the same way. Sure, you will have adults who need to cancel at the last minute due to unexpected travel or a last minute meeting. We have found these disruptions to be minimal, and this accommodation is worthwhile in making our patients happy.

I believe that there is a big misconception about the additional chair time needed to treat adult patients. At every appointment, after engaging in general chitchat, I will update the patient about status. Where we are and where we are heading. We discuss elastics (rationale) and how to tell if the elastics are overworking. I discuss other auxiliaries like bite turbos. Patients are much more willing to go along with certain clinical inconveniences like bite turbos if they understand why they are there and how far the teeth need to move until they can be removed. I have also taken this tact with my teen patients. We seem to get better cooperation when they understand the need for elastics, hygiene and bite turbos.

*Financially, we have found that our adult patients tend to be very profitable for several reasons. We charge them a higher fee based on the premise that they use additional chair time.*




Financially, we have found that our adult patients tend to be very profitable for several reasons. We charge them a higher fee based on the premise that they use additional chair time. Very few of our adult patients have insurance coverage, so we do not need to spend administrative time processing insurance claims on their behalf. Our adult patients tend to have less breakage (except for those with a lot of restorations) and also are generally more cooperative with both hygiene and elastic wear. Our aligner patients use less chair time than our braces patients and most tend to be adults. We offer PROPEL as our pay in full discount to our adult patients in lieu of a bookkeeping courtesy.

We tend to have a better rapport with many of our adults. They shower us with love and gifts (usually food). We have one adult male patient who brings us donuts at every appointment. If his appointment is later in the morning, he will swing by the office to drop them off early and even goes out of his way to get items that are favorites. Now that's service!

All adult patients tend to have a certain shelf life. Sometimes, I find myself negotiating for a few additional months in order to get closer to my treatment goals. But it's not about MY treatment goals. It's about THEIR goals. " I think they look great doc, just take them off." Is often what I hear. If I really think that an early debond is a significant compromise, I explain why and sometimes we continue with treatment and sometimes we do not. Sometimes it is just "Get me to the church on time."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# SmileCareClub: *Where are they now?*

SmileCareClub (SCC) started making noise in the orthodontic world last year, and we went to the source to understand what they were doing—bringing teledentistry to the mainstream—and how they planned to accomplish it. One year later, we wanted to see where they are now, what they've learned over the past year, and what they have in store for the future.

Here is our interview with CEO Doug Hudson.

### Give us a quick recap on what SmileCareClub is and what you're doing.

SmileCareClub is an invisible aligner therapy program that is making beautiful smiles more affordable than ever. We work with a network of endorsed local providers (ELPs) across the country who prescribe treatment digitally to patients through our platform.

Accessibility to information is greater than ever, and consumers now have the tools to make informed choices about their health, including realigning their smiles. We're giving them another option to correct mild to moderate malocclusion.

*We're proud of the growth we've seen over the past year, but we didn't expect to see the volume of rejected cases that we have. Almost one-third of all case starts weren't a good fit for remote treatment.*

Our founding team has innovated in some regulated healthcare industries, including hearing, diabetic and sleep apnea, identifying patient needs and making lasting changes. Through SmileCareClub, we're bringing similar opportunities to the orthodontic world.

### Tell us in a few words what the past year has looked like for SCC.

So 2015 was our first full year really active in the market. It wasn't without its challenges, from capturing accurate dental impressions and getting what we needed for insurance claims to answering to regulatory boards and being faced with litigation.

Despite these hurdles, we've gone from 29 employees at the end of 2014 to 60 people on staff and 40+ contracted employees at the end of 2015. By November, we had more than 150,000 prospective patients in our funnel—people who completed a brief, online smile assessment—and more than 16,000 case starts.

When we last spoke you said, you're not targeting children. Is that still the case?

That is absolutely still the case. We recognize that 90 percent of a private orthodontist's revenue comes from children age 14 and under. We don't accept prospective patients under the age of fifteen. Of the patients who have been treated by ELPs in our network, 84 percent of them are over the age of 18, with almost half falling into the 18 to 29-year-old age group.

### Where have you seen success in marketing to new patients?

When we last spoke, we mentioned a focus on internet and TV with a national scale in mind. While we dipped our toe in the TV waters, this past year has been more internet-heavy. We've really seen a lot of success in reaching patients who can't afford in-office treatment and who like the convenience of teledentistry. We'll be looking to expand on the TV side of things in 2016.

### What have new patient cases looked like?

We're proud of the growth we've seen over the past year, but we didn't expect to see the volume of rejected cases that we


have. Almost one-third of all case starts weren't a good fit for remote treatment. Instead, we referred them for in-office treatment with one of our ELPs—one of the benefits we offer to our network providers.

For those patients who are a fit, and for the prospective patients we expect to encounter in the months and years to come, we've been actively growing our provider network so that we're now just two states shy of nationwide reach.

### How has your provider network grown?

We've partnered with dental professionals in 48 states, with more than 365 offices actively treating SmileCareClub patients. Orthodontists

**ONE-FOR-ONE DENTAL CARE**

When SmileCareClub first got off the ground, the goal was to make a beautiful smile affordable. They've taken that a step further by partnering with Global Dental Relief, bringing much-needed care to impoverished children in Kenya. For every aligner treatment plan purchased, SmileCareClub donates a dental clinic visit, allowing these children to get the cleanings, sealants, fluoride and tooth extractions they need for a healthy mouth.

Global Dental Relief is a 501(c)3 organization that provides opportunities for diverse groups of volunteers to explore the world and bring free dental care and oral hygiene education to thousands of impoverished children each year. To date, the organization has worked with more than 1,500 volunteers to provide over $20 million in donated care to more than 100,000 children.

"Global Dental Relief's work wouldn't be possible without the help of both our volunteers and sponsors, which is why we're so excited to have SmileCareClub come on board," said Kim Troggio, director for Global Dental Relief. "These donated funds will make a significant impact on the number of clinic visits we're able to provide to children through our work in Kenya."

are really leading the charge in teledentistry. To date, orthodontists make up 95 percent of our network. We've been able to help them add a digital arm to their practices, and they've enabled us to succeed by treating the patients. We couldn't do this without them.

We're in the final stages of on-boarding a practice in North Carolina, which makes North Dakota the last state on our list. So if you know anyone, send them our way!

## You mentioned dealing with regulatory boards. Tell us a little more about that.

While we expected some regulatory pushback, we didn't anticipate just how much we'd face. We've had thirteen different states that have looked very closely into our company.

Most of the concerns we've encountered focused on if we were practicing dentistry and orthodontics without a license—we weren't and we don't. Others suggested the patients were doing the work themselves, which is also not the case. But while answering these inquiries has required a good deal of effort on our part, we're glad to see the dental boards are committed to ensuring safe practices for patients. No one wants people moving teeth who aren't trained and licensed to do so.

For us, our business model is built around supporting licensed dental professionals and promoting safe and effective treatment programs that maximize new technologies and the internet. That's the essence of teledentistry. We offer our providers non-clinical business and administrative services and tools that increase access to and reduce the cost of treatment with our invisible aligners.

## Have you seen industry pushback anywhere else?

Unfortunately, Invisalign is at it again. Instead of competing in the marketplace, they're going the litigation route against our product. It's not totally unexpected, given their history, and we're not concerned about their claims. We believe it shouldn't cost a fortune to straighten your teeth, and we're making that a reality despite challenges like these.

There have also been a few constituency groups that have reached out to state dental boards, including the American Association of Orthodontists. There seems to be a fear of making invisible aligners more accessible and affordable,


and they've been the ones raising the most issues among state boards and stirring up some negative press, painting what we're doing as DIY orthodontics. Both the New York Times and the Today Show reached out to us as a result, and that media attention has actually been great for business. We didn't see that coming.

## How have you dealt with the DIY orthodontics label?

First, there's nothing DIY about our aligners. Patients aren't moving their own teeth. The dental impressions are the only part of our evaluation process that the patient does on their own.

Unfortunately, not all of the patients have had success with their impressions. About 85 percent of patients with rejected impressions get them right the second time, but that leaves a full 15 percent who struggle with completing quality impressions. Not only do bad impressions create a bad consumer experience but, they also delay, and sometimes prevent, treatment.

We've tested a number of different ways to try and improve impressions across the board—from changes in instructions to multiple tray sizes to varying the amount of included impression material. We've concluded we need to find a better option than dental impressions.

Because of this unexpected challenge, we're working on pivoting our evaluation process away from an at-home kit to an in-home scan.

## Tell us a little bit more about in-home scanning. What does it look like and how do you think it will help?

We're training dental assistants to go to

the patients' homes or workplaces, where they'll capture the clinical data points our ELPs need to better evaluate patients. These scanning technicians (we call them SmileTechs) use a handheld camera to get a full 3D image of prospective patients' mouths.

We already have SmileTechs active in a handful of markets. By the end of Q1 2016, we're planning to have 25 active scanning markets, with at least one SmileTech in each. By the end of the year, we're aiming for 75 active scanning markets with two SmileTechs per market.

This doesn't just help us combat the DIY label, it takes invisible aligner therapy into the 21st century, by relying on highly accurate 3D optical scans rather than dental impressions. From the business side of things, we remedy the issue of inaccurate impressions. From the orthodontist side, our providers get a better picture of the patients' mouths, which allows for better treatment plans.

### Are there other unexpected challenges you've experienced?

Of course! That's the nature of this business that we're in. On the ELP side, we had difficulty getting some providers to sign patient insurance claims, and we also faced challenges with our technology portal.

### What was the struggle with the insurance claims?

There were concerns around the procedure code for our aligners—the same code that's applied to other invisible aligner brands. We also had some providers who were concerned that by signing off on claims, the full cost of treatment would be reported as revenue for the orthodontist. No one wants insurance fraud, us included!

We addressed these questions head-on by working with one of the foremost dental coding experts in the industry. She conducted some pretty thorough research and analysis on our product and insurance coverage for invisible aligners, in general, comparing our aligners with others on the market. She determined the invisible aligner insurance code very much applies to our aligners.

For the claim filing itself, all claims are clearly marked as "non-assigned." So while the prescribing doctor is signing off on the claim, it's clear to the insurance company that it's the patient, not the provider, who is being reimbursed for the claim.

### What challenges did you face with ELPs on the technology front?

This was one of the biggest hurdles we didn't see coming. As our network has grown, we've discovered the need for a better interface for our provider web platform. Not only does it need to be easier to use, but we need to provide better training and support for our ELPs.

*For us, our business model is built around supporting licensed dental professionals and promoting safe and effective treatment programs that maximize new technologies and the internet. That's the essence of teledentistry.*

We recognized this need fairly quickly and have been hard at work on improving this experience. But it's a little bit like building a plane while in flight. We need to keep going and enable our providers to treat current patients while also looking to the future.

We're planning to launch a new portal for our ELPs by the end of Q2 of 2016. It should improve their experience, making it easier to access and review cases.

### What else was new at SCC in 2015?

Since we opened our virtual doors, we've included complimentary teeth whitening gel as a part of our evaluation purchase, to help consumers feel even better about their smiles once they've finished with treatment. In 2015, we partnered with GLO Science, one of the leading innovators in this space, to provide our consumers with a safe, high-quality whitening option that specifically prevents sensitivity.

### What do the next five years look like for SCC?

This hasn't changed since the last time we spoke. It's our goal to make SmileCareClub a household name as the market leader in short-term remote orthodontics.

When Jordan Katzman and Alex Fenkell had the idea to make invisible aligner treatment from home, Doug Hudson and David Katzman joined forces with them to found SmileCareClub as an alternative to traditional treatment for orthodontic misalignment.

Hudson is the CEO at SCC. His experience leading startups in highly regulated industries with companies like HearingPlanet, DiabetesCareClub, CPAPCareClub, RxCareClub and Songbird Hearing has been instrumental in SmileCareClub's early success. Katzman is the chairman of the board at SCC and a managing partner for Camelot Venture Group, where his investments have included such companies as 1-800-Contacts, Quicken Loans, Sharper Image Online and Simplex Healthcare.

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*—Stuart L. Frost, DDS, Mesa, Arizona*

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# PEOPLE BUY YOU

By Dr. Aaron Molen

Nearly four years ago I was killing time waiting for a flight at the Seattle airport when I noticed a book positioned in a bookstore window. In large letters, the cover of the book yelled "People Buy You." Those three words stunned me with their simplicity. They perfectly summed up a feeling I had been struggling to put into words over the last few months. Later on my flight I kept pondering those three words that would completely alter the way I practiced orthodontics. The book, written by Jeb Blount, is filled with great sales advice and is certainly worth reading, but its title alone is what changed the course of how I saw my role as an orthodontist and the mission of our practice.

Let's step backward for a moment though and create some context. Like many orthodontists, I had developed a toolbox filled with tools that had been marketed to me as the latest and greatest. Also, like many orthodontists, I had come to believe that the tools in my toolbox made me a better orthodontist. Many of these tools had brand names with lots of marketing dollars behind them proclaiming their superiority over other tools. Similar to many orthodontists I happily explained the amazing properties of my tools to potential patients during their consultations and filled my waiting room and website with literature extolling my tools' virtues.

Unbeknownst to me I had become a tool of my tools. Instead of emphasizing the skill of the artist I was glorifying the paintbrush. In retrospect, it's clear how foolish that approach was but in reality this is a common disease among our profession. In the six months before seeing that book in the bookstore window, I had begun to break out of my self-imposed box. During consultations, I had begun to focus more on explaining my skills as an orthodontist while deemphasizing the role of the tool. At the time though this approach felt awkward, unnatural, arrogant, and the exact opposite of what I had been taught. That is why the timing of my chance encounter with Jeb Blount's book was so crucial for me. I had been vacillating between the old approach and my new approach and the three words, "People Buy You," finally pushed me over the edge to explore the world outside the box.

*When I embraced the people-buy-you-mentality, I began noticing dramatic changes in my consultations. First, and foremost, they started getting a lot shorter.*

The people-buy-you-mentality opens up a whole new world of possibilities but requires a paradigm shift. First of all with this approach you must be confident - not cocky, not arrogant, but 100% confident. The line between arrogance and confidence is a fine line and by my own admission I've stumbled over it several times. But as you walk that line you'll begin to understand better its boundaries and nuances. Secondly, you must believe that you have the skills to meet your patients' expectations. Personally I hope that every orthodontist in the world believes they have those skills - even if my treatment philosophy and theirs don't align. If you don't feel confident that your skills are refined to the point that you can confidently meet your patients' expectations, then continue to seek out opportunities to sharpen your saw until you do.

When I embraced the people-buy-you-mentality, I began noticing dramatic changes in my consultations. First, and foremost, they started getting a lot shorter. Before my epiphany, my consultations could ramble on for 15-20 minutes, and in the most egregious cases upwards of 30 minutes. This was all done in the name of 'protecting against the second opinion' and proclaiming superiority. In reality,

both of those approaches are an attempt to mask a lack of self-confidence and ultimately just undermine you.

My long consultations were filled with the things I thought the patient wanted to hear. I spent plenty of time extolling the virtues of the tools in my toolbox. Additionally I made sure that I followed all of the scripting I'd been taught in courses to 'set my treatment coordinators up for success.' The irony is that the longer I rambled on, the less opportunity my treatment coordinators had to be successful. Most people come in for their consultations with one question – How will I pay for this? Very rarely does anyone come in wondering – Are my teeth crooked, and if so, how will they fix them? The more time I wasted focusing on what I thought was important, the less time my treatment coordinators had to address what the patient considered important. I certainly still believe that scripting is important, but I've customized it to meet my needs and my personality because one size does not fit all.


The second change I noticed was that I began to connect better with prospective patients during the consultations. That's not to say that I hadn't previously spent time getting to know my patients and connecting with them. But it was often shoehorned into the beginning of the consultation to spend more time explaining how my tools worked. Once I let go of the tools and instead changed my focus to the patient the tone of the consultations changed. Instead of long, drawn-out consultations filled with measurements and classifications we moved to a more personal knee-to-knee exam.

The beauty of the knee-to-knee exam is that it lent itself to a more natural discussion of the patient's expectations. This would lead to a conversation about how I could help them meet, and often exceed, their expectations. These consultations were less stiff and allowed for a deeper connection to be made with the patient. This new found focus on what was really important also resulted in shorter exams. I now find my exams lasting around 5 minutes, or 7 on the long end, without feeling rushed. I discovered that it's not the quantity of time you spend in the exam that matters – it's the quality of the time.

Now just to be clear I still have tools that I prefer to use over others. I still feel that the paintbrushes I choose to paint with play a role in helping me paint the picture I envision. But those tools can be found in offices other than mine. Those paint brushes are available for purchase at any store. Ultimately the overemphasis on tools is what encourages patients to shop around and commoditize our services. When we fall into the trap of advertising our tools over ourselves, we become our own worst enemies.

The first step in embracing the people-buy-you-mentality is to define who 'you' are. This may seem idiotic but is extremely crucial. Defining who you are goes beyond your personality, sense of humor, treatment philosophy, and wardrobe choices. To determine who you are you must first 'start with why.' Simon Sinek's TED talk on 'Start With Why' highlights the importance of knowing why you do things. (If you've never watched it before do a quick web search and watch the 18-minute video immediately.) A simple analogy is that your 'why' should match your mission statement. It still surprises me how many people personally and professionally lack a mission statement. Though our office had possessed a mission statement for well over a decade, we decided that it was time to revisit it to ensure it aligned with why we did things the way we did. Redefining our mission, and by extension our vision and values allowed us to communicate our 'why' to our team and patients in an easy to comprehend format.

Defining your mission and 'why' is a critical piece to the people-buy-you-mentality because ultimately the YOU in 'People Buy You' isn't actually you. It's your culture! Just imagine the disaster that would be created if the YOU in 'People Buy You' was actually you. Your ability to ever bring in an associate would be hampered. Your goal of scaling up would be thwarted because YOU don't scale. That's why it is so crucial that your YOU is your culture which is driven by your mission.

Everyone's culture will be different but different is good. Different is also scary, and it is human nature to seek out people

we respect and trust to copy. But just because you trust and respect someone doesn't mean their culture will be a good fit for you, your team, or your mission. Too often we work hard to copy others or compete with others when in reality we should only compete with our own potential.

Culture is tricky because it cannot be faked, or at least not for very long. Every office has a culture whether they know it or not. It may be a negative culture driven by a cult of personality leader and high turnover. Positive cultures are created when missions are defined, and the actions of the doctors and team match their stated mission, vision, and values. When actions begin to misalign with the mission, the culture begins to sour and erode. For this reason, the mission and culture must be protected at all costs.

*If you take the time to define your mission, refine your culture, and embrace your 'why' the new found confidence will quickly spill over into your consultations.*

If you take the time to define your mission, refine your culture, and embrace your 'why' the new found confidence will quickly spill over into your consultations. You'll feel comfortable connecting with your prospective patients and leaving them with plenty of time to discuss finances with your treatment coordinator. They will have already experienced your culture in their first phone call to your office, and when they first stepped into your office, and when they had their records taken, and again when you finally stepped in to the consult room. Hopefully by that time they've already decided to buy YOU before they've even met you and your time with them will be a mere formality. So relax and get to know them. Discover what their true concerns and expectations are. You won't need to stay in there very long because they will have already bought you, your team, your mission, and your culture.

# THE FAST CAN MAKE *you* FURIOUS!

By Dr. Derek Bock

In the age of increased access to technology, in all aspects of our lives, we've fallen victim to instant gratification. The world no longer wants to wait for things to happen…it's got to happen now!! Not only do we want it to happen now, but we want the results that we were accustomed to in the past. The Jury is still out on whether or not the technology actually makes our lives easier and more efficient while keeping the end product comparable to its predecessor. The fact of the matter is that our entire patient population expects more in a shorter amount of time. Hence, we've seen a surge of orthodontic acceleration hit the market in the last year; some with a science backer and some without.

Every day we're faced with the real decision of whether to keep practicing the same way or attempt to meet the demand of the times and produce the results faster. Here's my attempt at fast, comprehensive treatment, outside my comfort zone of the meticulous manipulations that I've built my reputation around.

## DIAGNOSIS AND ETIOLOGY

The patient, a 24-year-old Caucasian female, had a convex facial profile, a Class II subdivision malocclusion, and excessive display of large buccal corridor spaces. Her chief complaint was a narrow smile and flared teeth. Cephalometrics show that she has a mild class II skeletal relationship with proclined and protrusive maxillary incisors as well as proclined mandibular incisors. Her maxillary intermolar width measured 32.1 mm with an excessive compensatory curve of Wilson in the mandibular arch. She appeared to be a thin biotype, and was already experiencing uneven gingival margins on her maxillary anteriors due to localized recession.

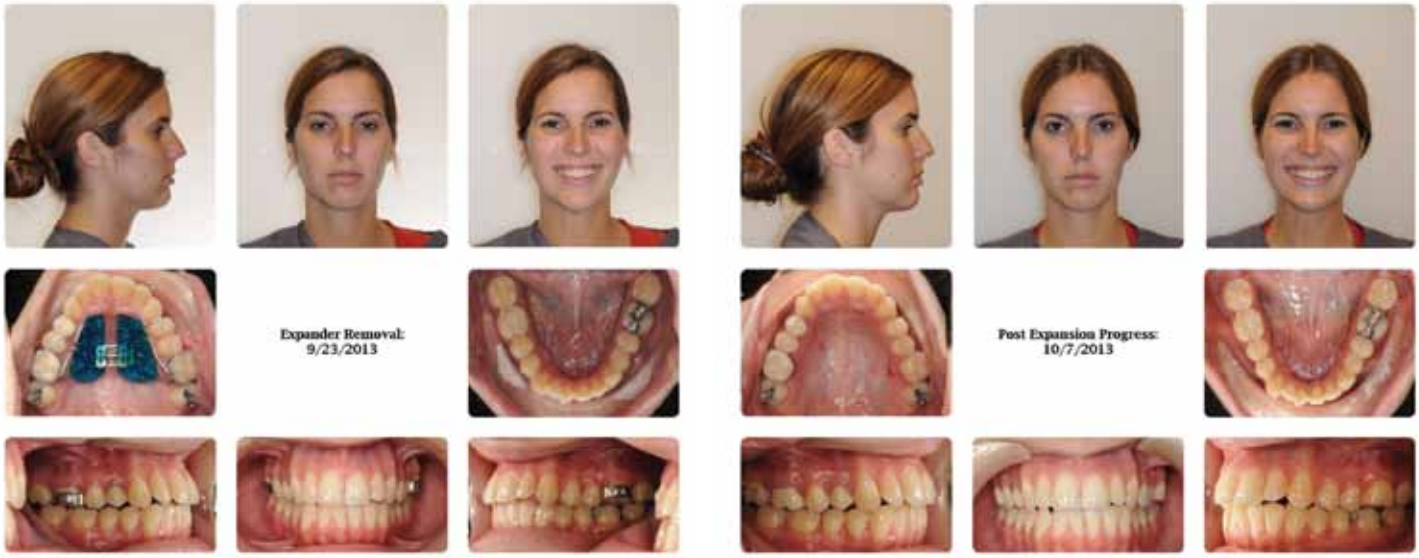
## TREATMENT OBJECTIVES

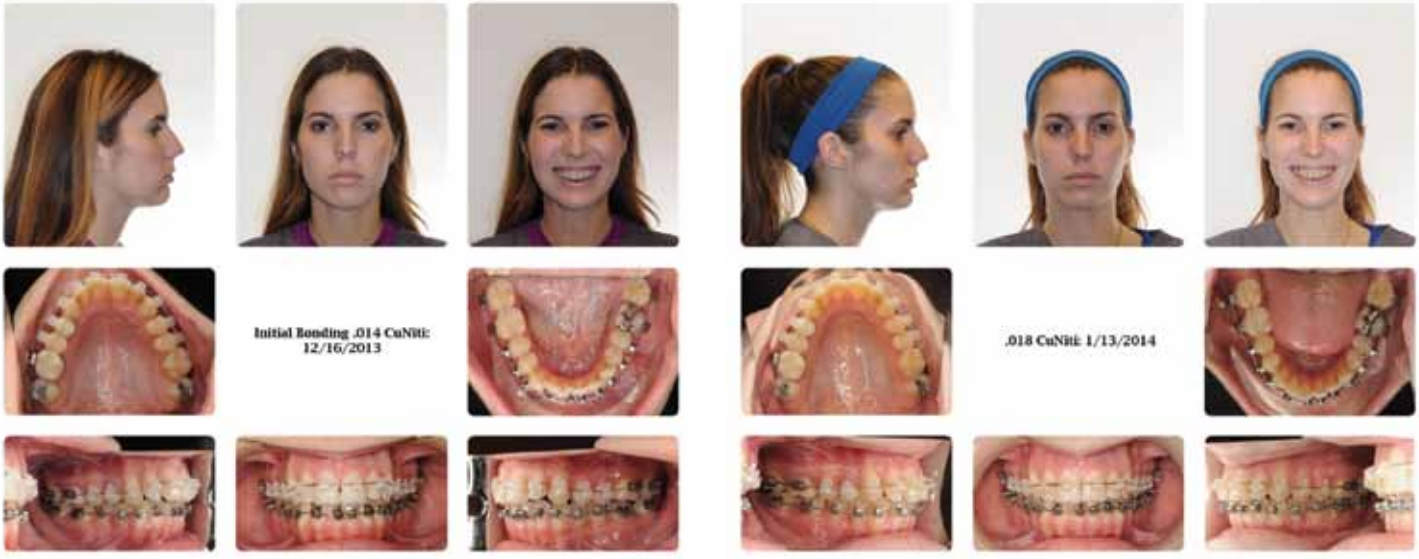
The primary treatment objectives were to increase smile width and upright maxillary incisors while protecting her smile arc. Maintenance of her class I occlusion in the right segment and improvement of her class II malocclusion on the left were secondary objectives. The patient wanted as much improvement as possible and required that her braces be off by 9-4-2014 for a wedding, NO EXCEPTIONS!!

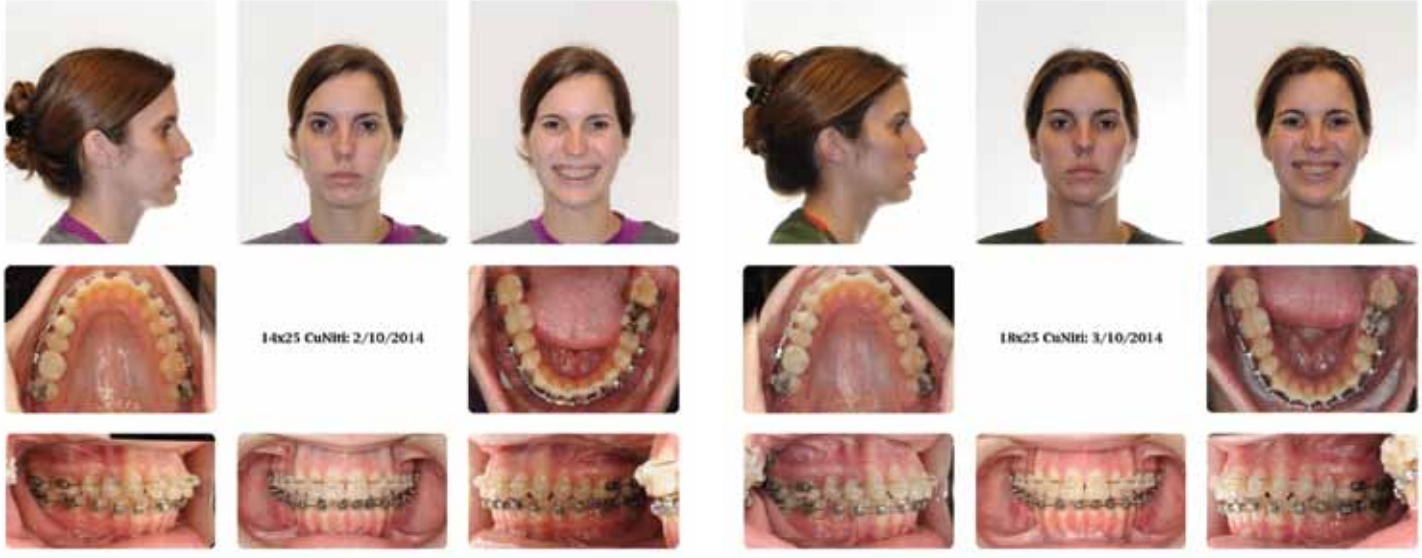
## TREATMENT PROGRESS

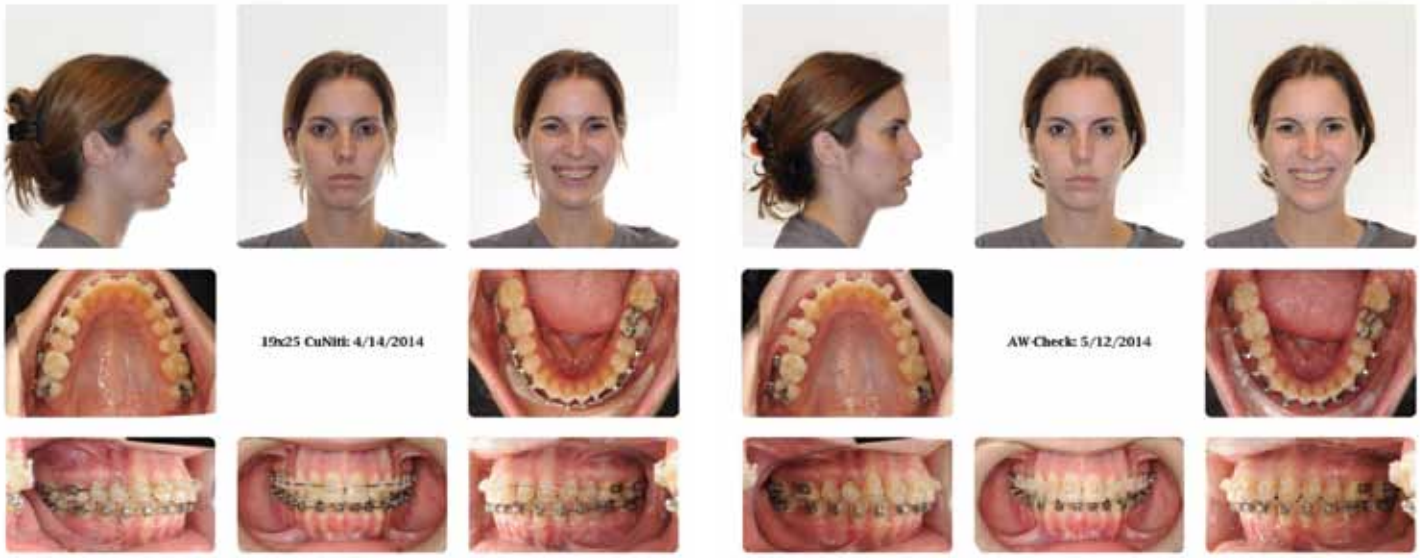
Full progress records were taken at all clinical visits.

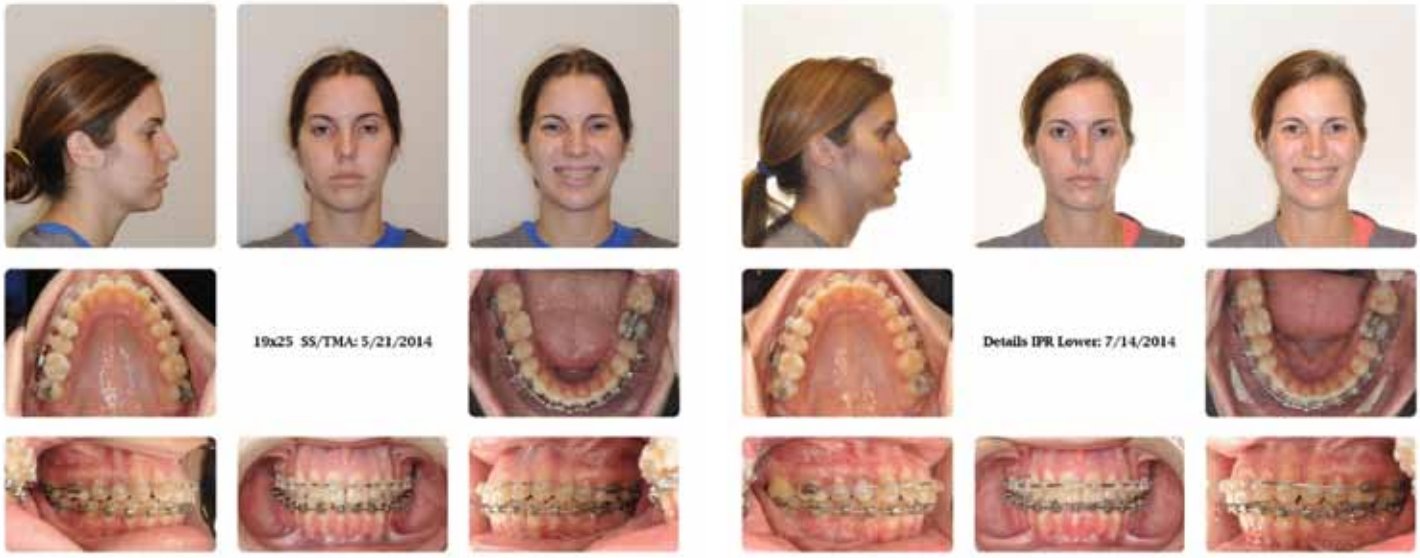
The patient started treatment on 6-17-2013 with a Haas expander for slow palatal expansion. 1-Turn every 3-days until 21-turns were completed. She was

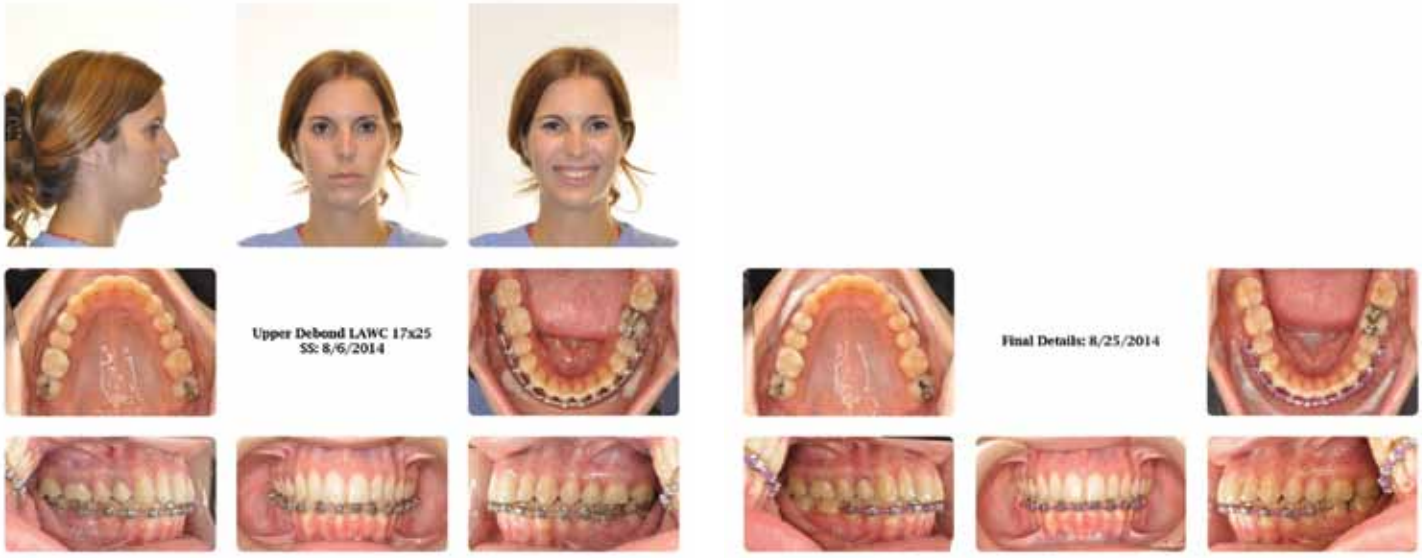

Expander Removal:
9/23/2013
Post Expansion Progress:
10/7/2013


Initial Bonding .014 CuNiti:
12/16/2013
.018 CuNiti: 1/13/2014


14x25 CuNiti: 2/10/2014
18x25 CuNiti: 3/10/2014


19x25 CuNiti: 4/14/2014
AW-Check: 5/12/2014


19x25 SS/TMA: 5/21/2014
Details IPR Lower: 7/14/2014


Upper Debond LAWC 17x25
SS: 8/6/2014
Final Details: 8/25/2014


reappointed in 12-weeks to have the expander removed and passive holding of expansion with a .045 essix with full palatal coverage. The patient was digitally scanned, and her case was submitted for Insignia custom PSL.

An account of appointments dates and a summary of mechanics:

6-17-2013: Haas delivery, 1 turn every 3 days for 21 turns total

9-23-2013: Haas removal, immediate essix delivery

10-7-2013: Lythos Insignia Scan

12-16-2013: Full Insignia bonding, U/LAW .014 CuNiti, U3/L46 Quail elastics full time

1-13-2014: U/LAW .018 CuNiti, Continue elastics

2-10-2014: U/LAW 14x25 CuNiti, U3/L46 Rabbit elastics full time

3-10-2014: U/LAW 18x25 CuNiti, U3/L46 Impala elastics full time

4-14-2014: U/LAW 19x25 35 degree Niti, Continue elastics

5-12-2014: Archwire Check

5-19-2014: UAW 19x25 SS, LAW 19x25 TMA, IPR U3-3 for black triangles

6-9-2014: Details

7-14-2014: Details, IPR L3-3 for black triangles

8-4-2014: Debond Maxillary arch, LAW 17x25 SS with details

9-4-2014: Debond Mandibular arch

9-15-2014: Final Records, Retainer delivery

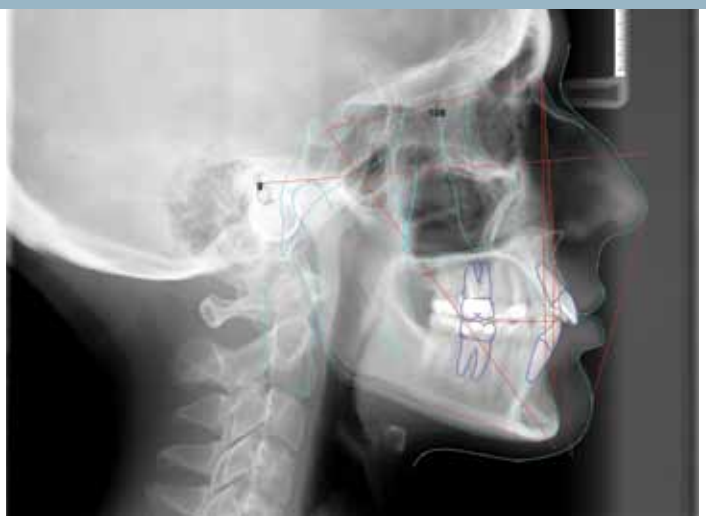
## TREATMENT RESULTS

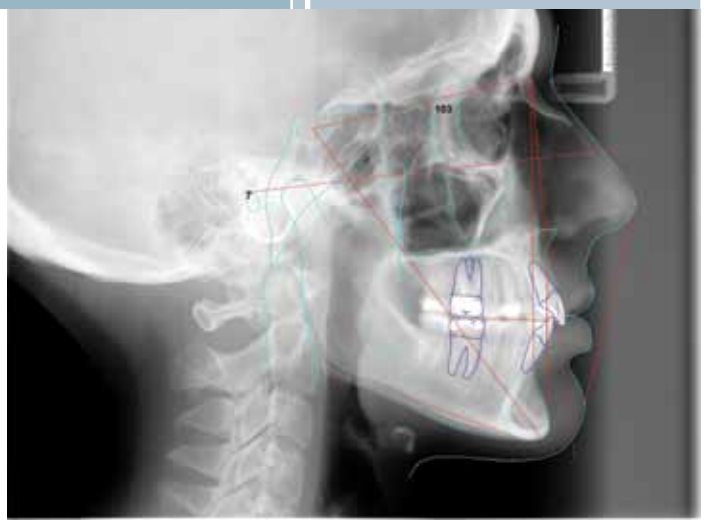
Her constricted maxillary arch was initially expanded from 32.1 mm to 38.3 mm with a Haas Expander. The entire case was built around maintaining the molar expansion and getting premolar lateral development to match. Her maxillary incisors were retroclined and retracted. U1-SN went from 107.7 to 102.9 degrees, and U1-APog went from 6.7 mm to 5.6 mm. Mandibular incisor position was relatively unchanged aside from de-rotating the LR1 through the labial plate(oops!). L1-Mpa went from 96.8 to 98.4 degrees, and L1-APog went from 1.4mm to 2.3mm. The class I occlusion in the right segment was maintained, while the class II occlusion in the left segment was improved but not idealized. Midlines were camouflaged with asymmetric IPR. Her smile arc was protected, and she maintains a relatively consonant smile.

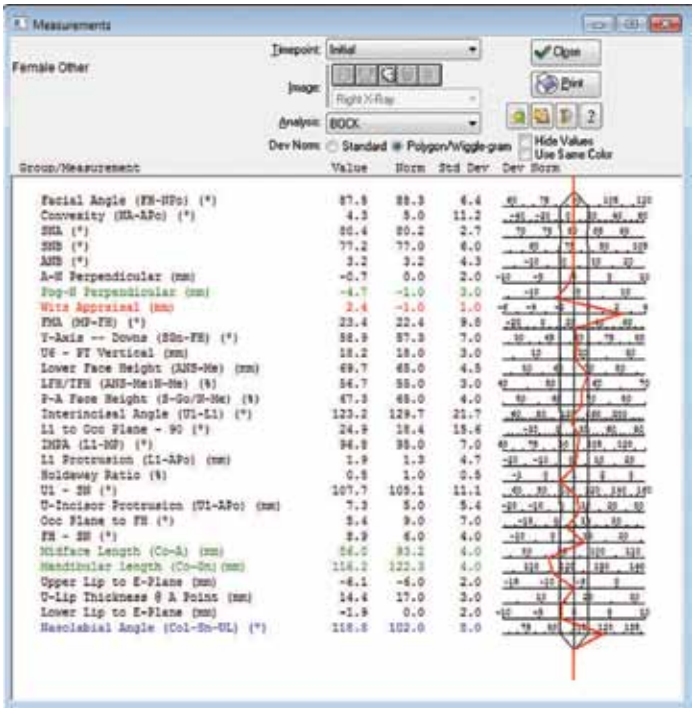
## DISCUSSION

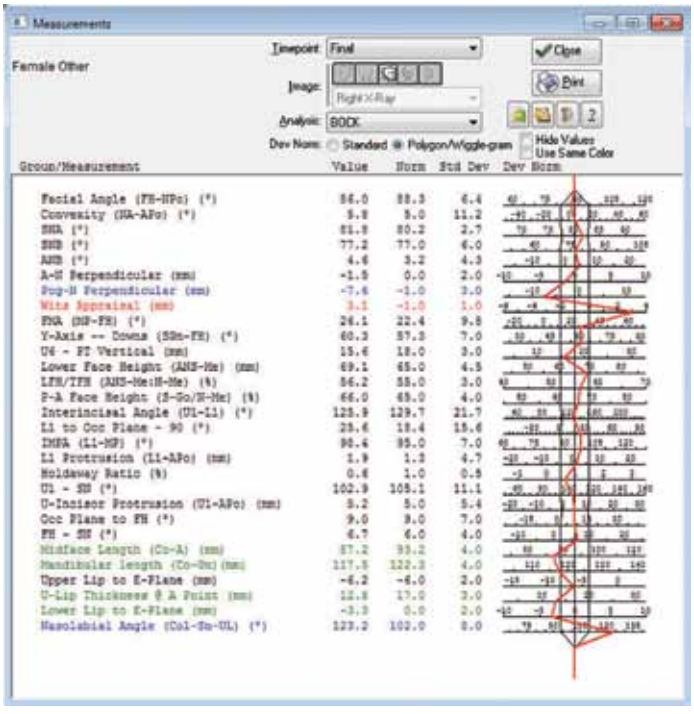
The entire treatment interval was 15 months from start to finish; the last nine months in braces. An entire month was lost while waiting for her Insignia case due to a delay in fabrication. 15 total visits; 12 while in braces. In a relatively thin biotype, this case pushed the boundaries of dental expansion in a short amount of time. Besides the blatant strip perforation on the LR1, there are no outward signs of overpowering the biologic system. This case was treated without osteoperforations and/or mouth vibrations. One could make an argument that current rationale for appointment intervals is based not on biologic

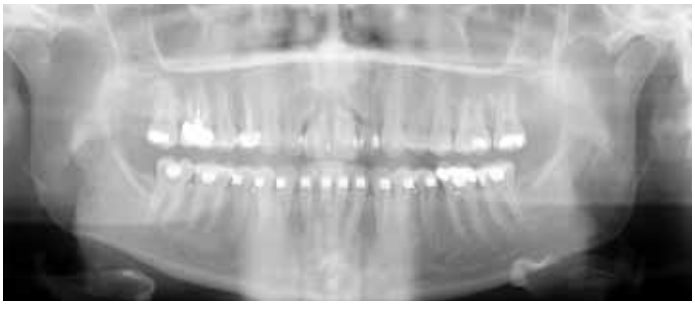
*One could make an argument that current rationale for appointment intervals is based not on biologic sensibility but rather financial contract restraints; if I finish too fast the patient won't pay their bill!*

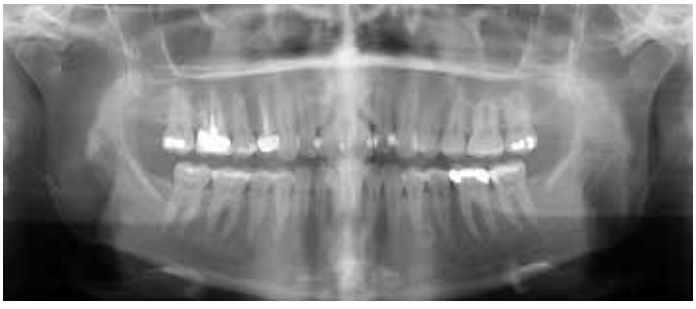








sensibility but rather financial contract restraints; if I finish too fast the patient won't pay their bill! I'm not advocating the use of expensive technology and decreased appointment intervals across the board in your practice unless you have a capacity problem AND an affluency problem. I could get the same or better results with direct bonded Damon PSL brackets in the same amount of time. This case merely exhibits the possibilities of using efficient treatment planning and shortened appointment intervals; producing similar results FASTER! For more pragmatic orthodontic clinical discussions come over to my group www.facebook.com/groups/PragmaticOrthodontics.

# HOW TO DEAL WITH *Employee Excuses*

By Andrea Cook

As the doctor or manager in your practice, you'll realize pretty quickly that excuses are like clockwork—at the very moment when a report, meeting, or assignment is due, they'll come pouring in: "I didn't have time," "I just have too many other things on my plate right now," "I never learned how to do that," and the list of excuses goes on.

And while steam practically pours out of your ears at these weak excuses, it's tricky to know exactly how to react. Between needing just to get the work done as quickly as possible and feeling a twinge of sympathy that maybe your team member really does have too many projects on her plate, you probably respond with some version of, "That's OK. I'll just take care of it."

It is often easier to be a pushover and learn the hard way that when you get into the habit of accepting excuses like this, your employees will be quick to walk all over you and your authority.

Setting clear expectations is the first step in getting rid of these excuses. People do better when they know exactly what results are needed and the ways to get there. Mismatched performance expectations often cause problems in our professional relationships and require a lot of time and resources to fix. A work expectation needs to be specific and describe what is expected. How specific a work expectation needs to be depends on the level of the team member.

A clear understanding of the project or task is critical to the success of the outcome. The first step in setting expectations is to describe the job or task to the team member and establish a clear set of objectives for each task. No matter what type of task you're delegating, make sure to take the time to clarify all objectives for the task. Doing so can proactively protect against the possibility of miscommunication or a failed execution of the task. If you're not properly stating a purpose, possibly a method, and the desired result, then you may not be giving the right "vision" to the employee. Remember, they aren't you, they don't have the same stake in the outcome that you do, and you need to make them take ownership. If the expectations aren't clear, the outcome will surely be unclear as well.

After a full understanding of the project or task, ask the team member what training or assistance they will need to complete it. Assigning them a task without the tools to complete it is surely a recipe for failure.

When setting clear expectations for goals, projects, or tasks, one of the most important points to convey is when you expect completion. Construct a timeline. Timelines keep people focused, and hold team members accountable. When the established completion date arrives, and a project is not delivered as promised, the excuses may start to appear.

Here are a few ways to push back against excuses—strategies that not only made your life easier but helped create an overall culture of accountability among your team. The next time those excuses roll in, try this.

## Stop saying, "That's OK."

I can be difficult when a team member walks into your office, shoulders hunched and puppy dog eyes in full effect, and wants you to lend a sympathetic ear. So, when she explained, "I've been so overwhelmed with my other work lately—I just didn't have time," It can be very hard to muster the gumption to respond with anything except, "Oh, that's OK."

The same thing happened when someone didn't know how to pull the numbers for a certain report, couldn't get a letter out, or just had too crazy of a night to make into the office on time the next morning. It is easy to fall into the same trap and repeat it again: "That's OK"—even though these excuses were far from acceptable.

So, take the first—and incredibly important—step toward keeping your team members accountable: Stop saying "that's OK." It's an easy phrase to blurt out as a natural sympathetic response, but what you're really conveying is that it's completely acceptable to make excuses for bad behavior. Is that really what you want your team to think?

## Instead, Express Disappointment

Of course, you also shouldn't take it to the other extreme and lash out abrasively.

Instead, channel your childhood: When you did something wrong, you didn't necessarily dread your punishment (although being grounded for two weeks was a serious drag)—more than that, you feared that ominous phrase: "I'm so disappointed in you."

You don't need to use those exact words, but you should convey a sense of disappointment when an employee produces an unacceptable excuse. Explain exactly how what she did (or didn't do) impacted you, the team, and the office as a whole: "I was really counting on you to have the monthly emergency report finished by this morning, Megan. Since we don't have it, the rest of the team is really going to have to scramble to pull those numbers."

When your employee realizes that her oversight didn't only affect her—but her entire team, too—she's much more likely to pull it together next time.

It is also important to determine if there are any legitimate issues that need to be addressed. It can be tricky to separate an employee who truly doesn't have the right resources, time or training to complete a project from an employee who just won't put forth the effort to ask for help—but it's up to you, as a manager, to dig in and find out.

While it's important to guard yourself against becoming a pushover—if you view every excuse as a lazy employee trying to get out of doing his or her work, you may be ignoring some legitimate issues.

## Set Expectations for Next Time

Once you've sorted through explanations, motivations, and deeper issues, set clear expectations for the future. Whenever an employee comes to you with an excuse, don't just wave it off and hope that it doesn't happen again. Ask some key questions to set clear expectations:

What is your next step to get it done?

When are you going to do it?

And last, can I count on you to get it done?

Dig in, ask the tough questions, and show your team that you're serious about their work and success. Over time, you'll convey that you won't settle for anything less than the best—and your employees will realize that there's no room for excuses.

Everyone makes excuses. We get behind; life gets in the way, whatever. We all come up with reasons we couldn't deliver on time for tasks that were assigned to us. But sometimes those delays do cause problems with the practice we are trying to run successfully and make profitable. Sometimes those employees have reached a point where they are making far too many excuses and probably not helping your organization anymore. At least they aren't helping it as much as they may be hurting it. When you reach that point, you may need to take some action.

# MAKE A DIFFERENCE IN THE ULTIMATE VALUE OF YOUR PRACTICE!

## *Small Things Matter; Questions to Consider!*

By Chip Fichtner

I was honored to speak to the 250+ doctors at the inaugural MKS Forum in Dallas last month— a great event focused on the business of orthodontics. Don't miss 2016! The only wires I have bent are on engines, and practice management is not my forte, but in my day job, I am the Marketing Director of TruDenta. However, I have been lucky enough over the last 30 years to have bought and sold a number of companies. There are similarities invaluable "practices" and valuable companies, which may be relevant and helpful to you, and they are all simple to execute now.

### 1) Do You Actually Own Your Intellectual Property?

If you don't own it now, spend the $8.00 to buy your personal domain name. www.Dr.JohnDoe.com. Why? You really don't want someone else to own this, do you?

Do you own the domain name to your practice? Or does your site provider own it? Have you registered your practice name/brand as a Registered Trademark? Depending upon what it is, you probably should. You may want to license this to a buyer of your practice, or they will want to own it. You need to own it first.

*Every marketing initiative you have should have a dedicated phone number and landing page. You should be tracking the results and do more of what works and less of what does not.*

### 2) Who Owns Your Phone Number?

Many companies that help you with your marketing will supply phone numbers. This is great for tracking the sources of your callers. However, you will be better off if you own the main number of your practice, rather than someone else "lending" it to you. You can point tracking numbers to your owned phone number.

### 3) Are You Tracking Every New Patient Source?

When did you last look at a report outlining the source of phone calls to your practice and the source of inbound inquiries from your internet marketing? Every marketing initiative you have should have a dedicated phone number and landing page. You should be tracking the results and do more of what works and less of what does not. This is something you should be looking at monthly: what is working, what is not and why? What are you changing every month? If you are not testing new marketing approaches, you are not trying to grow your practice!

### 4) What is Your Growth Rate?

Believe it or not, someday you will need an exit strategy. Whether it is for a sale to a competitor, an associate or even a family member, at some point you will need to have a valuation discussion with someone. Your Earnings Before Interest, Taxes, Depreciation and Amortization

(EBITDA) is a key number, but more importantly: is your practice growing? If so, at what rate? From what services and new patient sources? Theoretically your EBITDA should be growing faster than your production. The more you produce, the more your margins should increase, and thus your EBITDA should be growing. Is it? Do you know what the growth rate is? Do you have a written plan to grow it over the next one, two, three and five years? You should.

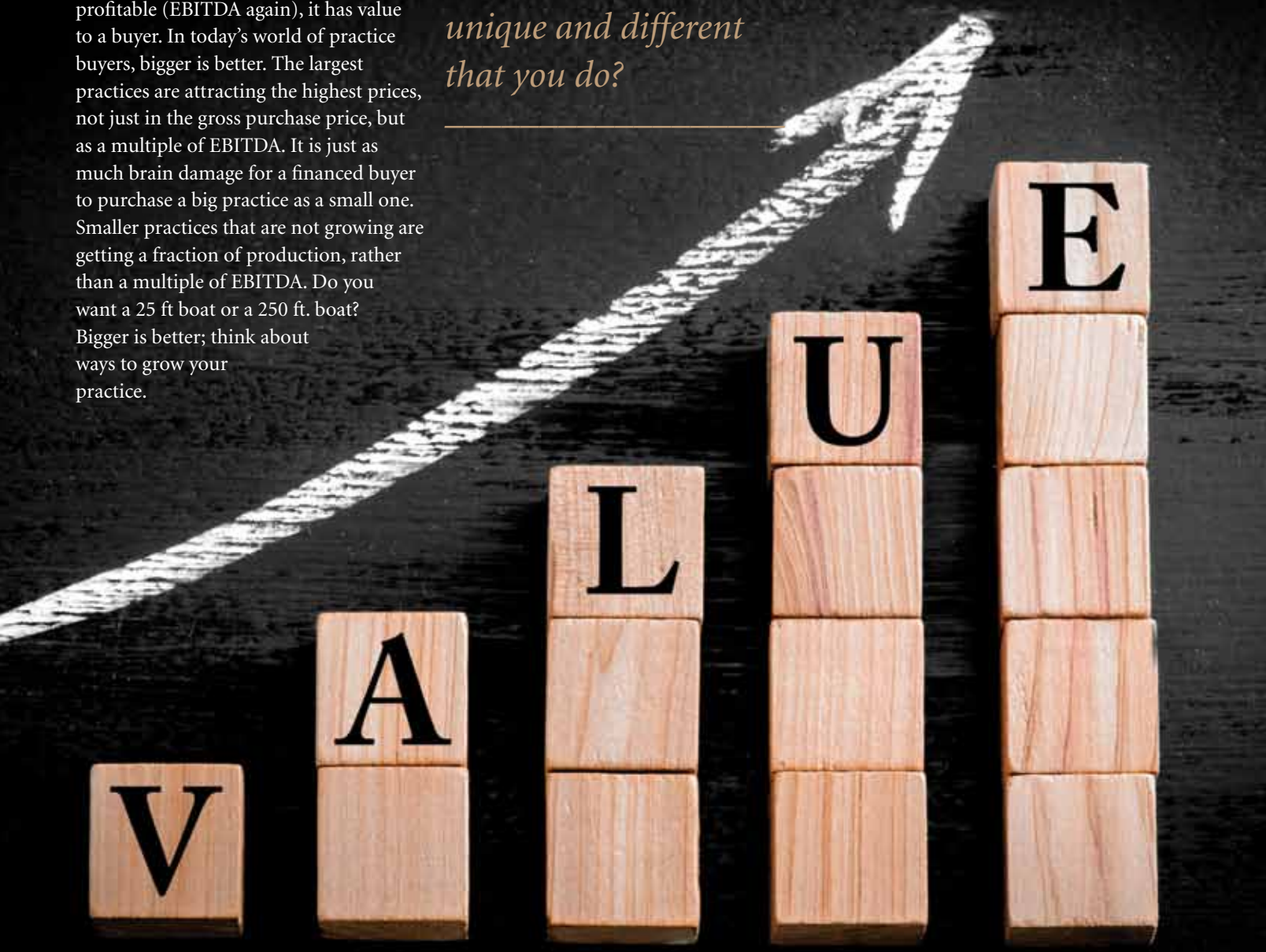
## 5) How Big is Your Practice?

Assuming your practice is growing and profitable (EBITDA again), it has value to a buyer. In today's world of practice buyers, bigger is better. The largest practices are attracting the highest prices, not just in the gross purchase price, but as a multiple of EBITDA. It is just as much brain damage for a financed buyer to purchase a big practice as a small one. Smaller practices that are not growing are getting a fraction of production, rather than a multiple of EBITDA. Do you want a 25 ft boat or a 250 ft. boat? Bigger is better; think about ways to grow your practice.

*You are a local business and a part of your community. When is the last time you sent out a press release and followed up with a call to your local media outlets about something unique and different that you do?*

## 6) What Makes Your Practice Unique and Most Valuable to a Buyer?

Yes, being an orthodontic specialist and board certified is good, especially when competing against the growing crowd of "orthodEntists." Nevertheless, if your practice is to have ultimate value to a buyer, it must be branded and unique. One of the things that make practices less valuable to a buyer is its tie to you.



A buyer of the practice will ultimately have to run your practice without you. If your practice is all about you, and not about its standalone brand, it will most likely have less value to a buyer. Remember the question: "What happens to my practice if I get hit by a bus?"

## 7) Your Internet Presence, Two Critical Points: Are You Aware of Both of These?

Two simple items are a must, and most practices still don't do them: patient video testimonials and a mobile friendly website.

Doctors who utilize TruDenta all get my personal admonition to have BEFORE and AFTER patient video testimonials on their websites. It is not about what the patient says, but ALL about the patient's appearance and attitude before and after TruDenta care or orthodontics. The beautiful smiles you create with orthodontics are meaningless if the patient is in pain and not smiling! Over 90% of the orthodontic websites I look at every day do not have video testimonials. Take advantage of simple technologies like YouTube. If you are not putting video testimonials on your website, you are missing the boat. And if you are not actively engaged on Facebook, you are a dinosaur. Sorry.

Over 50% of the patients considering your practice are visiting your website from their mobile device today. IF your site is not designed from scratch to be mobile friendly, you are doomed. It's blunt but true, and it's an easy fix.

## 8) PCD Referrals: Are You Going After the Biggest Sources?

There is deservedly much teeth gnashing on this topic, but did you know that 75% of all orthodontic cases still cannot be treated with clear aligners? Sure, some "orthodEntists" are also offering conventional braces, but the great majority (95%+) is NOT! Someone is still getting referrals, and the big "evil chains" are referring out a lot of orthodontic care to specialists like you. Did you know that as of November 1, 2015, Heartland still only had NINE orthodontists in 690 offices nationwide? What other services can you as an orthodontist offer that would earn PCD referrals as the only specialist in town offering a specific care option?

*The beautiful smiles you create with orthodontics are meaningless if the patient is in pain and not smiling! Over 90% of the orthodontic websites I look at every day do not have video testimonials. Take advantage of simple technologies like YouTube. If you are not putting video testimonials on your website, you are missing the boat. And if you are not actively engaged on Facebook, you are a dinosaur. Sorry.*

## 9) Do You Get Local Media Coverage Every Quarter?

One of the items we counsel TruDenta doctors on every day is the value of their local media. Local media is desperate for stories on local businesses. The daily or weekly newspapers, lifestyle magazines, network affiliates, radio stations, and local internet sites are eager to cover local businesses. Very few orthodontists approach them properly or at all. This is easier in smaller cities, but can be done anywhere.

You are a local business and a part of your community. When is the last time you sent out a press release and followed up with a call to your local media outlets about something unique and different that you do? If you offer them a story on something new and newsworthy, they will typically be eager to cover it. The BEFORE/AFTER video testimonials are critical to this coverage. Locals can see their fellow locals— your patients— talking about YOU!

Virtually every time a TruDenta equipped doctor gets a local media story, they end up with new patient waiting lists! This is true in small towns and large. A doctor in a town of 8600 people got 30 new patients from a simple, weekly newspaper story. A doctor in a mid-sized city had a 100+ new patient waiting list after the local FOX affiliate interviewed a couple of his patients.

Local media coverage is easy if you do it correctly, and it is my favorite four letter word: FREE! This is an easy way to get margin enhancing growth, build your brand, differentiate yourself from the PCD's and create long-term value for your practice.

It is time to cover the basics and think out of the box. You can grow your practice and EBITDA every year if you make it a focus for you and your team! Start now, you will be glad you did.


# BUT I WANT IT!

By Dr. Jeffrey M. Shirck

My dad once told me, "if you can understand the difference between a 'need' and a 'want', you will be very successful in life." Understanding the difference, while important, is only half of the equation... you have willing to implement it in your life. "Keeping up with the Joneses" has been taken to a new level with the constant bombardment of material items shown on social media. Our "worth" in society seems to be measured by material possessions, rather than being celebrated for living pragmatically. When I was finishing orthodontic residency in March 2009, the DJIA hit the bottom of the collapse, bankruptcies were everywhere, foreclosures were happening to entire neighborhoods, and people were finally confronted with the meaning of "want" vs "need." I opened my doors for business April 2009, so obviously not the best timing. At the time, the economy seemed like an unfair inescapable obstacle that was going to ruin me from the start. However, I believe my success at this point in my career is due to learning the "need" vs "want" scenario early. This concept has helped shape my practice and my approach to patient management.

As orthodontists, we are constantly getting bombarded by everyone out to make money for themselves off your back. For the young doctor starting up from scratch, "You HAVE to start up with a Taj Mahal office, have you seen what your competitors offices look like?!?! Go big or go home! The moment any prospective new patient steps in here, if you don't look the part, you will not get them as your patient. You need CBCT, a digital scanner, and custom brackets with custom wires to separate yourself!!!!" It's hard to believe that these sales representatives, who are so nice and are your friend and bought you a dinner a fancy steakhouse, would not have your best intentions on their mind. The sad truth is that they usually don't. Their training is not in how to maximize your

office efficiency, make you more income, grow your practice, or make you a better orthodontist...it's to sell their product, hit their sales goals, make their commission, and hopefully be in the top 5% of reps in the country so they get an all expenses paid trip to Hawaii. Take emotion out of it; is it a "need" or a "want"? Some of the orthodontists whom I consider the best in the country do not own a CBCT, do not do a digital scan so they can make custom brackets with custom wires with custom pads on every patient, and do not routinely place TADs on routine cases. These cool technological advances are very nice, but in most cases they rarely make a difference in treatment outcomes. If you have money to burn, having that technology makes you happier or more invigorated to work, or enjoy the adulation of being a KOL for companies or speaking in front of your peers, then by all means buy it. However, understand the impact these purchase decisions will have on your bottom line!

When starting up from scratch, cash flow is everything to your success. Early on you will have very few patients, and the patients you do have will most likely not pay in full. Your first major "want" vs. "need" decision comes when selecting a site and choosing an architect/designer. I love looking at the offices designed by orthodontic specific architects, but the reality is often their designs will include unnecessary selections that will make your build-out cost skyrocket. Even small things like the type of flooring, number of different paint colors used, and types of light fixtures can have a huge impact. Do you really need high end ceiling tiles for the mechanical room? Having a unique curved wall instead of a straight wall can cost you thousands extra. Feeling like you have "earned" anything simply by graduating orthodontic residency will lead you down the wrong path. Sure, we all want our own private doctor's office and restroom, but do we need it? Each additional restroom will cost at least $10,000 and a private office uses valuable real estate and makes you no money. Instead, eliminate both of those. This gives you the flexibility to either occupy a smaller office (less build-out expense, lower monthly rent payment, and lower monthly utility costs) or use that space for a second consultation room.

Equipment decisions can be very expensive. Remember, equipment representatives make their money selling you the most expensive equipment for the highest price you are willing to pay. Make sure to get multiple bids from different companies and do not feel obligated to go with a particular company just because they did a floor plan for you. Of course it would be nice to have a CBCT machine and digital scanner from the beginning, but those are unnecessary expenses that bring no real value unless you are opening a boutique OSA or clear aligner practice. Your goal for the first few years in business is to keep monthly expenses low and when the day comes you feel you really need that equipment, you will be in a much better position financially.

*Go big or go home! The moment any prospective new patient steps in here, if you don't look the part, you will not get them as your patient.*

Choosing your bracket system is obviously an individual preference, but it's an enormous financial decision. It's difficult and expensive to change bracket systems, and the companies know this! The majority of bracket companies have a grad package that gives you preferred pricing and their advice is usually to have you max out the package with the financing terms of no payments for 12 months, then 12 equal payments after that. We all believe that in our second year we will have a lot of monthly payments coming in and have started a lot of people, but that is not always the case. Most companies do not want to lose you as a client and will offer a 2nd grad deal with the same terms. Set realistic goals of how many patients you think you will start in the first 12-18 months and buy accordingly; if you exceed those goals then you will be well positioned to place a large 2nd grad order!

The reason I am writing about this topic is because we live in a "want" based world. Patients buying orthodontic treatment are no different than an orthodontist buying orthodontic supplies and equipment. Most orthodontists look at other orthodontists as their competition, when that's probably not the case. Orthodontics is not a life or death decision and it's not as much of a perceived "need" to most patients as we think it is. As much as we don't like to admit it, we are not so different from a vacation/TV/car/etc. With that mindset, how are you presenting your treatment value? Are you a Damon™ doctor selling a treatment philosophy? Are you an Invisalign™ doctor selling a product? Is your practice based on concierge service? Or on affordability? Most doctors are an amalgamation of many variables, which are really only distinguishable to other orthodontists. I am convinced the ultimate purchase motivation of the majority of the patients is this criteria: 1) Will my child get a beautiful smile? 2) What kind of experience will this be for me and my child? 3) Can I fit the cost of this into my already limited discretionary income?

Focusing your sales technique on a type of bracket will no doubt get you a subset of patients, but not the majority. When you meet with your TC team, develop a technique that will meet the "wants" of the patient population you serve. Just

as automobile manufacturers showcase beautiful professional photographs of their lineup of vehicles in brochures, consider hiring a professional photographer to help you create a large display book to showcase your successful work. Include the examples of the smiles you've created throughout your office and on your marketing materials. Great companies like Nordstrom™, Disney™, and Hilton™ are widely known for their customer service and exceptional consumer experience; how does your office compare? Is there a friendly voice making the first introduction to your office? Is everyone in your office in a cheerful mood? Is your office clean and inviting? Emotions are a large component to every purchase decision someone makes; give them reasons to love you and your office. As a younger doctor you have a lot of open chairs and brackets that are sitting in a cabinet, you have very little to lose by being flexible with financing. Work with people to find a comfortable monthly payment for them, even if it means extending financing beyond estimated treatment times. Cashflow is very important, some money coming in is better than no money. Think about what is the least amount you are comfortable accepting and empower your TC to have the flexibility to work with patients.

Like the saying goes, "you are free to make whatever choice you want, but you are not free from the consequences of the choices you make." Whether you are making a financial decision for your practice or for your personal life, understand the potential ramifications.

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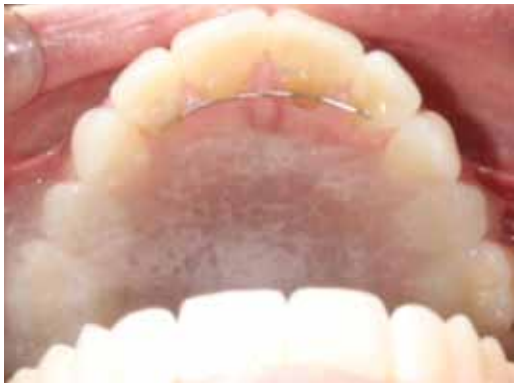
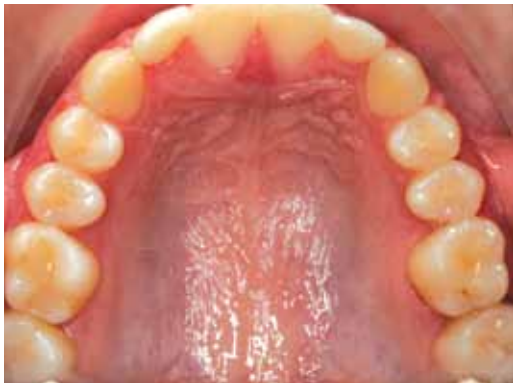
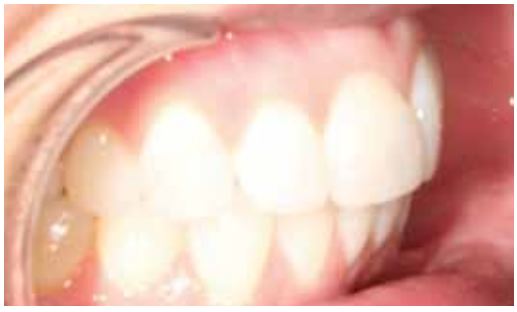
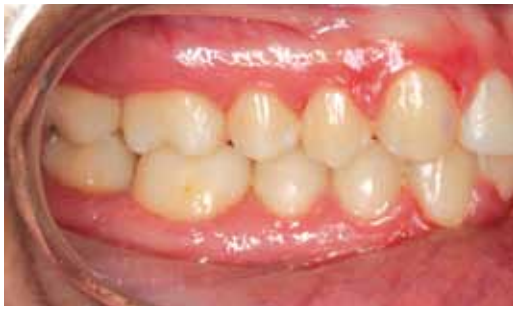
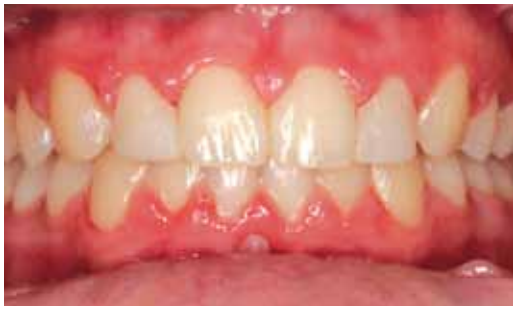
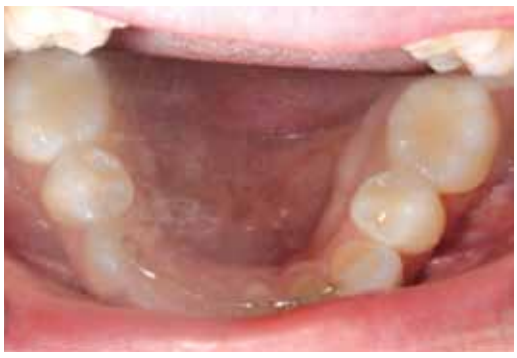
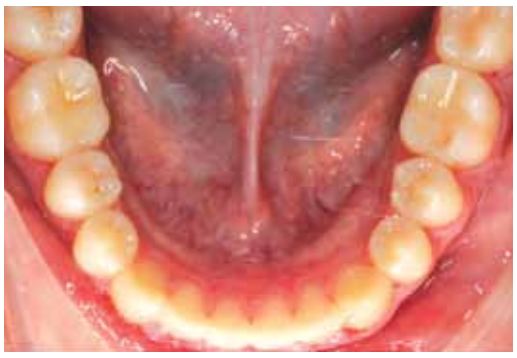
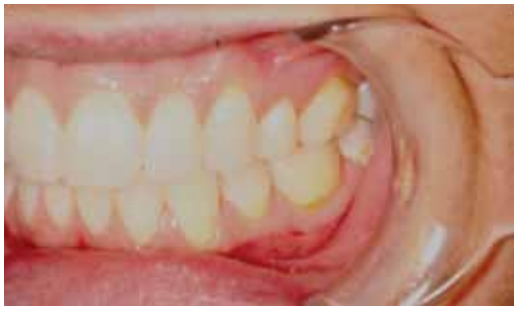
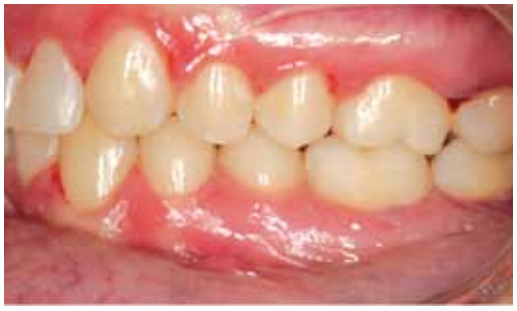
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

# ONCE YOU BUY YOUR *Ortho Practice*

By Dr. Ben Burris

As a follow up to Checklist For Ortho Practice Evaluation posted on OrthoPundit.com a few weeks ago I wanted to give you a to-do list for the days, weeks and months immediately following the closing. This is certainly not the only way of doing things, and it's not an all-inclusive list, but it is a good start and will get you moving in the right direction.

- Since I'm sure you didn't buy the stock and, therefore, didn't buy the practice and instead you did an asset purchase (as discussed earlier), the employees are not your employees, and, therefore, you need to interview each of them and decide if you will hire them.

- Do a nice newspaper announcement about the transition with a hook and a deadline. Do at least 1/4 page size and run it at least four times - preferably on the largest circulation day of the week for four weeks.

- Go through all the old files, computers, models, letters, boxes, etc. and collect every single name, address, and email you can find in preparation for sending out mass emails and letters.

- Write up a nice letter and send it to everyone and anyone who has ever had contact with the practice (email and snail mail). Print it on the old letterhead and send it in the old envelopes (so it will be recognized and opened) explaining that the new, awesome doctor is happy to see them for braces or a retainer check or whatever. Include a "free retainer replacement" or "free whitening" certificate or two and include them in the letter but make sure the certificates are printed with the new name and logo. If the seller charged for consults then include a "free orthodontic consult" certificate as well – even though I'm sure you're not silly enough to charge for new patient visits…

- Run reports and find every single new patient who didn't show or didn't start, every observation patient that stopped coming and every bond appointment that didn't show and CALL THEM

ALL! Offer them an incentive and a deadline to come back in and meet the new doctor!

- Don't spend a fortune on the place if it is working already. A fresh coat of paint, a good cleaning and throwing those sliding glass windows at the front desk in the dumpster is a good start. You can also add a scent machine to make the place smell nice. All of this can be done quickly and doesn't cost much.

- If the seller told a patient that he or she was getting braces off then take them off, no matter your opinion, and chart "removed braces as per Dr. Smith's plan." To do otherwise is a massive can of worms. You can always put the braces back on for free if they are unhappy…

- If braces have been on 30 months or more and you can't finish the case in the next visit or two (and it's not an impacted canine case), take the braces off to give the patient a BRACES VACATION so they can get a dental checkup and take a break so you can finish them quickly when you put the braces back on in eight weeks. The scripting to make this happen smoothly with happy parents is tricky but only until you get the hang of it (you can find the scripting we use on OrthoPundit.com). Plus it is the right thing to do for the patient.

- Make sure you settle up all patient accounts with credits as discussed in the Checklist article on OrthoPundit.com

- Give away free retainers and custom whitening trays like candy over the first six months to solve any issues and create raving fans.

- Go visit every single dentist and dental specialist in the area IN PERSON. Take some goodies and make nice with the front desk. Don't try to force your way back to see the doctor, the people at the front desk are who you want to win over first anyway! Go back several times and always take something. Create a relationship with the staff and eventually the doctor will take notice! The further out of the way the general dental office is, the less likely it is that other orthodontists will visit in person and the more likely your visit is to result in referrals.

*If braces have been on 30 months or more and you can't finish the case in the next visit or two (and it's not an impacted canine case), take the braces off to give the patient a BRACES VACATION...*

- Spend time on your social media pages. You have the time!

- Make sure your website is up to snuff. You don't have to spend a fortune and it doesn't have to be crazy fancy, but it needs to be clean, easy to navigate and up to date.

- Offer extended financing to get more cases started. If you need cash, you can increase your pay in full discount to get more people to do so.

- Get involved in your community. Don't spend money you don't have – show up in person and pitch in!

- Open at least one Friday per month to do treatment for dental referring staff. They are off on Fridays, they will come to you if you do the work for free, braces are cheap, and you have time!

- Determine your hours. Maybe do one later evening per week or a weekend?

- Create, refine, examine and rework your schedule often. You don't have to be open every day because your patients all have appointments. You will need time to work on practice and not just in your practice. Bridget Burris will post on OrthoPundit.com how to create a schedule template in the coming weeks.

- Answer the question: why are patients going to come to you and not the guy/gal next door? What makes you different? Include that in your mission statement. Communicate that to your team. Include in marketing. Know your why and be consistent!

- Give away free braces to local charities to raffle or auction off. It costs you virtually nothing and you have time.

- Start a Smile for a Lifetime Chapter. It is famously said, "No one cares how much you know until they know how much you care."

- Join Facebook study groups like Young-Docs, CCO, Pragmatic Orthodontic Clinical Discussions and Orthodontic Exchange.

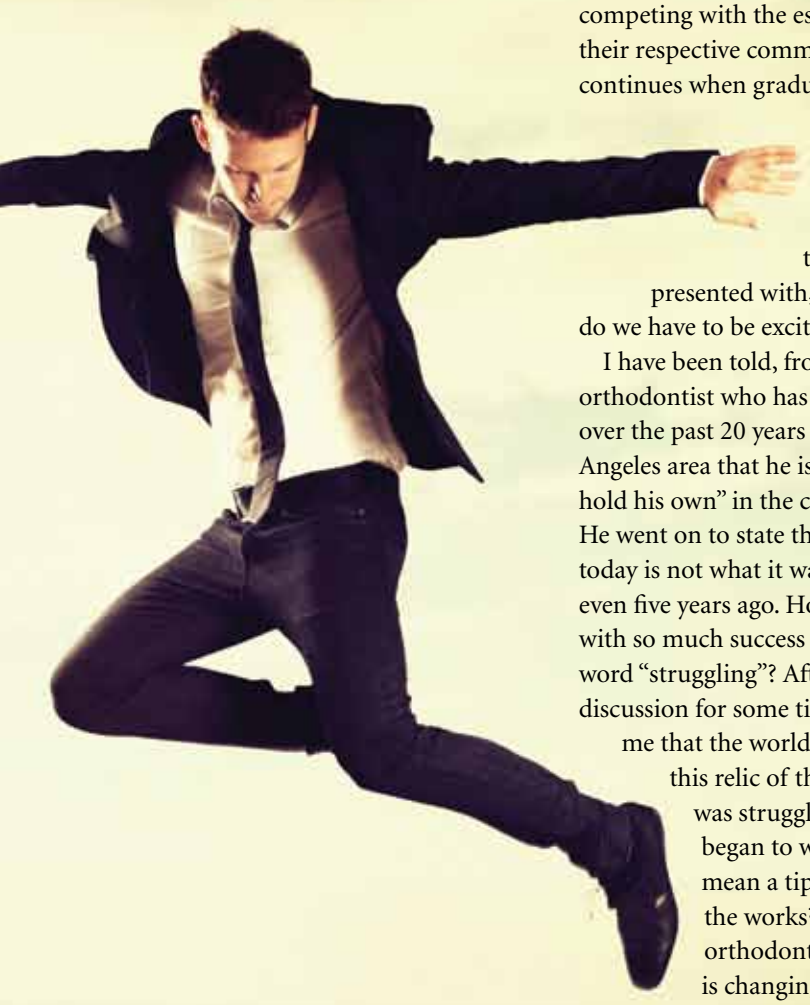
- Read OrthoPundit.com and The Progressive Orthodontist!

# THE NEXT STEP:
## *Where Optimism Meets Reality*

By Dr. Jonathan Shouhed

We are the cream of the crop, the best of the best, the top one percent. Then, why doesn't it feel that way? Long gone are the daily affirmations that specializing in orthodontics provides an "easy" life. Competition is at an all-time high, the economy is reeling, patients have more access to information than ever before; all of this adds up to the worst economic landscape in the history of the orthodontic profession. Despite the long odds and the even longer road ahead, I couldn't be more excited to graduate from my orthodontic residency at Roseman University of Health Sciences in Henderson, Nevada this coming June. In case you are wondering, I'm about to tell you why.

So what have I been told to expect? According to the ADEA website, in 2014 the average debt of graduating dental students was $247,227. The ADA reports that the average tuition per year for orthodontic residencies is roughly $40,000. Including living expenses, the average debt of graduating orthodontic residents should be well above $400,000. That debt has to be paid. Consider it normal if you feel "behind the 8-ball" as you wrap up your academic career. Beyond that, more dentists today are providing Invisalign treatment in their offices and bringing in specialists, so do not expect a high volume of referrals from your dentist buddies. Furthermore, a healthy portion of our patient population does not know the difference between a dentist and an orthodontist. Many patients do not even know what an orthodontist is! OK, so why not join forces with an older orthodontist who has been successful and is on his or her way out. This seems ideal, but those opportunities are the exception, not the rule. Today, orthodontists are not retiring because of the economic downturn of the last decade. Retirement plans went out the window and the natural cycle of "doctor turnover" was disrupted, which has resulted in an asymmetric playing field. Existing practices provide a large barrier to entry for entrepreneurs looking to enter private practice as newer orthodontists have no way of



competing with the established ones in their respective communities. The cascade continues when graduating residents take jobs in corporate dentistry, to "pay back their loans". If this is the landscape we are presented with, then what reason do we have to be excited?

I have been told, from the mouth of an orthodontist who has had great success over the past 20 years in the West Los Angeles area that he is "struggling to hold his own" in the current economy. He went on to state that orthodontics today is not what it was 20, 15, 10 or even five years ago. How could someone with so much success in the past use the word "struggling"? After considering this discussion for some time, it seemed to me that the world was evolving and this relic of the good-old-days was struggling to adjust. I began to wonder, could this mean a tipping point is in the works? In other words, if orthodontics as a profession is changing, who is the most likely to succeed? The answer is as old as Charles Darwin himself: survival of the fittest. Today's orthodontist needs to be able to attract patients into his or her office by him or herself, independent of dentists' referrals. This involves knowing your demographics and utilizing the best media to reach them. After the initial attraction, we need to display value and gain trust. We need to connect with our patients and make them believe that orthodontics is an investment, and that selecting you as their orthodontist is the best investment they can make. Finally, as in any other business, we have to follow through and provide a worthwhile service. While established orthodontists far outpace newer ones in the ability to provide sound, efficient and dependable treatment, newer grads have the priceless asset of being more able to adjust to the new orthodontic landscape, which directly affects the first steps in this treatment cycle.

Social media and organic marketing schemes are much more likely to be understood and developed by the newer generations of orthodontists. Think I am blowing smoke? Just ask one of your

parents to post a selfie on Instagram and watch the look of bewilderment on their face. Today's orthodontic shopper is most likely to be a mother age 35-45. It seems logical that a new grad is more likely to be able to connect on a personal level with this average shopper than a seasoned orthodontist. These areas are where new grads have the advantage. The point is that, as new graduates, the odds are stacked against our favor and while we are competing in an environment that presents incredible barriers to entry, there are many lessons to be learned from the evolution of various industries. Blockbuster used to be the biggest name in at-home entertainment; now it's "Netflix and chill". Taxi-cab drivers have historically been the only people who would let strangers into their cars; now everyone and their mothers can become an Uber driver. Before, if a restaurant did not deliver food, take-out was your only option; now just get on grubhub.com and your food is delivered with a smile. You can even have pizza delivered by tweeting a pizza-slice emoji! The idea is that every industry has certain characteristics, every industry hits a capacity and then every industry adapts and changes. I am excited by this next chapter in my life because I see orthodontics as a field that is changing at a fast pace, and as new graduates of orthodontics, the people we are competing with are the ones complaining about how "things aren't the same anymore".

In my opinion, the fact that "things aren't the same anymore" plays right into the new grads' hands. It is our job to find where the gaps are and fill those holes; after all, that is exactly how every other industry on earth operates. As a new grad it is our job to recognize where each of us are along the learning curve and take the next logical step to achieving our personal goals. I assume that we all want to own our own practices, practice autonomously, receive substantial paychecks and generally live a life that validates an entire lifetime of dedication and hard work to academics and education. The truth is, however, not all graduates are created equal. Some graduating residents need to sharpen their skills as clinicians; for those individuals it may be best to enter a situation that provides stability and structure in order to learn more about orthodontic principles. Some may already have the skills necessary, but lack the intuition needed for leadership and business-ownership; for that person, an associateship or working for corporate dentistry would be highly beneficial. He or she could take time to understand tenets of leadership while taking note of highly effective processes that would be reproducible in a private practice setting. If you are lucky enough to find someone willing to sell their practice, and that practice proves to be a worthwhile investment, this may be the best opportunity yet: receive tutelage from someone who has walked the walk all while getting a crash course in business ownership. One question I would ask that doctor and myself, however, is: "If this is a worthwhile investment, why is the owner-doctor selling it?" In other words, be cautious. Overall, no situation is a guarantee, but if you know that each step forward takes you one step closer to your final goal, then no experience should be considered a waste.

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On one hand, we have been led to believe that because we are orthodontists, we are promised a life of luxury and leisure. On the other hand, we are being warned that the orthodontic profession is in great peril, with opportunities melting away, all while the fire of competition gets bigger and hotter every day. My two cents: just exhale, take a closer look and see that there is opportunity all around us. No great endeavor is achieved overnight. Recognize where your weaknesses are and develop them into strengths. Take what you do well and make it your differentiating factor. Apply the lessons learned from other industries and create a practice that is above and beyond what is currently being offered. Personally, I plan to use the time immediately after graduation to familiarize myself with the business of orthodontics and establish a network, with the intention of opening a private practice as soon as possible. I plan on utilizing my knowledge of online resources as well as principles of effective marketing/branding to create something people desire, something that I believe other orthodontists (read: established orthodontists) are hesitant to do. I plan on taking the advice of orthodontists that have had great success in the last 5-10 years and emulating their actions. But most of all, I plan on keeping an open mind, working my tail off, finding a space in this industry that needs to be filled, and filling that space. The bottom line is that if you think the hard work is behind you, you are probably in for a rude-awakening; but if you are willing to work, learn and adapt there are still untapped opportunities in the field of orthodontics.

BEN THERE DR. BEN BURRIS DONE THAT

# BIG, SINGLE LOCATION,
## *Traditional Practices Are Awesome!!!*

By Dr. Ben Burris

I was asked the other day about bringing dentists, hygienists and other specialists into an Ortho office and going multi-specialty. The assumption was that this is the way to go now and that there is little danger of doing so.

Furthermore, it seems to be in vogue these days to strive for multiple locations to go along with multiple providers and multiple specialties. I talked a bout this extensively at the 2015 MKS Forum; I'm sure it will be a hot topic at MKS 2016, and I wanted to share our thoughts here as well.

While we do firmly believe that multi-specialty practice is the future, we would strongly caution all of you against jumping the gun. Control of your own patient base is the critical and underlying basis for any foray into expanded services or multi-specialty practice but we think this is fact is overlooked by most if not all orthodontists. We understand it's fashionable theses days to pursue the ideal of multiple practices with multiple providers and multiple specialties while giving the finger to PCDs. However, we think it's unwise for anyone to bite the PCD hand that feeds them until one has control over one's own destiny and control over one's own patient base. Furthermore, we think it unwise to spend the money and resources and time in adding additional locations before utilizing the capacity that you already have available as much as possible. You would be far better off to double or triple your marketing budget if that helped you bring in more patients to your current location(s) than to build a new location and take on the Cap X, equipment expense, payroll, logistics and everything else that goes on with more locations.

*You can make an incredible living in a "traditional" orthodontic practice with one provider who is also the owner seeing all the patients in one or a couple locations.*

You can make an incredible living in a "traditional" orthodontic practice with one provider who is also the owner seeing all the patients in one or a couple locations. One orthodontist can produce north of six million a year easily, and we don't recommend you complicate things by bringing on an associate until you are well past this mark. Associates are not you, do not sell like you do, they do not finish like you do, they do not run on time like you do, they don't care like you do, moms don't like them as much as they like you and referring dentists don't refer to an associate the way that they refer to an owner. Some of the most profitable practices we see are owner operators who keep their overhead at or below 50% while collecting millions a year and flying under the radar. Of course, there are long-term risks and issues associated with being referral dependent (and a few headaches) but one might as well swallow one's pride and take all the PCD referrals one can get for as long as one can get them while building alternative sources of new patients and making a great living in the meantime in our opinion! Looking and feeling like a "traditional" orthodontic practice is a great way to do this AND if you employ modern efficiency, modern techniques, modern scheduling and a modern mindset you can still have a massively successful and large practice within the traditional framework!

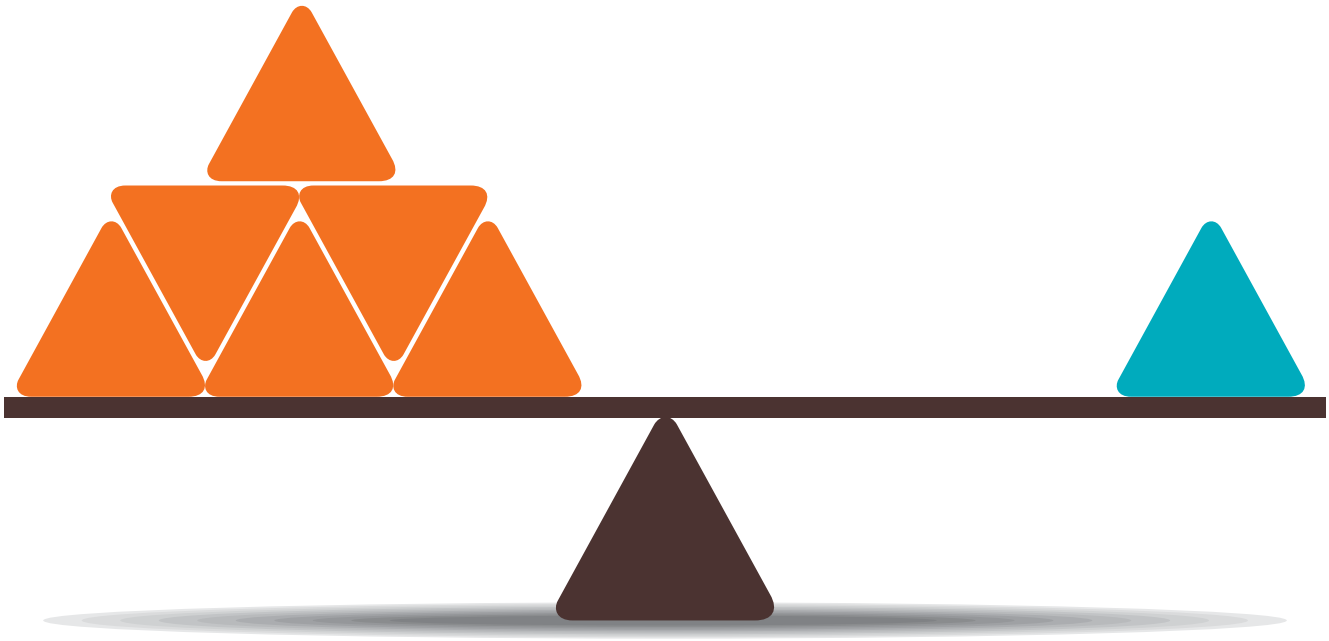
And, to be even more clear, when it comes to going "non-traditional", there

IS a great deal of immediate risk in going multi-location, multi-specialty and in bringing hygienists or PCDs (or other specialties) into an orthodontic practice because the resulting rancor among referring dentists can decimate your new patient flow. And the PCDs WILL be upset no matter what you say and no matter your intention. Different is bad in dentistry. Success is bad in dentistry. Both are feared and disliked by other dentists, and this has a negative impact on your new patient flow if you are referral dependent.

In the light of all this, we would again advise you to continue to nurture PCD relationships as long as you can and get as many referrals I as you can while working on alternative sources of new patients and gaining control over your very own patient base. Once you make the jump to multi-specialty the repercussions will be immediate and VERY dramatic – more than you anticipate. We would suggest you have significant cash on hand to weather the storm that can last for several years. We know this first hand because we're in the middle of it still – years after declaring my intentions and hiring our first hygienists. Probably the worst idea I've heard of late is from orthodontic residents saying they will go multi-specialty out of the gate when they graduate along with recent grads of other specialty programs – they basically plan to set up together and declare themselves multi-specialty to the public. Where will they get their patients? I always ask! They have no clue. Again you have to have a patient base to go multi-specialty.

Finally, we must mention (in reference to multi-specialty practice) if you go that way you will be an outcast in your local dental community and probably beyond. I am hated in the state of Arkansas by not only PCDs but also other Orthodontists and especially by Oral Surgeons! It comes down to them being upset about not getting the work we keep in-house these days, of course, but the discourse is always about ethics and how terrible a person I am. You will have the same thing happen should you decide to go multi-specialty, I guarantee. You'll have to choose whose admiration and respect you want to earn and keep – your peers or the public. That was an easy choice for me. Of course I want to grow a successful business – I've never denied that, and I'm proud of what we have accomplished!!! There is nothing wrong with being successful and I've found the best way to become so is to increase access and affordability to dental care and act in the public good even when my actions fly in the face of dentists and dental associations who act as protectionist guilds.

As an aside, I will say that if I were an orthodontist graduating these days I would strongly consider buying one or more established dental practices and starting Ortho first and then a full-blown multi-specialty practice out of the PCD practice. In this way, you would have your own captive patient base, and you would be referral independent from the beginning so you would never suffer in a changeover from being dependent on the referrals of others.



This is a large and interesting topic, and the importance of this discussion will only grow as time passes. There is no right answer of course. We all have to figure out what works best for us! I look forward to your feedback!

## OrthoPundit.com

**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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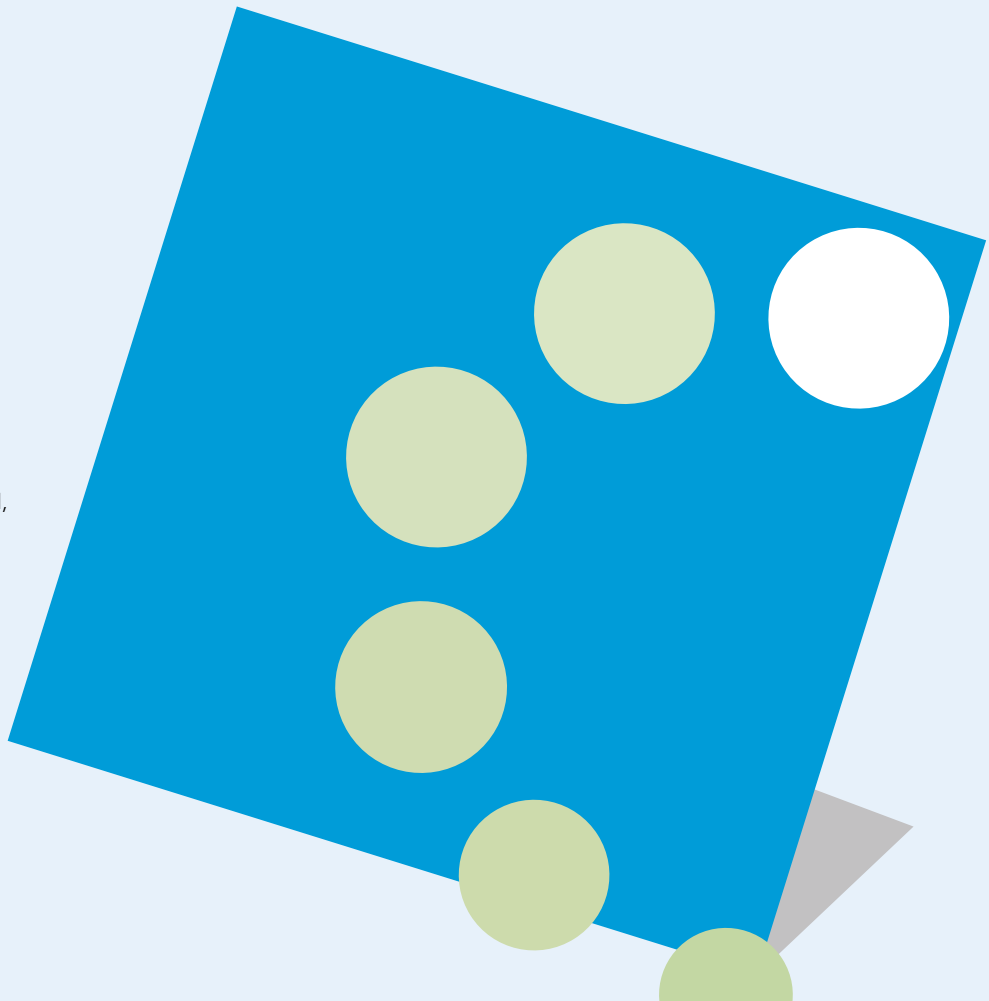

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