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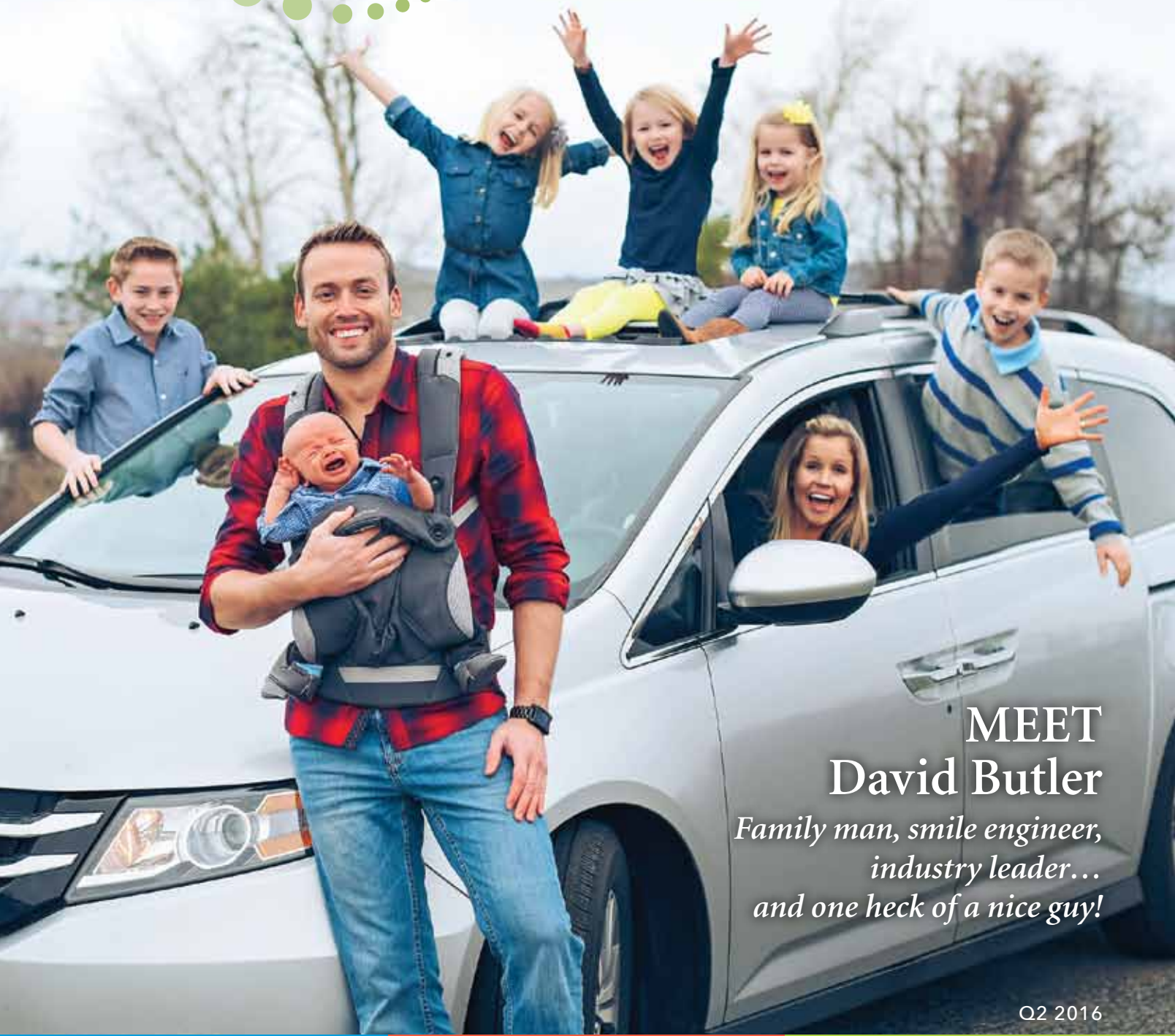

MEET David Butler

Family man, smile engineer, industry leader… and one heck of a nice guy!

Q2 2016

BUSINESS PRACTICE & DEVELOPMENT

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MARKETING/SOCIAL MEDIA

Do Your Ideas Keep You Up At Night?

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EDITOR'S NOTE

We orthodontists love tradition and once again it's time for our favorite, the AAO Annual Session. It's not surprising that the meeting that's been around the longest and is put on by the group that was founded first is our favorite because, by nature, we abhor change and love a substantial lineage. That being said, it's interesting what people talk about most when they describe their annual session. By far the most popular activity is "catching up with friends and classmates from across the country and around the world" and that is an awesome thing that I enjoy as well but it's also interesting to point out that this could be done anywhere, anytime and for a lot less money! "Walking the exhibit hall" is easily the second most favorite activity. I also enjoy checking out what the vendors have to offer, but I find it ironic that the vendors pay big bucks to be there, AND the members also pay big bucks to have the privilege of being sold. That wouldn't be so bad except we ALSO pay a couple of grand in annual dues to the AAO... I find it strange that we so docilely accept this financial arrangement when we will fiercely fight over every nickel and dime when it comes to other aspects of our practices. "I'm an AAO member because I need the Professional Liability insurance" I hear all too often, and that is usually combined with, "the AAOIC rates are as good or slightly better than other insurance companies." This may be true, but you need to remember that there is nothing magical or different about the AAOIC insurance, AND you have to pay a couple grand in dues annually to access this awesome pricing so be sure to include the annual dues in your rate comparison.

"I like to go to the annual session for the interesting, relevant and fresh speakers. I especially like the wide variety of speakers I've never heard before...", said no one, ever. And that's sad. If nothing else the AAO annual session should be a showcase of the profession but instead it's a dusty old menagerie of tired old speakers getting paid big bucks to do the same old speeches they have been doing for the last 20 years. The speaker lineup reminds me of a grandmother's plate or spoon collection that's comprised of items that were once dearly loved... and gets about the same amount of attention from annual session attendees. Of course, there are exceptions to this rule when it comes to AAO speakers but they are far too few given the large number of brilliant minds and successful practitioners out there. While I'm on the subject I have to ask, why does the AAO pay speakers to have access to our membership? Shouldn't it be the other way around whether it's a vendor or someone promoting themselves? I can see letting the academics speak for free because we can never get enough talk about rat mandibles. The way the system currently works just supports an old boy network of bland speakers who don't offend and don't risk saying anything new or interesting for fear of not getting invited back for another paycheck next year. Many of the speakers make more money speaking than they do in practice. Some of the speakers have never practiced or failed in trying to practice. Some AAO speakers even make a living teaching non-orthodontists how to do orthodontics. But none of these small issues stop them from being "experts" who we hold up as examples for young doctors and residents. Of course, people can do whatever they want on their own time, but does it make sense for our member organization to promote them? It does if you're a member of the old boy network I guess. However, people are becoming aware, and awareness is the first step in meaningful change. This year's annual session might get interesting. But it probably won't if I know orthodontists like I think I do.

As a contrast to the AAO, we have a fantastic magazine for you this quarter. Dr. David Butler is our Cover Doc, and he's a shining example of all that is right in the world of orthodontics. We have a big issue packed with awesome content this quarter so be sure to check it out, cover to cover. We even have teeth pictures here and there for your viewing pleasure. See you in the exhibit hall!

— Ben Burris

The Progressive Orthodontist
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PUBLISHER
SmileMedia, LLC

EXECUTIVE EDITOR
Dr. Ben Burris

CREATIVE DIRECTOR
Sherri J. Dewig

The Progressive Orthodontist magazine and study group are your educational resources for new trends, progressive insights and best practices for building a successful orthodontic practice in 2016 and beyond.

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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

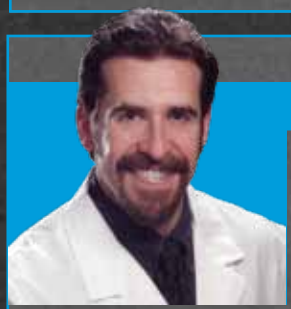
Dr. Kyle Fagala is the owner and orthodontist at Saddle Creek Orthodontics in Germantown, Tennessee. Dr. Fagala graduated in May of 2013 with a certificate in orthodontics and a master's degree in Dental Science for his thesis on three-dimensional imaging of the airway. Dr. Fagala is the course director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

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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. KLIFF KAPUS

Article on page 74

I graduated from U.C. Davis with a B.S. in Genetics in 1992, worked in academic and then corporate biotech for a couple of years and then returned to school for my DDS degree in 1997 from University of the Pacific (now Arthur A. Dugoni School of Dentistry in San Francisco). Then I continued on there with my orthodontic residency, graduating again in 1999 with an MSD (Masters of Science in Dentistry). I bought a practice in 1999 in Cupertino, CA and worked there until 2012. I opened a practice in Livermore CA in 2007 and continue to work there presently. I called my practice "Wild Smiles by Dr. Kapus" because when I was a teenager I worked at a local zoo and my original intention for going to U.C.D. was to be a veterinarian. Life didn't work out that way for me but I still love animals and nature so I had my office designed to look like "Indiana Jones meets the Crocodile Hunter for lunch at the Elephant Bar"

DR. DEREK BOCK

Article on page 58

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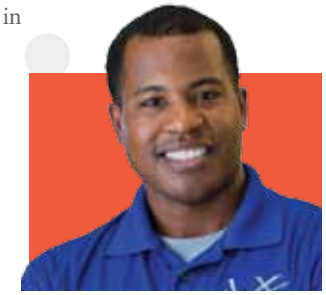

DR. JACOB KOCH

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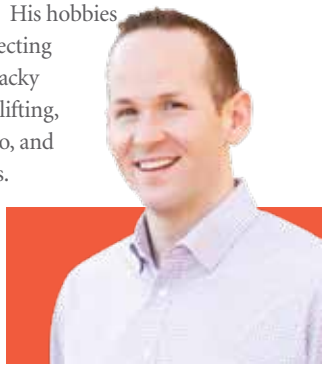
Dr. Koch was born and raised in Las Vegas, went to dental school in Maryland, and attended LSU for his orthodontic residency. He lives and works in a suburb of Atlanta and is passiontate about personal development and constantly improving his philosophy of life. If he hadn't been an orthodontist he would have been a concert pianist, teacher, or armchair exercise physiologist. His hobbies include subjecting himself to wacky diets, weightlifting, playing piano, and building PCs.



ANDREA COOK

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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.

DR. AMER HUSSAIN

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Dr. Amer Hussain opened his first practice in the fall of 2010. He currently owns 4 orthodontics practices in Edmonton Alberta Canada. He has set up all of his practices from scratch and built them into some of the largest in Canada. Dr. Hussain has a B.Sc. (Hons) in Biochemistry from the University of Saskatchewan. A M.Sc. in Experimental medicine from the University of Alberta. He also completed his D.D.S. from the University of Alberta. He completed his Orthodontic training from Jacksonville University.

A believer in Philanthropy, Dr. Hussain has built 5 schools in total one in Kenya, Ghana, Hatti, Ecuador and Tanzania.

DR. COURTNEY DUNN

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Dr. Courtney Dunn graduated from the University of Michigan Dental and Orthodontic programs in 2001 and 2004. She received the Milo Hellman award for her research and has presented at many local and national meetings. She is a diplomate of the American Board of Orthodontics, holds leadership positions in the Arizona Dental Association and is past president of the Arizona State Orthodontic Association. Dr. Dunn is in private practice with her husband, Matt, in Phoenix, AZ. She spends most of her free time being a proud swim mom.

DR. MARI SAWTELLE

Article on page 64

Mari started her orthodontic career as a lab tech and orthodontic assistant. She then went on to become an award-winning Orthodontic Sales representative for four of the largest Orthodontic Manufacturers. Mari saved time and money for the offices she called on by teaching them how to manage their inventory, stock levels, and ordering systems. She became a trusted resource for the ordering assistants and doctors.

After mastering the orthodontic industry from the vendor side in support of her doctors, Mari was recruited to join a twelve doctor multi-practice company as Director of Business Development and Purchasing. She developed an expertise in the practice side of the business, creating the inventory formulary, negotiating pricing, establishing the inventory system, building the new office template, and opening three offices from scratch.

With all the experience she gained over her career, Mari started Sawtelle Dunn Consulting. She began taking on private clients and analyzing over 45 Orthodontic practices, gathering information and helping them find better ways to shop and save. With this knowledge, she built an orthodontic buying group called Mari's List®, which now has hundreds of members and includes over 30 companies with countless areas for practices to save, with vendors and doctors continually added.

GEANNA CULBERTSON

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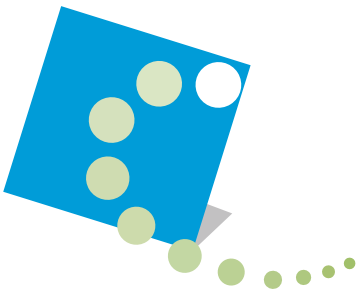
Geanna Culbertson is an account manager at Wpromote. She attended the University of Southern California and applies the school's "Fight On!" mentality to all aspects of her life, from her marketing efforts to her martial arts training.

An author, she has been signed to write an eight-book YA fantasy series entitled, The Crisanta Knight Series. The series follows the children and younger siblings of famous fairytale characters through a modern, action-packed lens that mixes humor with heart. Emphasizing the topics of strength, fate, and quest for identity, it is a fresh, empowering take on female-led fiction.

The first book in the series, Crisanta Knight: Protagonist Bound, will be released May 10, 2016 with a second book to follow in December 2016. Already having written the first four books in the series, Geanna will be releasing a sequel approximately every six months for the foreseeable future. Learn more today at: www.CrisantaKnight.com



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CONTRIBUTORS

DR. KYLE FAGALA

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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.

ANGELA WEBER

ORTHOSYNETICS MARKETING DIRECTOR

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

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

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

CHARLENE WHITE

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Charlene White's expertise and depth of knowledge in the orthodontic specialty is world renowned. Charlene graduated from Old Dominion University in 1975 and spent the next five years as a RDH and office manager. She founded her company, Progressive Concepts, in 1983. She has successfully consulted in over 750 orthodontic practices in 29 years, interviewed over 7,000 team members, presented over 300 Continuing ED courses, is a highly sought after industry speaker, and has written and filmed 20 training products. She partnered with Dolphin Management to create the "Charlene White SOS" computer module. She consistently hears from program directors, "We are so excited about the turnout for our event." Charlene is passionate about orthodontics. Her energy and enthusiasm for her clients and teams to succeed is unparalleled. Innovative, hard working, and down to earth describe Charlene. Charlene is currently serving on the Board of Directors for Smiles 4 a Lifetime. Charlene is a Norfolk, VA native, an avid reader, and a passionate golfer.

DR. COLE JOHNSON

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When Dr. Johnson was 18 he had jobs where he felt severely under-appreciated: Mowing lawns, pumping gas, bagging groceries, and feeding Tapioca to old people. He decided then and there he would find a job where he was severely over-appreciated. His dream came true. He started a de novo Orthodontic practice during residency at VCU and started slapping braces on the snaggleteeth of Salem a few short weeks after his 2011 graduation. Since then his practice has burst onto the Ortho scene like some rogue glitter-bomb. Dr. Johnson is like the Richard Simmons of braces. It's like the Wiggles and Ryan Gosling had a baby that kind of looks like a weak and sickly John Cena then raised it to straighten teeth. Dr. Johnson is a very traditional family man but loves to have fun. One of his favorite past-times is people-watching on the Vegas strip; he likes to take the Bible out of his hotel room and cross off the commandments as he sees them being broken. A kind of self-righteous game of bingo. Dr. Cole also believes firmly that if you're about to say something stupid you should stop yourself and sing it loudly instead. He's got the best job in the world, and is surrounded by the best people. Period.

DR. INNA GELLERMAN

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Dr. Inna Gellerman is a Board Certified orthodontist and a Diplomate of the American Board of Orthodontics. In 2003, she established Gellerman Orthodontics, a busy practice located in the Village of Huntington that offers state- of-the art orthodontics. Dr. Gellerman received her doctoral degree from SUNY at Stony Brook School of Dental Medicine and holds a B.S. from New York University.

RON SHARPE

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Ron Sharpe has over 35 years of experience in the manufacturing, marketing and sales of Medical, Dental and office related furniture/ equipment. After 12 years as the National Sales Manager for BOYD Industries, Inc. He created The Sharpe Group, an organization dedicated to providing Medical and Dental professionals with industry leading products and services.

DR. MICHAEL K. AGENTER

Article on page 22

Dr. Mike Agenter is a sole practitioner and owner of Agenter Orthodontics with three locations in Southern Ohio. He began college as a youth ministry major before realizing his desire to become an orthodontist. After graduating from the University of Michigan School of Dentistry, he served as a US Navy dental officer in San Diego and Guam. He earned his Master's degree and orthodontic certificate from the University of Tennessee, Memphis. Keeping things simple, the purpose of his life and business can be summed up in two words, JUST SHINE™. He views business ownership as an opportunity to serve his community and encourage others to do the same, providing free orthodontic treatment through the YMCA, Joshua's Place Ministry and Big Brother's Big Sister's. He leads CMDA medical/ dental mission trips to El Salvador and enjoys developing lifelong friendships and mentoring relationships with teammates. Success to him means being a catalyst for positive life-change in his family and community, and inspiring others to shine as a light in their circles of influence.

DR. BEN FISHBEIN

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Dr. Ben Fishbein is the orthodontist and owner of Fishbein Orthodontics with four locations surrounding Pensacola, Florida. Dr. Fishbein serves as the official smile provider for the Pensacola Blue Wahoos – the minor league baseball team of the Cincinnati Reds. He also serves on the board of the EscaRosa Dental Society, and has lectured at a number of orthodontic residency programs, dental societies, and orthodontic meetings. Dr. Fishbein is proud to be chosen as Pensacola's 'best orthodontist' by both the Pensacola News Journal and Pensacola Independet News in 2013, 2014, and 2015. He serves on a number of leadership boards in the Pensacola Florida area as well. Dr. Fishbein is proud to be a Board Certified Orthodontist, and strives for the best results for every patient. Dr. Fishbein has a special interest in the ways technology can make orthodontics more efficient.

DR. DAVID BUTLER

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Dr. Butler received his dental school training at the Oregon Health and Science University School of Dentistry, where he graduated with honors. He then went on to complete his orthodontic training at the University of Louisville, where he served as Class President and earned both a certificate in Orthodontics and a Master's degree in Oral Biology. During his education, he also participated in several research projects and was the recipient of numerous awards. Due to his excellence in clinical skills, Dr. Butler was also invited to serve as a teacher both during dental school and residency.

A self-diagnosed "tooth nerd," Dr. Butler wants his patients to not only have straight teeth and a healthy, stable bite, but also a confident smile that lights up the face and reflects the patient's unique personality. What really makes his day is seeing the changes, not only in the patient's teeth, but in their lives as well.

After graduating, Dr. Butler practiced in Texas but is now truly excited be back with his family and friends in the Northwest and providing top-quality orthodontic treatment in Richland, Washington. He lives in Kennewick with his wife, Briana, their sons Trenton and Dallas, and daughters Brooklyn, Lexi and Ali. He is an avid golfer and outdoorsman and enjoys camping, fishing, and nature photography.

The Progressive Orthodontist

CHANGE IS GOOD!

CHANGE YOUR MINDSET – *Change your Outcome!*

By Dr. Ben Fishbein

Do you ever leave a new patient consult expecting a patient to start treatment or not start treatment? Do you ever think that patient will stay the same day to start treatment? Do you ever expect that a patient will pay in full, or instead start off with the lowest down payment possible to start treatment? Do you think the patient will sign up for any additional services you provide, whether that be a retainer program, whitening, or other cosmetic upgrades?

Are you often right? The question is, are you truly gifted at guessing which patients will start and not start treatment, or did that patient start treatment simply because you expected them to?

One pearl that my team and I took away from MKS and the Arkansas Dentistry & Braces team this year in Dallas was to set our expectations as if every patient is going to start treatment…and start treatment today! What we have found is that our expectations dictate our reality! This simple point has significantly improved our conversion rates, increased our down payments, and boosted the additional services and upgrades that our patients sign up for! Here are some of the ways that my team and I have changed our mindset.

EXPECT NEW PATIENTS TO START THAT DAY

Want more same day starts? Expect it! Making same day starts the norm for your practice, instead of the exception, can increase conversion rates significantly. Sure, every once in a while we are surprised when a patient starts treatment or pays in full – but shame on us for prejudging them! Treating patients with respect and not prejudging a patient's financial situation is not only the right thing to do, but it's also the BEST thing to do for your practice – a win-win!

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Why stop at same day starts? How about expecting patients to add on your retainer insurance program or upgrade to clear braces or clear aligners? Or expecting them to come in for morning appointments and miss school? Expect it and watch it happen!

TIME – THERE'S PLENTY OF IT!

When we first started implementing same day starts at our office, it was a rare occasion. After seeing the success of other orthodontists who have implemented same day starts, I asked my treatment coordinator why the idea was proving unsuccessful. I can remember her telling me how there was simply not enough

time and that the clinical assistants were too busy with scheduled patients. I responded by pointing to the empty chairs in my clinic on what my team had originally called a busy afternoon.

Mindset is not something that only affects new patient starts; it affects every aspect of your practice! Sharing the mindset that there's always time for same day starts was a challenge for me. It took bringing my key team members to the MKS forum in Dallas to understand what was possible. Want to see the possibilities for yourself? Start an initial bonding 30 minutes before your team normally leaves for the day and see how fast the braces get on! Or better yet, bring your team to the MKS forum in 2016 to see some of the most successful orthodontists in the country view same day starts as the norm, rather than the exception!

Mindset is not something that only affects new patient starts; it affects every aspect of your practice!

FEES – NOT A BIG DEAL!

Not too long ago our practice did a credit check on every patient. Depending on how that patient scored, our payment plan was set up with a specific down payment and monthly payment. For example, if a patient's credit check came back with a 'C' rating – they had to put down a 50% down payment and pay the rest off over the duration of their treatment. Very few of those patients started treatment – what a surprise! Why did we continue with strict payment options and credit checks? You guessed it; because that was the way it had always been done!

I think about all the opportunity loss that I suffered maintaining our strict payment options. All the patients that walked out the door to find an orthodontist who offered flexible payment plans – especially to the corporate office across the street! We now allow flexible financing – and my treatment

coordinators have very few set parameters in place. If a patient wants to pay their down payment over several months – not a big deal! If they want to pay larger payments quarterly instead of monthly – not a big deal! If they need to extend their payment plan past the estimated time of treatment – not a big deal! This doesn't mean that we're always accepting a lower down payment than we previously did (our average down payment is now actually higher); it just means that the mindset has changed – that finances won't get in the way of patients starting treatment in our practice.

IT'S OKAY TO HAVE FUN!

I know we're all doctors and specialists and have to be super serious. If that's your mindset and it works for you, awesome! It's simply not the mindset we have at our office. Yes, our results are very important, and we try to achieve the ideal esthetics and function of our patient's dentition – and I have submitted my results to the American Board of Orthodontics to become a Diplomate. However, that does not mean we have to maintain the traditional doctor-patient relationship in terms of seriousness. We straighten teeth; it's not life or death!

I remember in dental school being taught to stand so many feet away from our patients so as not to invade their personal space. At our office, we break that rule all the time! (Of course in an appropriate way). Whether it's giving fist bumps, hugs, or taking selfies with our patient, we always have fun! And we make sure to show off all the fun we have on social media. My treatment coordinator lets our patients know how fun our doctor and team is in the new patient exam. When I come in to meet the patient, I don't let my treatment coordinator down!

EXCITEMENT IS CONTAGIOUS

Do you ever find that when you are excited about an idea, others around you will share that excitement? Excitement is contagious. If you are excited for little Johnny to get his braces today, then there's a good chance he and his parents will be too! Maybe you're excited about Invisalign, Wild Smiles, or clear braces, whatever it is I'm sure you do more of it! So get excited and share that excitement with your patients. It will improve their overall experience, and subsequently increase your conversion rates and same day starts!

Do you ever find that when you are excited about an idea, others around you will share that excitement? Excitement is contagious. If you are excited for little Johnny to get his braces today, then there's a good chance he and his parents will be too!

How about sharing that excitement with your team? Get your whole team excited about same day starts whether it's through an incentive program or just by giving out free high fives! At our office, we have a prize box that is filled with gift cards and cash. There's no set time we draw from it, but it's usually on a busy day filled with same day starts. Get your team excited about same day starts and see how the mindset of your whole office changes!

BE THE BEST PART OF THE PATIENTS' DAY!

School, doctors' appointments, after school activities, etc. The children and parents we see have busy days and normally coming to the orthodontist is not an activity they look forward to. Let's change that! See what happens to your conversion rates when you go above and beyond for your patients. No, I'm not talking about putting a Keurig in the waiting room like every other doctor in town. I'm talking about treating your patients like family. Thank a mom for taking the time out of her busy day to come in and spend some time with you – and really mean it!

At out office, we have changed our mindset from thinking about how busy we are, to how busy our patients are. We have it pretty easy – we get to stay in our nice comfortable office all day, perform basically the same procedure over and over again, and chat with some pretty cool patients – it's all very predictable. Let's compare that to the days of our patients. They're interrupting their already hectic unpredictable day to come see us – only to wait in the waiting room for an unspecified amount of time and have a procedure that causes some level of discomfort. How many of us take for granted the time, effort, and financial commitment it actually takes our patients to undergo orthodontic treatment? Show an appreciation for your patients taking the time to see you, and you'll receive that appreciation back! And maybe even in the form of new patient referrals!

I'm no expert in the field of psychology or sales. However, I can confidently tell you that I've seen a dramatic improvement in our practice both in practice growth and overall happiness simply by changing our mindset. With the right mindset, the possibilities are endless! Attitude is everything. So sit down with your team, change your mindset, and watch your expectations become your reality!

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In 2011, GC America expanded their contributions in the dental industry, partnering with TOMY Inc., to become a leading provider of orthodontic appliances. Through this partnership, GC Orthodontics was born.

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DO YOU KNOW YOUR *manufacturer's instructions?*

By Andrea Cook

Most equipment and products purchased typically come with product manuals or operation guides and these can vary in size from a two-page pamphlet to a full indexed booklet. Often, these important documents are overlooked with the packaging and discarded, or considered advertising and totally ignored.

Consumer Reports recommends reading product manuals before making a purchase. We can get an idea of how the product functions, as well as any special requirements needed for operation. Previewing an instruction guide in this manner helps us avoid potential pitfalls and disappointment.

It is important to read instructional guides provided by manufacturers in order to understand how to best use and maintain your investment. Manufacturer instructions contain specific details about the product that are not readily available anywhere else. Manuals and guides inform us about product specifications and may also include operation and maintenance instructions. Without this information, we may not understand how to properly assemble or operate a product.

These manufacturer guides are designed to help you get the most out of your new purchase, know what to do if something goes wrong, and keep it in good running order for its full intended lifecycle. Keeping your manuals not only involves filing them for future reference, but reading them when your new purchase is delivered and installed. Here's why:

It is important to read instructional guides provided by manufacturers in order to understand how to best use and maintain your investment. Manufacturer instructions contain specific details about the product that are not readily available anywhere else.

1. Set up and Installation information

Installation recommendations are very important to ensure proper operation and reduce hazard risks.

2. Warranty & Servicing Details

Details regarding warranty limitations and coverage period are good to know, as well contact information and where your product can be serviced should you encounter problems. It's a good idea to write the warranty period, date of purchase and serial number of your product right on the front cover of your product manual for easy reference should the need arise.

3. Power Requirements & Energy Information

Important information to ensure proper installation and voltage requirements are met. It may also include manufacturer recommended settings for best efficiency, such as best temperature settings for processing plastic items.

4. Included & Optional Accessories

This is where you can confirm if all included accessories were packaged with your product, and what other parts are available for purchase. An additional accessory may be worth the purchase and enhance your product, such as a cassette rack if you are using these in your practice.

5. Parts List

Your guide will list the parts by name and provide ordering numbers to assist in finding replacements. Filter type, size and number or gasket replacement number is also important information to maintain your product in good working order.

6. What Not to do With Your Product

All too often, we neglect this section and these 'do not's serve a very important

purpose. This may include things to avoid that may reduce the lifespan of your product and invalidate your warranty, or ways to reduce the risk of hazards and injury.

7. Performance - How it Works

How it works, what it does and operational tips and suggestions. This is especially important if product operation involves an ordered sequence of steps which, if not followed could damage parts.

8. Special Features

You'll find instructions on controls and settings for all its unique features and options, such as how to increase the drying time on a sterilization cycle or what the error code means.

9. Recommended Maintenance & Troubleshooting

What you need know and do to keep your product operating properly. You may find troubleshooting tips and answers to frequently asked questions. When to change filters, how to properly clean it, what to use to clean it and how to check gaskets and filters.

Prior to purchasing products I would suggest reviewing the manufacturer's instructions to determine if any special equipment is needed to implement this into your practice. Often times, I find the product rep not fully trained on all aspects of the item and may misguide you. I have seen offices remove the racks and trays from their sterilizer to accommodate more instruments or cassettes in order to process more in each cycle. Team members can make these decisions without understanding the damage that may occur. If manufacturer's instructions are not followed and damages are incurred, the product warranty may be voided.

Having all the information prior to a purchase and complete training for team members may help you avoid costly mistakes in your practice.

WHAT YOUR STAFF *wants you to know*

By Dr. Ben Burris

At The MKS Forum in Dallas a couple of months ago, I had the privilege of speaking to a room full of team members – mostly office managers, TCs and leads. We had a grand time and one of the things that developed during our conversation was a list of topics the team members wanted me to speak to doctors about. I thought it was a fantastic idea so here is the list, without further ado…

Doctors, you should accept Medicaid for lots of reasons. Access to care, helping people in need, your unused capacity and the fact that you only have to give a reduced fee to patients who score high enough to get a scholarship from the state (and you are always complaining that no one scores enough!). Medicaid patients who don't score are just like any other patient and who couldn't use more new patients? I know you were told that "those people" don't show up, don't brush, don't comply, can't afford braces and on and on… but shame on the faculty members

who told you that and shame on you for believing that! Prejudging people is not beneficial to society and it's bad for business. Being prejudiced is bad. Stop it. Take each person for who she or he is and help each one get a great smile, doctor!

- Doctors, you should extend financing and lower down payments to make your awesome treatment more affordable to more people and make sure your practice is viable and we all have jobs for years to come! You can do it!
- Doctors, you should go IN PERSON to visit general dentists and show them you care enough about them and their patients to make the effort to show up. Your team is happy to do it as well but the dentists and their teams need to see YOU. We need all the referrals we can get! The more people who get treatment from our awesome office the better the world will be!
- Doctors, you need to know when to say when. If a patient has not worn elastics for 38 months it is unlikely that they will do so in 46 months! You need to have the tough conversations with mom, early and often, to get her on your side so that when the time comes and the braces need to come off for lack of brushing, for breakage, for lack of compliance, etc. then you don't piss momma off!
- Doctors, please don't talk to patients or parents about price, payments or discounts – especially after the TC and parent has agreed to terms!! Undercutting what your team members do is a big NO-NO if you don't want to have to do everything yourself! You are a sucker and you always cave in. Let us handle it and you'll be happier and make more money!
- While we are on the subject… Doctors, please, please, please don't give patients a primo appointment time after your team has enforced the rules that YOU created. This makes team members look very foolish and kills morale. Plus, if you undercut them, can you really blame them for not taking on the difficult mom over appointment times or for the fact that you have craziness after school?
- Doctor, please deal with, confront and even fire the patient or parent that is abusive to your team. You know the one. Everyone in the office does! You see their name on the day sheet and groan because they are chronically late, ugly to team members, mad, behind on payments, demanding after school appointments, and generally causing problems. For your sake and the sake of your team please put an end to the abuse and set the habitual abuser straight. Showing them the door is a good idea – and believe it or not they will usually straighten up and want to stay. A bully doesn't know how to react when they are called on their actions! This is not something that happens often

Doctor, please deal with, confront and even fire the patient or parent that is abusive to your team. You know the one.

but almost every office has at least one of these abusers. The convos I've had with this type of person usually go like this: "Mom, I'm sorry I can't make you happy so let's get you transferred to an another orthodontist"… and mom says, "But I'm very happy here and I want to stay here", and I say, "Well, I don't mind you being abusive to me but you are abusive to my team members and I can't tolerate that", to which mom says, "Please let me stay, I'm happy here and want to stay". Then you can decide whether or not to let them stay! They usually become raving fans if you let them and set down parameters.

- Doctor, if your teeth are crooked, please put some braces on and fix them up! You should be able to use your smile as an example in the TC room when talking to a new patient.
- While we are talking about the TC room, if you want to maximize your conversion rate and patient satisfaction, you need to realize that the TC is in charge of the new patient visit and you are a prop that he or she brings in to deliver the nerd knowledge that only you have. Once that is done you should leave. I know this is a shock to you but doctor you should shut up and get out much sooner than you think you should. You should also limit your nerd talk in front of patients. There are lots of ways to do this and we talked about many of them at MKS this year and will do so again at MKS 2016. No one likes to be talked about and pointed at in a language they don't understand but this is what you are doing in your new patient visit to potential customers! Stop it. Plus the chair side assistants are dying in the clinic while waiting for you to shut up!
- Most of all doctors, your team wants you to do for every patient only what you would do for your own family! If your team KNOWS that you don't let your finances or the practice finances influence your DX and TX and if they KNOW you only prescribe necessary treatment and if they KNOW you are treating others as you would treat your own family and if they KNOW that the treatment is beneficial then your team can feel confident in backing you 100% and helping patients find a way to afford and accept the treatment you recommend. That is a win-win-win for patients, for you and for your team!
- And finally, Doctor, we need to feel comfortable enough to tell you when you have food in your teeth, a boog hanging, bad breath or your fly is down without fear of you killing the messenger! You don't want to look foolish and we don't want you to look foolish! Let's be a team and work together for the betterment of our office and for our patients!

TURN YOUR WORST PATIENTS *into your biggest fans*

By Dr. Jason Battle

We all have them. The patient (or parent) that you dread seeing on your schedule. They're negative, constantly complain and love to argue…about anything and everything. Instead of letting them drag down your practice and your day, why not make them your biggest fan?

Typically these bitter P.I.As thrive on conflict. They gain energy from it. They also don't trust people because they've been let down by people, a lot. They are just waiting for you to disappoint them like everyone else. That's why they are so mean and negative toward you and your staff. They feel the need to do everything in their power to prevent you from failing them (like so many others have). They'll watch you like a hawk, challenge your decision making and basically make you feel like a visitor in your own office.

As orthodontists, we all have egos. For many of us, our first reaction is to fight back, give these people a piece of our mind, maybe to even dismiss them. "Who the heck do they think they are! This is my office! I went to school for over a decade! I took out the loans to build this office! I deliver great cases every day! GTFOOMO!"

Before you give up and dismiss them as patients, I challenge you to try the adage "Kill them with Kindness." Only take it to the next level. Kill them with kindness, resuscitate them, kill them again with kindness and then bury them 6ft deep in praise and adulation. Be obnoxiously generous and kind. Remember their birthday, get them a cupcake, send them a personal note thanking them for being great patients, always answer positively, replace "No" with "I'll do everything I can to make things work out for you" and smile until your cheeks hurt. Think of it as training for how to have the right attitude in your office.

Here are five helpful tips for dealing with my worst patients.

Before you give up and dismiss them as patients, I challenge you to try the adage "Kill them with Kindness."

1.) **Act don't react.** Temper your response. It is very easy to get upset when people question your intelligence or motives. Take a deep breath and think about the best way to respond positively. Often patient/parents are just trying to push your buttons so that they can invoke a reaction, and make you experience the same feelings that they have. Only you have control of your feelings, don't give up that power.

2.) **Communicate**. Don't avoid the patient/parent or the situation. Sometimes these patients can be a ticking time bomb. Don't be afraid to ask. "You seem like you have something on your mind. Do you have any questions or concerns regarding your treatment?" Typically there is just a misunderstanding, so clear the air.

3.) **Accept responsibility for your role in the situation.** It takes two to tango. Look for ways that you can improve as a professional and for your office to improve. This patient/parent could be shining a spotlight on a major deficiency in your practice that could be costing you millions of dollars. Instead of fighting them, you might want to thank them for having the guts to challenge you. Be open to making changes.

4.) **Empathize**. Sometimes people just need to know that you care. Let them know that you have their best interest at heart, and you'll fix the situation. Don't lie, don't set expectations that you can't keep. If you can't deliver on your promise, then be upfront.

5.) **Don't engage in the negativity, deflect.** Change the topic, compliment. Find something positive to discuss. Stay positive and keep the conversation light. You must resist being passive aggressive or sarcastic. It is very important that you don't stay neutral or walk away in these situations, you must respond in a way that will always help the situation. There is no such thing as a neutral human interaction. In any relationship, we either add or subtract from the relationship through

our communication.

Try these tips and be persistently positive, after a while those negative nellies will change their tune and start to like you. By the time you finish the case and deliver a fantastic result, they'll be practically in love with you. Ask them for an internet review at that moment, I'll bet that they write 2-3 of them for you because you listened. They'll tell all of their friends about you, which will really mean something because their friends know that they are miserable people and dislike everything.

The important thing is that you've created a positive experience, a happy patient, avoided a negative online review, empowered your staff in the area of patient management and ultimately taken back control of your office. So don't give up on them, they need you to succeed!

FROM SCARCITY MIND-SET TO ENTREPRENEUR:

My First Eight Years in Business

By Dr. Michael K. Agenter

Dental school, the US Navy and orthodontic residency cannot adequately prepare one for the reality that is business. After finishing orthodontic training at the University of Tennessee in 2008, I joined a rapidly growing single-doctor practice in my hometown on a two and ½ year track to partnership. A lifetime of formal education complete, I unwittingly began the next stage of my education, my business education.

Pregnant with our first child, my wife and I moved into a newly built home we designed during my final year of residency. After years of renting and living conservatively on student loans, we leveraged ourselves to build a house large enough to accommodate all of our future children. Conveniently, it was located a few miles from the main office.

The clinical transition from residency to private practice was in a word, incredible. Accustomed to seeing a handful of patients a day, I hit the ground running, often treating 120+ patients in 5 or 6 hours. My clinical experience was invaluable and the greatest asset I gained from what culminated in a brief associateship.

Fast-forward six months into the new job. My employer and I had the uncomfortable talk about the lack of growth in the business and its implications for our partnership. Not long thereafter, I was asked if I wanted a written copy of my 60-day notice of termination. Officially fired, my education in business began. In just short of a year, I had learned much about clinical orthodontics yet nothing about the business. Humbled and uncertain of my future, we shook hands, and I thanked my employer for the opportunity.

I think it's helpful at this point to interject a few tips I learned for the sake of residents and new graduates reading my story. In my experience, there are typically red flags discernable on the front-end of an untenable partnership. Do not dismiss these lightly. Find a mentor and consider the counsel of a couple of individuals you consider successful. Given success is often measured differently, seek wisdom from those you respect and admire. The goal is not consensus but finding advice that resonates with your gut feeling. From a practical sense, I recommend renting living space as opposed to committing yourself financially and geographically to a mortgage. Be realistic and enter your associateship with a courtship mentality. This is an opportunity for both of you to test the waters and discern if you are a good match. There is absolutely nothing wrong with either party terminating the relationship so keep your eyes and options open. Finally, do not be naïve to macroeconomics. I came out of residency in 2008; a year remembered for our nation's largest home price drop, a credit crisis, and recession.

The clinical transition from residency to private practice was in a word, incredible. Accustomed to seeing a handful of patients a day, I hit the ground running, often treating 120+ patients in 5 or 6 hours.

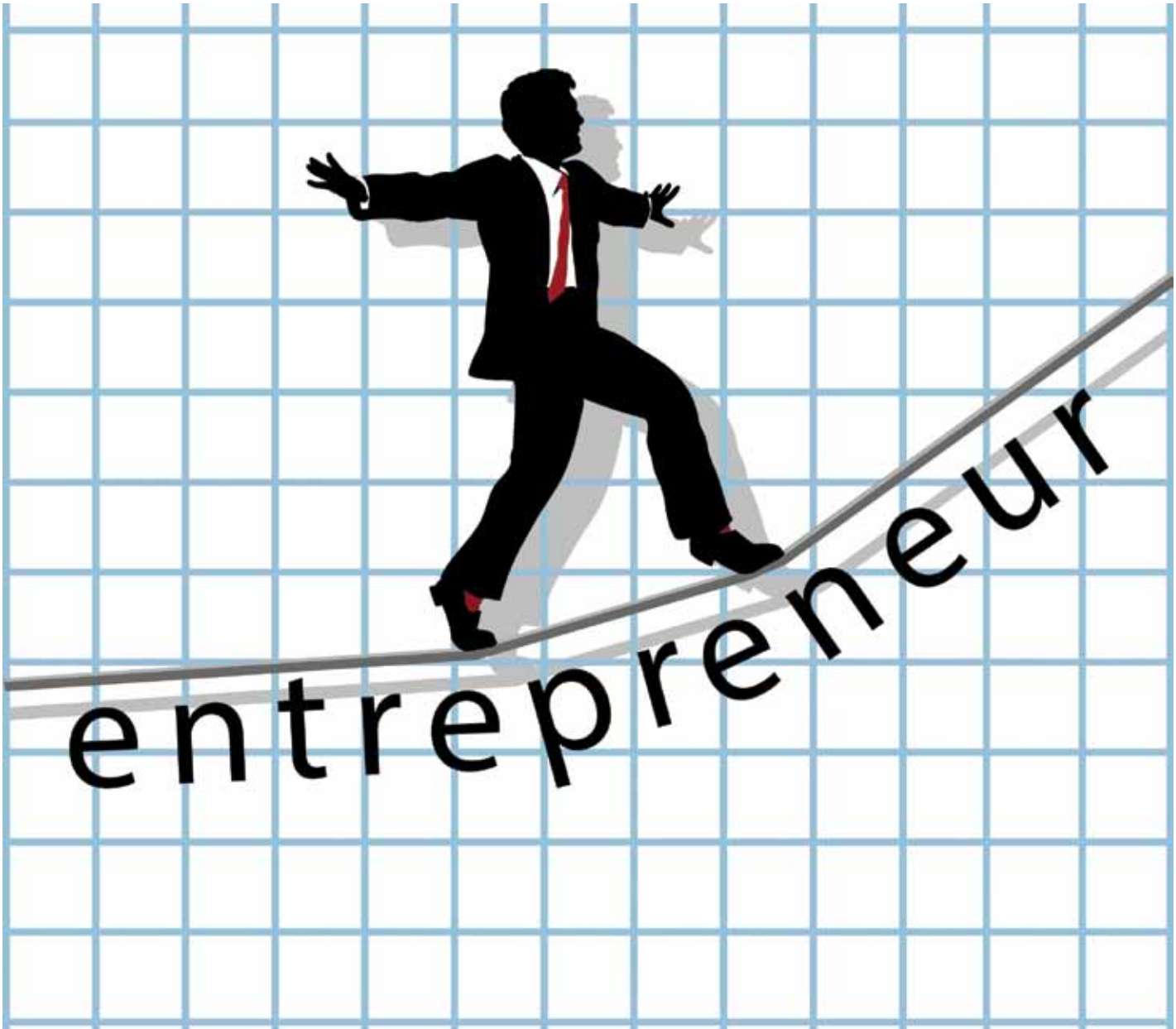
So, back to my story. With student loans, a new baby and an upside-down mortgage, I scoured the local market for

employment. A couple of guys were in negotiations with buyers and said they would call if things fell through. I cast a wider net, and eventually an opportunity arose. It was an hour and a half away, but it was a j-o-b. The previous orthodontist had passed away, and as much as I needed a job, the family needed a buyer.

A year post-residency and a failed partnership behind me, I was a business owner. Unable to sell our home, I chose to commute. My schedule consisted of three consecutive days at the office followed by a four-day weekend at home. Apart from being mostly unaware of the implications of owning a business and spending three days away from family, life was good. Averse to risk and afraid of failure, I saw patients during the day and painted the office and managed other projects at night. Delegating what I could do myself was not an option. Unbeknownst to my staff, I slept on an inflatable mattress for the first year. Apprehensive someone may discover me crashed on the office floor, I slipped out early and showered at a local gym.

Early in practice, I struggled with managing problematic employees, running on time, finishing cases on time and wearing too many hats in the business.

Maintaining two separate lives became lonely and depressing, and my air mattress had a hole I couldn't seem to find. Yeah, I was too cheap to buy a new mattress or stay in a hotel. About the time my son began to walk, I reasoned it was



time to go home at night. I was missing too much life. Driving home every night doubled the commute, but the travel was mostly interstate and essentially cruise control. On the upside, it afforded me the time to unwind, listen to audio books and it meant no more sleeping on the floor.

The first chapter of my informal business education I refer to as acknowledging and overcoming a scarcity mindset. My cognition was deeply rooted in the fear of failure, which manifests in micro-managing the bottom-line (resources and tasks) while failing to appreciate the bigger picture (relationships and vision). Coming from a divorced home without an abundance of resources, my scarcity mindset was personal in nature. Acknowledging my scarcity mindset was the easy part. Being honest with myself, I have always been aware of it. Overcoming this type of mindset is a different animal altogether.

Early in practice, I struggled with managing problematic employees, running on time, finishing cases on time and wearing too many hats in the business. Delegation was not in my comfort zone, so I paid the bills, kept the books, managed inventory, processed payroll, conducted employee reviews, hired and fired, designed our website, wrote our marketing pieces, etc. The most glaring problem associated with such narcissistic thinking is I became the bottleneck in my own business inhibiting its growth.

It is said that we only change when it hurts too much not to, and that was certainly true for me. Over the years, I learned to appreciate and empower others to make decisions. This was no small challenge as it meant allowing someone to make the wrong decision. Delegation has been liberating as I am surrounded by incredible people who lighten the weight of my responsibility allowing me to invest my energy in that which only I can do.

My first year in business saw negative growth as the previous orthodontist had passed away leaving the practice in a 4-month state of limbo before I came onboard. The second year was flat but by the third year, the business started to grow. Turning out finished cases helped strengthen our referral base as dentists saw the quality of my work. The practice was also gaining momentum internally as our patients began to refer friends and we built a positive reputation in the community. In 2011, we launched a second office from scratch followed by another in 2014. Not a risk-taker myself, I credit my wife who kept telling me to just do it. Ironically, it was our upside-down mortgage which prevented us from moving that ultimately created the opportunity for the new offices.

The first chapter of my informal business education I refer to as acknowledging and overcoming a scarcity mindset. My cognition was deeply rooted in the fear of failure, which manifests in micro-managing the bottom-line (resources and tasks) while failing to appreciate the bigger picture (relationships and vision).

Essentially, the obstacle became the way.

My turning point in business was learning to embrace and enjoy competition, innovation, and change. As much as I desire to become better at delivering the best possible orthodontic treatment to our patients, I am equally enamored by the challenge of growing a business anchored by our mission and vision that has the capacity to affect positive change in our community. The more people we reach, the greater the transformative effect we can achieve within our community. Dr. Albert Schweitzer said, "Do something wonderful, people may imitate it." What greater joy is there than to see those within our circle of influence do something wonderful? Creating amazing confident smiles is simply the currency we deal in as orthodontists. Yet, we have a much larger platform than this for influencing the lives of others. This is a far greater responsibility and opportunity than I envisioned when I became an orthodontist. Scarcity mindset is a cancer that compels us to play it safe and conservative. Do not give in to it and do not let it define success for you. Consider what amazing things you are capable of with this platform of influence that you wield which is your business. You are an entrepreneur.

I would be remiss not to share credit with the many friends I have made through our study groups. My business has flourished through your collective inspiration. Special thanks to Ben and Bridget Burris, long-time friends from the days before ProOrtho. One of the things I look forward to throughout the year is getting to know many of you at the various meetings. If I could encourage you with just one thought it would be to figure out exactly who you are, hammer out your mission and vision and then fiercely defend it as it plays out in the culture of your business and your relationships. Everything else will follow.

Revitalizing YOUR NEGATIVE ONLINE *Review Strategy*

By Geanna Culbertson

In the world of online reviews, many satisfied patients do not take the time to post raving comments about the positive experiences they've had. Conversely, it is often the patient with a negative experience that is willing to go the extra mile to make noise.

Such disgruntled feedback often triggers two kinds of reactions. One, you opt to ignore the review. Or two, you feel compelled to either argue against it or try to have it removed entirely.

While these types of reactions might be the most natural to have, there are much more effective means for handling negative online reviews. Moreover, these alternative methods should be heeded given the power that negative reviews can hold.

Negative online reviews can impact a practice substantially—driving away potential clientele, tarnishing your brand, and lowering credibility. As such, it is important to develop a proper strategy for professionally addressing them. This strategy should be based on two key ideals: responding to negative reviews and accentuating the positive.

#1 RESPONDING TO NEGATIVE REVIEWS

Whenever reviewers leave negative comments about your practice, it is in your best interest to respond. Allowing negative reviews to go unaddressed communicates inattentiveness and lack of concern for the clientele. Conversely, responding to negative reviews shows that you care about your patients' opinions. It also creates a conversation with the reviewer, which can work to alleviate frustration and diffuse the situation at hand.

As you adopt the practice of responding to negative reviews, there are some key guidelines you'll want to keep in mind. These can best be remembered with the acronym: **P.I.P.E.S.** —

Promptness
Introspection
Personable Approach
Empathy
Solution-Oriented Attitude

Promptness

Being quick to respond is vital. When a bad review is left to fester, it can create additional negative side effects. For one, the reviewer might feel like the practice does not care about the feedback. This perception might then cause him or her to leave more negative reviews on other platforms.

Two, the longer an unaddressed negative review is out there, the more opportunities potential new patients have to read and be influenced by its unmet claims.

And three, if a patient's negative review is warranted, then disregarding it means wasting an opportunity to zero in on a problem within your practice that needs addressing.

Introspection

It is natural to feel defensive when a customer leaves a negative review about your practice. Nevertheless, before responding to a negative review, it is important to look inwards and objectively assess if the reviewer's claims hold any truth. For while every so often a negative review could simply be a patient venting misplaced anger, more often than not negative reviews are based on a genuine issue.

As *Groove* marketing head Led Markidan writes, in most cases "a bad review isn't the problem. A bad review is the *result* of a problem. The real problem is whatever happened between your customer and your businesses that created that result."

Nevertheless, before responding to a negative review, it is important to look inwards and objectively assess if the reviewer's claims hold any truth. For while every so often a negative review could simply be a patient venting misplaced anger, more often than not negative reviews are based on a genuine issue.

Therefore, do not take negative reviews as insults and respond defensively or argumentatively. Rather, analyze the issue presented therein and reflect on what truths the negative review contains. From there, respond humbly and use those truths as a means to improve your practice.

Personable Approach

In some cases you can address a client's online concerns in person. A current patient of an orthodontic practice, for instance, comes in for periodic visits. So after posting your *public* negative review response online, you do have the opportunity to *privately* talk to them in person as well—further rectifying the situation and assuaging whatever negative feelings they may still have about the practice.

Another personable approach in lieu of this could be offering to continue your conversation with the displeased client past your review response. You could—as President and co-founder of *Diffusion* international communications agency, Ivan Ristic, notes—"state your willingness to receive any questions or comments through email."

Both of these approaches, of course, depend on the problem and the patient.

Empathy

When dealing with a negative review, it is important to put yourself in the patient's shoes. By sincerely trying to understand the reviewer's perspective, you will be able to speak to their concerns, thus diffusing hostility more easily. In accordance with this, when you draft a response to a negative review, consider using softening statements like:

- *I would also be frustrated if…*
- *I understand where you are coming from…*
- *I am sorry that your experience was…*

Remember, customers may not always be right, but it is essential that you never make them feel like they are wrong. Demonstrating this kind of understanding can help calm an angry customer. It can also make your practice look good when other potential patients see the exchange online.

Solution-Oriented Attitude

Responding to negative reviews should not be about silencing patients, but resolving issues. Whatever problem a negative review highlights, you should create a response that demonstrates your efforts to alleviate that problem to the best of your ability. In certain situations, even asking them what you can do to make the situation right can be helpful.

#2 ACCENTUATING THE POSITIVE

A negative review calls attention to something your practice might've done wrong. Positive reviews highlight all the things your practice has definitely done right. As such, you should make showing off these great reviews a priority for your practice's online presence strategy.

Highlight Your Excellence

Positive reviews lessen the impact of negative reviews. The more you have of one kind, the less authoritative the other becomes. So, rather than dispense too much energy lamenting over occasional negatives review, develop a business model aimed at drowning out negative reviews with all your positive ones.

In accord with this, you might want to consider some of the following:

- Have areas of your website dedicated to displaying positive reviews that you've collected from across multiple platforms (Yelp, Google, Facebook, etc.)
- Check the filtered reviews section (i.e. "reviews that are not currently recommended") at the bottom of your Yelp page for lost positive reviews that Yelp's algorithm may have filtered out of the main display. Then, if you find any, draw attention to them when responding to negative reviews.
- Finally, develop an office culture that encourages patients in person to leave online reviews as steadfastly as your website encourages them to do it online.

Take Advantage of Good Feelings

People act on extreme levels of emotion. When patients are hot and bothered, they want to voice those sentiments. But, as most people are not typically inclined towards direct, aggressive confrontation, they take those negative feelings to the Internet—voicing their complaints to a faceless audience.

Dissimilarly, when a customer has a good experience they feel much more comfortable telling someone in person. For example, when orthodontic patients get their braces off and are pleased with their new smile, they often communicate that response to the practice staff right then and there. They do not shy away from directly voicing their opinions because they are good and, therefore, patients have no introversion about standing behind them.

Responding to negative reviews should not be about silencing patients, but resolving issues. Whatever problem a negative review highlights, you should create a response that demonstrates your efforts to alleviate that problem to the best of your ability.

Here is where you and your staff should strike.

You never want to forthrightly request positive reviews from patients in person or online; that is bad form. Instead, develop an office culture where reviews are encouraged when patients are already in that positive state.

A simple mention of "please review us online" can suffice, especially if you have set up an easy means for patients to get to those reviewing outlets. Some suggestions for this include:

- Have an easy-to-locate icon on your website's header that says: "Write a Review" and have it link to a review site.
- When emailing out patient invoices, appointment confirmations, practice news, etc., have a mention about reviewing at the bottom with a direct link.
- Create a QR code that takes patients to reviewing sites, and put that code on signs or table toppers throughout your office that encourage people to leave reviews.
- Create small handouts that your receptionists can keep at their desks, which encourage reviews and/or provide instructions on how to leave them. And, in conjunction with this, train your employees to distribute these handouts to patients who have clearly had a positive experience.

These are just some of the ways you can take advantage of good feelings in your office, turning them into positive reviews that help drown out negative reviews.

In Hindsight

No one likes getting negative reviews. In business they are the chinks in your armor—subtracting sturdiness from the positive brand you are trying to portray. Still, as with all kinds of weakness in life, it is not the existence of the weakness that defines you; it is how you handle it that matters.

Properly dealing with negative online reviews by responding appropriately and accentuating the positive will give you your most effective means for combatting their impact on your practice.

Past this, in general always remember to take reviews seriously… because when deciding where to take their business, your potential clients certainly will.

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PROACTIVE IMPLEMENTATION – *Key Steps to System Success*

By Charlene White

I sat next to a consultant on the plane recently who worked for a consulting firm. He told me that the hottest topic in the MBA programs today was "implementation." Companies are not looking for new ideas. They are looking for consultants who can help them structure a program where employees are motivated to take action which gets results. Quite often I meet with orthodontists and staff who are frustrated that their systems are not fine-tuned. They make excuses like:

"We don't have time."
"We don't have the right kind of people on our team."
"There isn't a good pool of qualified applicants in our area."
"We talk about it, but nothing changes."

We make excuses to fool ourselves into feeling better about what we are not doing. Making excuses serves no one. You are better off to say, "I choose for things to be this way." For example, I have worked with some offices that have a high rate of delinquency, but I have also worked with hundreds who have less than 3% delinquency. The only difference between the two situations is having a well-organized system that is followed each month. The office that has a history of past due accounts has no set system. The doctor may not even be looking at the aging report. The financial coordinator has not implemented a system or is not held accountable to follow one.

This brings up an important question. Who is responsible for implementation in the practice? Initially, it is the doctor because he/she is the leader. The doctor must lead the way and take the time to inspire the staff to take action. Well-organized practices are lead by doctors who take non-patient time to develop the management side of their practice. The following are actual statistics from one of my clients. This young doctor chose a great location in the midst of families who could afford orthodontic treatment (average family income $50,000). He hired

OFFICE COMPARISON OF STATISTICS WHEN PROPER SYSTEM IMPLEMENTATION IS USED

PRACTICE AREA	BEFORE IMPLEMENTATION	5 YEARS LATER AFTER IMPLEMENTATION	COMPARISON
Collections	$623,621	$1,967,287	$1,343,666 ↑
Production	$706,288	$2,071,919	$1,365,631 ↑
New Patient Exams	487	971	484 ↑
Records	290	589	299 ↑
Starts	211	570	359 ↑
Actives	450	972	522 ↑
Patient Days	176	159	17 ↓
Average Patient/Day	60	90	30 ↑
Observations	385	1046	661 ↑
Observations/Monthly	40	115	75 ↑
Fee Avg	$3,680	$4,446	$766 ↑
Partial Fee	$1,680	$1,890	$210 ↑
Past Due Over 30	$3,405	$3,316	$89 ↓
Past Due Over 60	$1,275	$1,367	$92 ↑
Past Due Over 90	$6,638	$3,352	$3,286 ↓
Accounts	352	609	257 ↑
Accounts Past Due	33	46	13 ↑
Average # of Visits/Case	28	17.2	10.8 ↓
Avg. Collections Per Visit	131.42	258.49	127.07 ↑
Production Per Day	$4,013	$13,030	$9,017 ↑

me to work with him four years after opening up on his own. He was seeing patients 180+ days per year. I immediately took him to 144 patient days. The other 36 days per year were spent fine-tuning his staff, and his clinical, marketing and business systems. The results speak for themselves. He enjoys his young family, his staff is secure and happy, his practice is highly successful, and he now has time to pursue his hobbies. He was able to achieve these goals in five years, and reduce his overhead by 10%.

OFFICE COMPARISON OF STATISTICS

In this article, I would like to discuss how to implement a system into your practice. You can apply these concepts to all the systems in your practice. The key is to design a formula and use it to implement one system at a time.

STEP ONE: The Doctor should write the goals, purpose and ultimately what you would like to achieve. Review a list of current challenges that you would like to resolve.

STEP TWO: Create a flow chart that illustrates the "old way" and the "new way."

STEP THREE: Present this to the staff at a meeting. Get input from the staff and refine the plan. Remember that the perspective of the staff members may be very different from that of the doctor. Personality typing comes into play when working together on a project like this.

STEP FOUR: Delegate tasks and coach staff through the process.

STEP FIVE: Assign specific times and target dates for completion.

STEP SIX: Set up a system to measure your results.

STEP SEVEN: If the results are good, stick with the plan for six months to a year and reassess.

If systems change constantly, staff burn out and lose their motivation. Give it time to work. Realize that it takes 21 days to make a change. We are all creatures of habit. Staff needs to be coached and supported through these changes. Quite often the doctor expects the change to happen immediately, which is unrealistic. Encouragement and support are essential to making any new system work. The following is an example of changing a new patient system in practice.

STEP ONE – GOALS AND OBJECTIVES

1. The doctor's goals are to implement a one-step consultation process by September 1st. The objective is to utilize the talents and equipment to the fullest to completely inform the patient and eliminate a separate consultation in 80% of the cases. Two treatment coordinators must be fully trained to accomplish this goal.
2. Mary and Susan will be trained as treatment coordinators and conduct a one-step process with the doctors.
3. The doctors will meet with the coordinators for training on _____.
4. The schedule will be changed to reflect 15-minute appointments for all new patients by September 1st.

STEP TWO – FLOW CHART

The following flow charts represent the current system and the proposed new system:

FLOW CHART CURRENT NEW PATIENT PROCESS
New patient seated in exam room by Susan
Doctor does exam without photos or panorex
Susan presents fees and options
Betty takes records if patient is ready
Patient leaves with no walk-out letter regarding treatment
Patient returns to the office for 2nd visit - a consult with Mary and receives a case presentation letter
Starting appointments are scheduled

FLOW CHART NEW SYSTEM TO BE IMPLEMENTED BY SEPTEMBER 1ST
New patients will be greeted by the treatment coordinator and taken into the exam room
The patient will go with the records coordinator for photos and panorex
The doctor will conduct the exam after reviewing photos and x-ray
The new patient coordinator will input exam information into the computer as the doctor presents the case.
The new patient coordinator will present fees, pay- ment options, sequence of appointments, and risks and limitations while the patient finishes records
Starting appointments will be scheduled
The patient will leave with a walk-out letter generated by the computer

STEP THREE – STAFF MEETING

A staff meeting is set for July 30th to cover the proposed plan with the team. At that time, the plan will be fine-tuned on paper.

STEP FOUR – TASKS

Specific tasks will be delegated at the meeting. Target dates and times will be recorded. For example:

1. Mary contacts Charlene White's office to register for the NPC course in November.
2. Sally changes the template to reflect the time changes for September 1st.
3. Betty meets with the doctors on July 15th to refine the layout and doctor terms for the automatic letters.
4. August 9th the doctors will meet with the coordinators to listen to the home study course tapes and review workbook.

STEP FIVE – MEETING

A meeting date is set for October 1st to review the new system. Results of

all exams for the month will be tracked and measured. All staff will attend this meeting. The plan will be fine-tuned at that time.

CONCLUSION:

As you can see from this example, you must have non-patient time together to fine-tune your systems. My goal is for my clients to see patients 12-14 days per month maximum so they have time to get organized. This enables them to enjoy their practice for many years.

I want to encourage you to use this outline to create systems in your practice that are efficient and easy to use. If a person leaves the team, you want to be able to easily plug another person into the system. Without a flow chart and documentation of the system, this is impossible to achieve. Take the stress out of your life by investing time up-front to fine-tune every system in your practice starting today.

BREAKING THROUGH THE BARRIER

CURRENT NEW PATIENT PROCESS	PROPOSED NEW PATIENT PROCESS
No Telephone Intake Form	Integrating airway analysis C.B.C.T. scanning
Confirmed by Email or text	Create a telephone intake form
1 hour appointment scheduled	Confirm by T.C. call, email or text
Initial paperwork on website	Offer to email initial paperwork or offer website download (SC)
Pan, Ceph, and photos taken prior to doctor exam	Ask for insurance information at the first call (SC)
T.C. passes insurance information to the F.C.	Confirm by T.C. call, email or text
Doctor completes exam and discusses goals, benefits, and treatment plan using Pan, ceph, and photos	Rapport building time with patient.
T.C. presents payment options	Inform parent and patient and have a permission release signed (T.C)
Offers to finish records "today" and schedule start	Have quick an easy form completed
Patient leaves with walkout package	Photos and CBCT scan taken and uploaded to a large monitor in the exam/consultation room (records assistant)
No same day start offered	Doctor exam and consultation with the patient
Pending follow-up calls are random	Doctor has prepared cases to show as examples of out comes
Recalls receive an email in six months	Walkout package is prepared in the process
	T.C. presents payment options and outlines the starting process
	If applicable, offers same day start
	Schedules next appointment
	Or schedules appointment to make the follow-up call
	Doctor does a quick email video email video to send the web
	Recalls get a "real" appointment

NEW PATIENT PROCESS COMPARISON

CURRENT NEW PATIENT PROCESS
New patient seated in exam room by Susan
Doctor does exam without photos or panorex
Susan presents fees and options
Betty takes records if patient is ready
Patient leaves with no walk-out letter regarding treatment
Patient returns to the office for 2nd visit - a consult with Mary and receives a case presentation letter
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Starting appointments will be scheduled
The patient will leave with a walk-out letter generated by the computer

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Meet David Butler

You're a modest guy but how does it feel to be the guy who sparked the biggest shift in how orthodontists communicate in decades?

Well, that's very flattering although I don't think I can take the credit. Like many things that catch fire, it has been the perfect match of timing, people, and circumstances that have allowed these study groups to be so successful. It has been amazing to see the changes that are being made both in our individual lives as well as our profession as a whole. Never before have we been able to instantaneously put our collective heads together and face any problem with such an amazing crowd-sourced brain trust. And to think just how small of a percentage of orthodontists we have in these groups. It's even more staggering to think what could be done with the majority of our profession on board.

Where did you get the idea to form Orthodontic Exchange?

When I was in residency, I had the chance to attend the Utah Association of Orthodontists annual conference, and Utah, like most states, is pretty saturated with orthodontists. I was pretty bummed at the lack of camaraderie among the attending members. For some reason, people felt like if they were in the same profession in the same area, they couldn't be friends and that seemed so backward to me. And this wasn't an isolated feeling. Talking with others around the country, it was a ubiquitous problem, but

there wasn't any other way to develop close bonds with fellow orthodontists. Professional interactions were limited to massive national meetings where the only people you recognized were from residency, small local study groups where you didn't dare share your highs and lows in fear it would be used against you, faceless email threads full of pages of reply-alls and massive email signatures, or website forums with vague usernames that "trolls" could hide behind. Everyone was basically on a lonely island trying to figure out how to run a business and treat cases they had limited experience on solely off of the "expertise" they got from residency, mixed with whatever the retiring doc they bought the practice from was doing. As our residency started to draw to a close, my classmates and I wanted to have a way to continue to talk with each other to, even in our small number, help each other out with questions we came across as we all left to our "lonely islands." I think our first attempt was through some family blog website, and it was painfully ineffective. Without top of mind awareness, it was difficult to remember to check in to see if anyone posted something. I was a member of a Facebook group with a dentist buddy from college and some of his friends. Then I realized it would be the perfect structure for what I was wanting to create, which at the time was just a way for me and some close ortho friends to keep in touch with how life outside of residency was going.

Why do you think Orthodontic Exchange is so effective? Why geographic exclusivity? What is the culture of the group?

First I think one of the reasons it has been so effective is because of how it has grown organically. It started with just my co-residents and a couple of other ortho friends I had, but then friends of friends were invited, and then their friends, and it just grew exponentially from there. It became sort of an orthodontic version of 7 Degrees of Kevin Bacon. Because of this, most everyone knew everyone else through some common friend (which Facebook made easy to figure out via "mutual friends"). Secondly, one of the main goals I had for the group is to foster an atmosphere where everyone felt they had a place where they could openly and honestly express what great successes they were having and what problems they were coming across. I knew of a couple of email based study groups that had geographic exclusivity for its members for the very reason of allowing them to feel most comfortable to share openly with the other members and decided to adopt a similar structure for the Orthodontic Exchange Study Group. The benefit of this is not to keep other people from benefitting from the group, but to really raise the level of engagement among the members. I think this level of open honesty with each other is another major reason the group is so effective. Lastly, I think the group has been so successful because of its culture. Most members of

the groups are Facebook friends with each other. For better or worse we are all able to get a much more personal insight into each other's lives, interests, even what the other had for dinner the night before. It reminds me of a giant residents room where we can talk shop, make fun of each other, argue, have the occasional off-color rant, and collectively help each other out in all aspects of our lives. Although the business and clinical sides of ortho dominate most discussion, we often share with each other the victories and defeats in life as well. As Ben Burris often quotes from the 5 Languages of Love, life and business is much more like spaghetti than waffles anyways.

What is your goal for the group?

I think for the most part it's just to continue to provide a place for the members to collectively learn, share, and grow. We are constantly coming up with new ways to benefit from the group, from in-person OE meetings like our recent meeting in Vail, collaboration with other groups like ProOrtho FE, Young Docs, and Pragmatic Orthodontic Clinical Discussions at meetings like Meeting of the Minds in Miami and the MKS in Dallas, to partnering with companies to create win-win relationships of learning and purchasing power.

How big can this thing get?

I think one of the reasons OrthoExchange is so active is because everybody knows everybody which helps people feel even more comfortable to share. Because of this, and simply because of the nature of geographic exclusivity, I don't see the group getting too much bigger. As far as the overall explosion of Facebook ortho study groups, I hope it continues to grow exponentially allowing

as many people as possible to have a network of colleagues to feel connected with. It may seem corny, but I think something like this is our profession's best bet at staying relevant when facing such a rapidly changing landscape.

Talk to me about your practice, partner, pedo, etc.?

While looking for practices to buy, I was introduced to Scott Law and given an opportunity to associate with him at Central Texas Orthodontics. I quickly recognized the learning opportunity of working in such a successful and fun practice and side by side with Scott and quickly jumped on board. While looking forward to something long term in Texas with Scott, my dad was diagnosed with Parkinson's disease. This was really tough because I planned on being financially secure enough to fly my family often to visit "Oma and Opa" (dutch for grandma and grandpa) and suddenly that timeline became much shorter. In what I can only see as an answer to prayers, I out of the blue received an email from Dr. Chris Parkinson (quite the coincidental name)

I quickly recognized the learning opportunity of working in such a successful and fun practice and side by side with Scott and quickly jumped on board.

who had received a letter from me in residency and held on to it even though he at the time didn't have an opportunity. After much deliberation, we eventually settled on becoming 50/50 partners right out of the gate. Chris had already established a very successful practice with a very efficient staff and schedule, so it was a great match for me coming from Texas. I was able to bring in a lot of the culture and atmosphere I soaked in working with Scott, and it's been great watching things continue to get better and better. Right as I joined we had the opportunity to partner with a group pediatric dental practice here in town and provide orthodontics for their patients in house. That quickly ramped up to 4 days a week within only a couple of months, so Chris and I are sort of two ships passing in the night as we cover our practice and the pedo practice.

What is your practice philosophy and culture?

So one of the core agreements that we have as a practice is what we call PTS, or Patient, Team, Self. We put the patient's experience and care ahead of the team, and the team ahead of ourselves. Our office has a pretty laid back atmosphere with fun, upbeat music playing and, with an open bay and eight clinic chairs, a lot of motion. It's not chaotic motion, just a good amount of energy. It's a place where people can come, be themselves, have fun and recharge. It's cliche but we really focus on creating raving fans first and foremost, and that has allowed us to have a patient driven referral base, which I think is key in the changing landscape of dentist referral patterns.

As a leader in the specialty, please tell us where you see orthodontics going in the next 5, 10 and 20 years.

Technology is only going to make treatment more and more efficient, especially for what used to be the bread and butter cases for orthodontists, Cl I mild to moderate crowding. General dentists will continue to be more and more equipped at properly handling these cases so the cases that will be referred to us by the general dentists will only be the much more difficult to treat, compromised dentition, real head scratcher type cases. This is already going on, and I think five years from now, it will be a pretty standard experience across the country. Ten years from now I think the majority of orthodontic work will be taking place in multi-doc/multispecialty group practices. I don't mean that it will all be large national corporate chains, although these will continue to expand; I see long-term strength in partnerships

like I see in medicine with surgical centers and specialty group practices. 20 years from now is so far away considering how rapidly things change these days that it's near impossible to predict. However, if I had to put wagers now on some black and white options, I'd say getting straight teeth will be as simple as taking some 3d scans of your teeth with your phone and the whole case will be remotely managed by technicians, most likely not in the US. Short of hospital-based surgical cases, the specialty of orthodontics as we know it will be gone. There's a good chance my 20-year prediction is more suitable for the ten year, with the ten-year prediction being more fitting for the five.

What would you say to dental students or dentists who are considering going to ortho residency?

You know, this really goes for anyone, at any stage in their life. Ask yourself WHY you are on the path you are on. Don't give yourself the textbook answer you think sounds the best, but get to the core motivation. You may find that when you boil it down to the basest of reasons, there are quicker ways of getting to your "why." For me it was to make a good living, helping people that were happy to be seeing me, and to have an opportunity to change people's lives for the better, and to boil that down even further it would be because I thought those things would bring joy to my life. I made the jump from medicine to dentistry when I pondered my "whys." I made the jump to being an orthodontist for the same reasons. I wouldn't be opposed to dropping orthodontics and become an architect or yoga instructor (except I can't even touch my shins) if I felt at some point it better served my "why." Just be careful not to pick a path because you saw someone else get to your "why" that way. That path leads somewhere else by the time you get on it, and if you just keep your head down staring at the path, you will find yourself somewhere you weren't planning on going. But If you keep your head up, with your eyes focused on the "why" rather than the how you'll be able to change course however you need to get to where you want to be.

What would you say to orthodontic residents?

There is so much that you don't even know you don't know. This is especially true in business. There is a huge benefit to associate first out of residency if you can match up with a successful private practice, someone that is after the why, not the how. Don't get caught in doing what everyone else is doing. Look outside the industry. Find out what everyone else is saying can't be done, and do it. Christopher Morley put it well, "Read, every day, something no one else is reading. Think, every day, something no one else is thinking. Do, every day, something no one else would be silly enough to do. It is bad for the mind to continually be part of unanimity."

So every time I think I'm too busy with my practice, family and study group, she is an example to me that it can all be done, and done with a smile.

Tell us about your family and what you like to do?

I still remember the first time I laid eyes on my wife in college. I leaned over and told my roommate, "I'm going to marry that girl." It may have been a more college kid-minded comment, but at least, that's how I like to remember it. Either way, one thing led to another, and now I find myself, five states and six kids later, still madly in love with that girl. The adage goes behind a great man is an even greater woman. I by no means see myself as a great man, but my wife is the greatest person I know. She inspires me to work harder and is an example to me of how, no matter how busy life is, you have to find balance. Although she's busy running six kids around, she still finds time to get up before 6 (often before 5) and either run several miles or go to the gym for a couple of hours. She will have a jam packed day full of volunteering at school, doctors appointments, sports practices, yet will show up at the office with several plates of brownies she just made. So every time I think I'm too busy with my practice, family and study group, she is an example to me that it can all be done, and done with a smile. As for my kids, I have two older sons (ages 12 and 10) followed by three daughters (ages 8,7,4) and one last little guy to even out the teams who joined our family on New Year's day this year. As a family, most of our time together involves supporting each other in all of our individual interests. We attend soccer and basketball games, choir concerts, dance recitals, math competitions, cub scout pack meetings, races, etc. All of this in the name of family unity. We occasionally even run a 5K together- correction my wife and older sons run while I grumble behind the stroller convinced my knees are allergic to running unless a basketball is involved. Between the practice, study group and family, it doesn't leave me with much personal free time, but I still manage to try and get in 18 holes of golf as often as I can and still love to play basketball a couple of times a week. In my remaining free time, I enjoy interacting in FB groups, reading tech blogs, photography and photoshop. Oh yeah, and occasionally sleeping and eating.

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THE LAW of Like

By Dr. Cole Johnson

I have a billion dollar idea. It would change orthodontics as we know it. If you'll help me develop it, I'll split the profits with you, straight up - 50/50, ok? Listen up: Uni-directional Force Elastics. That's right, rubber bands that only pull one way. Have you ever needed to close some posterior space but don't want to sacrifice the positioning of the anterior teeth? How about a rubber band that only retracts, if that's your desire, without the pesky protraction side effect? Or let's say that you'd love to correct a Class III bite without flaring the upper incisors? Just place a pair of my handy dandy Cole-astics and voila! How simple is that? We've got the idea, the name and how it's going to work… all we need now is to figure out how to get the darn elastic to pull from one end and not the other.

Unfortunately, I had a crack team of scientists, shamans, Olympic curlers, and my tamale lady look into it, to no avail. As simple an idea as it seems, apparently it defies Newton's little 3rd Law. When you stretch an elastic, the force is the same on both sides. Every time. Annoying, huh?

It sounds ridiculous, doesn't it? How can we expect a force to be one-sided with no consequence from the other side? While Newton's 3rd Law is undeniable, there is another immutable law of the universe. An eternal statute that behaves in the same reciprocal manner as the rubber bands. It is The Law of "Like" or Cole's 3rd Law: People like you as much as you like them* (see below for Cole's 1st and 2nd Laws).

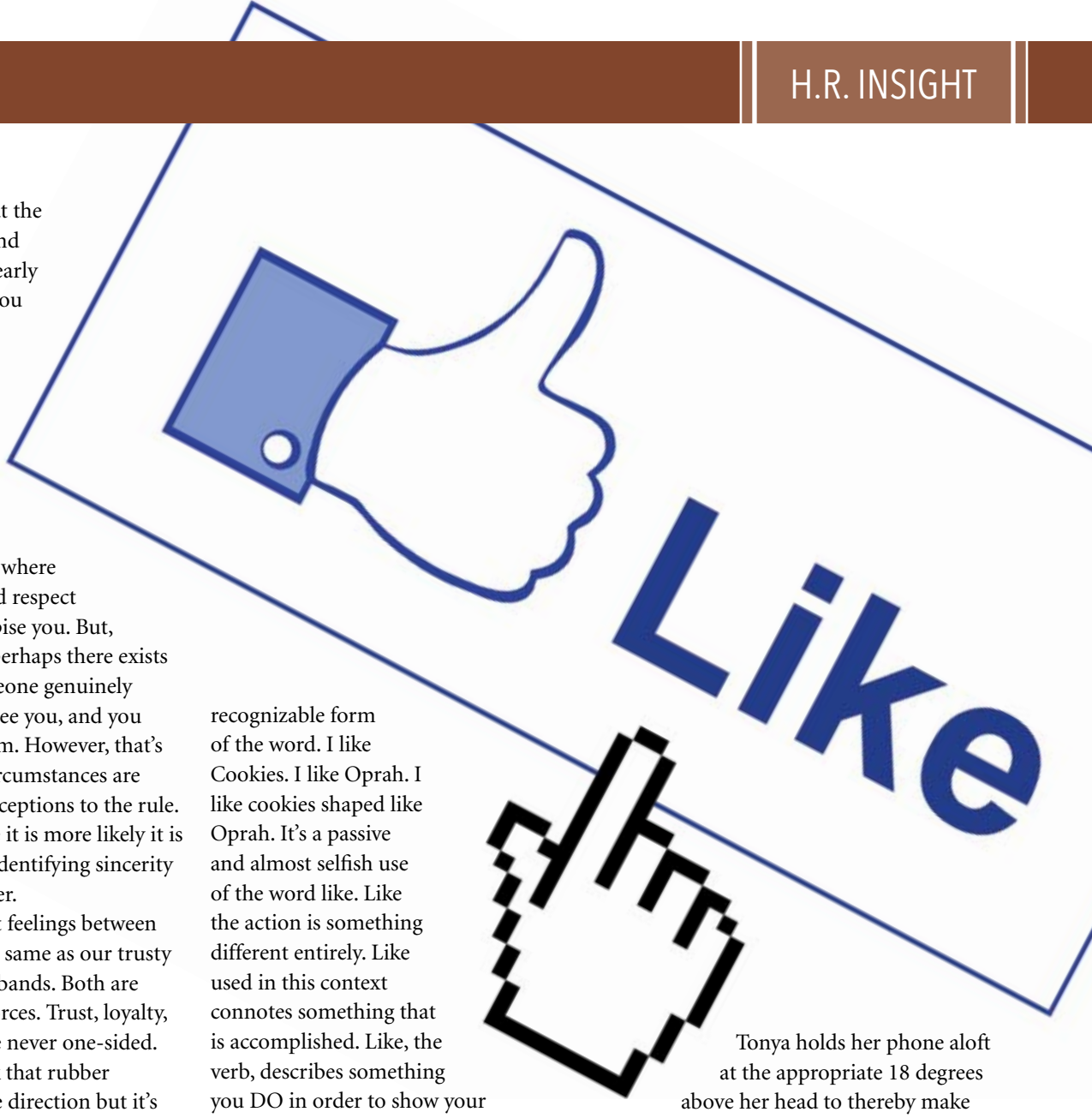
People like you as much as you like them. Period. I know it may sound trite at the outset, but think about it: You know that patient you dread coming in? The one that makes you get a pit in your stomach. I can promise you she is dreading her interaction with you just as much. What about that one patient who totally makes you smile, the one who raves about the office and has nothing but great things to say about you, your staff, and your work? I'm betting you just love her. And then there's your cousin that you can't stand? Trust me, he thinks you're equally annoying but still tolerates you politely; just as you do him. The truth is, the way you feel about any single person is usually - if not always - reciprocated; right back atcha, man!

You like people who like you. You chose your favorite patient, the one who you like the most, based on how much they like you... Funny, isn't it?

I want you to think of your favorite patient. Think of the patient that YOU like the most. Consider the person or family that walks through your office doors and totally makes your day. What are they like? Do they have your same interests? Do they have jobs you admire? Do they raise their kids the way that you prefer? Nope. Nope. Nope. Your favorite patients aren't necessarily your good friends or even family members. They are not people who think, dress, or act like you. These things are irrelevant – that's not why we "like" people. You like people who like you. You chose your favorite patient, the one who you like the most, based on how much they like you. When you thought of your favorite patient, I can guarantee it had everything to do with the attention, praise, fondness and goodwill they've demonstrated toward YOU.

Funny, isn't it? What we think of others takes a backseat to how they feel about us. Based on that, we decide how we feel about them.

Tension, as a force, is something that is easy to measure quantitatively in Newtons (kg * m/s2). Human tension is also easily measured, speaking qualitatively and not quantitatively. You can just tell if someone



is 'not cool' with you at the moment, can't you? And trust me, you're not nearly as good as you think you are at hiding it when you're 'not cool' with someone else. When you feel tension toward or with someone, you can bet they are feeling it too. Granted there can be instances where you genuinely love and respect someone yet they despise you. But, c'mon….really? And perhaps there exists a rare case where someone genuinely likes you, is happy to see you, and you simply can't stand them. However, that's doubtful, and these circumstances are freak occurrences – exceptions to the rule. These cases are so rare it is more likely it is an instance of falsely identifying sincerity on one end or the other.

We must accept that feelings between two people behave the same as our trusty dual action of rubber bands. Both are equal, reciprocating forces. Trust, loyalty, longing, and liking are never one-sided. It's silly for us to think that rubber bands could act in one direction but it's equally ludicrous to think that personal interaction is any different. I've met a ton of very smart people who have a firm grasp on every detail of Netwon's Laws but who simply don't understand the first thing about how the logic of this law relates to our private lives. You want people to like you? Well, you better prepare yourself to do some 'Liking'.

So, how do you just go out and 'Like' someone? Like seems like an ethereal concept I know but you need to stop thinking about liking as a thing, or a state of being and begin focusing on like as the action verb – as something you do.

Like the feeling and Like the action are two very different things. Like the feeling gets all the attention. It is by far the most recognizable form of the word. I like Cookies. I like Oprah. I like cookies shaped like Oprah. It's a passive and almost selfish use of the word like. Like the action is something different entirely. Like used in this context connotes something that is accomplished. Like, the verb, describes something you DO in order to show your fondness for something or someone.

The difference between the two is perhaps most self-evident among the world's social media gluttons of the day: Teenagers. I've watched teenagers live and die by Like the action. They can know they are liked, even LOVED but unless they have evidence of it, their self-esteem withers. When teenage Tonya takes a selfie and posts it on Facebook, Twitter, Instagram, and SnapChat she wants it to be liked. And I mean Like the action verb not like the state of being. After all, you can't even measure Like the feeling. It is not enough for her to post a lovely photo of herself and hope that people like it in a passive way. No. Tonya want's clicks. She wants action. She wants LIKES. So Tonya holds her phone aloft at the appropriate 18 degrees above her head to thereby make her eyes look bigger in proportion to the rest of her face while simultaneously pouting those post-pubescent lips in an attempt to make them look fuller in hopes that people will Like the action verb it. Who cares about Like the true feeling of fondness? You can't measure it anyway. But what can you measure? Physical likes, action likes; Facebook and Instagram "likes". Tony, like the rest of her friends, is sincerely looking for her cohorts to notice her, take action, and click the 'Like' button. And in turn, her silo of self-esteem will be filled according to the number of times that her photo was "liked".

Yet, Like, as in the feeling or awareness of liking something is hard to quantify.

It is a real but indefinable sentiment that has hints of fondness, a teaspoon of acceptance, and a wisp of fancy. In short, we all know what it means to "like" something. But this kind of like, the passive state of being, should not be our goal.

Like the action, as in the gesture of showing fondness for something is quantifiable, it is actionable, and it is just as real as the feeling itself. It may even be more real. It certainly counts for more in terms of our mission as customer service providers. We must think of Liking things as an action, not a feeling.

Liking something (the feeling) is capricious in nature. We have NO control over the existence, magnitude and longevity of this positive awareness about something or someone. Sometimes you can't put your finger on why Like exists between two people or why it DOESN'T. It just is what it is. For that reason, I don't pay much attention to Like the feeling. Liking something in this passive way, usually only blossoms after the proper nourishment from Like the verb. The best thing about Like the action is that you have complete control over it. You have no say whether someone Likes you (the feeling), but you have 100% control over how much, or often, or to what degree you Like them (the action verb).

When you write a nice card to someone, you are actively liking them. When you pet a dog you are actively liking the dog. When you praise your staff member you are, in effect, going out of your way to like them. Like the action is the important form of the word. It's the one that counts. Even if Like the feeling is not present, you can still actively Like someone. It's a matter of choice. You have control over this.

People will like your stuff on Facebook about as much as you like their stuff on Facebook. You want more likes? When a business owner that is a patient walks through the door, and you hit it off, make it a priority to find their business, like it, write a review about the character of their owner and sit back as they do the same for you. Yeah, it's only a Facebook like but it's an outward expression of an inward respect and fondness.

People will compliment you about as much as you compliment them. Feeling like you have a lack of raving fans? Become a raving fan of a patient and see what happens. Make yourself say the words, "I just have to tell you that we all totally look forward to your family coming in here. Sincerely. You guys bring us such good energy." Then watch as they immediately come back with a genuine compliment about you, your office, your staff, or your work. Yeah, maybe it's only a canned compliment, but it's an outward expression of an inward respect and fondness.

People are as loyal to you as you are to them. Would you prefer your staff to stick up for you more? Take on more responsibility? Speak highly of you more often? Be less critical of you more? Guess what? They need to see you sticking up for them, taking on responsibility occasionally to make their day go better, speaking highly of them, and showing understanding of their mistakes. Focus on actively liking others and take heed as you see a mutual level of respect grow - and not with time - immediately.

Others will give you the benefit of the doubt to the same degree you offer it to them. They will forgive you as readily as you forgive them. They will like you as much as you like them. Will it take more work on your part? Of course. Will you have moments of being forced to 'put yourself out there'? Absolutely. Does it really work? Duh.

Friends, and colleagues: We can't really expect others to care about our orthodontic offices. I mean really, why should they? Do you care about the donut shop across the street? Do you care about the gas station or the chiropractor? Simply put, we don't care about them if they don't care about us. But when a business, whether it be a coffee shop, a car dealership or a dental office, begins to show genuine interest in us we will, in turn, begin to care about them. It's that simple.

We may never invent the Uni-Directional Force Elastic, but you don't need a crack team of scientists to prove the veracity of Cole's 3rd Law, the Law of "Like." I promise you, that just like those trusty rubber-bands when you stretch yourself and commit to be a positive force toward someone the same force will be reciprocated in your direction. Quit waiting for people to like you and quit waiting to start liking people. Let Like the action take over your day.

Think of the culture we'll create, the goodwill we'll garner, and ultimately the increase in business we'll enjoy if we quit worrying about how much people like us and concentrate on how much we are actively liking others.

I guess I do have a billion dollar idea after all :)

COLE'S 1ST LAW:
Don't sweat the petty things; Don't pet the sweaty things.

COLE'S 2ND LAW:
Extreme meat and sugar consumption cause premature death in people who choose to experience good food and happiness in this life.

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DO YOUR IDEAS *Keep You Up At Night?*

By Angela Weber

If you have an entrepreneurial spirit, then you are always searching for the next great idea that will grow your practice. You're the type who wants to keep up with the latest marketing. And you certainly keep your eyes out for what's next to elevate your practice to a new level.

No doubt you also know other orthodontists with the same drive. They too are searching for big ideas. The problem for both you and them is there are so many potential ideas out there to try out. You'll happen upon them in meetings, forums, blog posts, and email newsletters and, yes, coming from marketing specialists like me.

The goal naturally is to identify and implement the good ideas and avoid the bad ones, but it's not always easy to discern the good from the bad, and not everything you try will be successful. In the end, that's fine. It's important to take some risks. But you don't want too many flops. Implementing a series of bad ideas can drain your time, resources, and team morale.

Begin by developing a system to vet the ideas you're considering implementing. The following series of questions helps me when discussing with clients whether to implement certain ideas:

WHAT'S THE PROBLEM YOU ARE TRYING TO SOLVE?

I sometimes hear "We tried that, but it didn't work," when batting around ideas with orthodontic practice leaders. There could be many reasons why a particular idea didn't work that have nothing to do with whether it was good or bad. It could have been executed poorly, or the timing wasn't right, but often the problem runs deeper. The issue may have been that the idea addressed the wrong problem. If your problem is that phone inquiries are not converting to new patient consultations, then an idea that generates more phone calls won't work. Your overall call numbers might grow, but the conversion rate will remain low. When discussing possibilities with your internal team or vendor partners, begin by identifying the problem you hope to solve. Then communicate it clearly.

DOES THIS IDEA ALIGN WITH YOUR BRAND?

While it's important to embrace creativity and to step outside of your comfort zone, a strong brand can serve as a guidepost when processing new ideas. The most effective ideas always stay true to the voice, personality, and reputation your brand already has.

DOES THIS IDEA GET YOU CLOSER TO YOUR PRACTICE GOAL?

Matching your ideas to your goals will help focus your efforts. It's also an opportunity to get your team onboard. Performance-driven teams want to understand the "why." If they understand how implementing a new idea will reach goals and how the initiative's success will be measured, they'll embrace it. Otherwise, they'll feel that you're only creating more work for them, and they will resent you and your big ideas.

DOES THE IDEA PLAY TO MY PRACTICE STRENGTHS?

As already mentioned, lots of orthodontic practice owners are looking for new ideas. Keep in mind that what works for one particular practice may not work for yours, and vice versa. We all do certain things better than our competitors. In fact, the whole point of this article is to point out that all ideas don't work the same for everyone. When considering an idea, evaluate whether it plays to the strengths of your practice and your team. If it doesn't, the idea might be a good one for someone else, but it's a bad idea for you.

WHAT ARE MY IDEA DEAL BREAKERS?

The flip side of playing to your practice strengths is avoiding its weaknesses. Every business has limitations and constraints. Do you know what your practices are? They can serve as deal breakers for ideas you're considering. For example, if your practice has multiple locations, you will want to discard an idea that can't be replicated easily. If you are introverted, an idea's deal breaker would be one that involves you glad-handing local business owners. If you and your team's time or budget is limited, an idea that requires a big commitment or significant outlay will be a poor fit.

HOW WILL THIS IDEA RESONATE WITH MY POTENTIAL PATIENT BASE?

You know your patients. You know their parents. Will an idea resonate with them

or with others in your community like them? An idea is a winner if speaks to your target audience and solves a need.

HOW EASY AND FAST IS IT TO IMPLEMENT?

An idea that is simple and can be put into place quickly (all other things being about equal) has a lot in its favor. Go for the low hanging fruit. If an idea is too complex or takes too much background work, it might not be the right idea for you at the moment. And remember that idea is markedly easier to implement if you have the buy-in and support of your team.

Before you try a new idea, you can never be 100% sure that it will work for you, but if you follow this guide you can, at least, determine which ideas have the best likelihood of success. You can't do everything after all, and trying to implement too many ideas at once will spread your efforts too thin. The smart approach is to focus less on the quantity of ideas and more on taking the time to determine their quality.

ORTHODONTIC *Delivery Systems*

By Ron Sharpe

Ron Sharpe is an expert in dental equipment. We are experts in orthodontic treatment. I have always said that there is a disconnect between what we want to do and how we plan to do it on a daily basis. In our rush to perform our art, we can dismiss critical aspects of the doctor/patient interface. Ron was kind enough to share his insight on one of the most important aspects of the modern orthodontic office – delivery systems. Getting back to basics and examining how we do what we do and why is more important today than ever before. Soak it up people! – Ben Burris

Delivery systems are the heart of the orthodontic bay. They need to perform every time you sit down to work with a patient. The ease of use and their ability to complete all tasks that you need them for is determined by the basic qualities and attributes they possess. Do they have multiple hand pieces? Do they have the correct suction set-up? Do they have the storage you need and access to the technology required for the modern orthodontic office? I want to touch base on these issues, and hopefully, I can help in your efforts to find the right product for your office.

When we discuss delivery units/systems, there are several options; side delivery, rear delivery, over the patient, and a combination of any of these. There is no right choice only what works best for you. I have always been of the mind that every doctor needs to determine what the best way to practice for them is and go with it. So with that in mind let's look at the different styles and the features, benefits, and limitations of each of these.

Over the patient delivery is by far the least used system in orthodontics. This style goes back to your days in dental school and is still used in applications where multiple user access to instrumentation is required. In this application, the dental delivery system is mounted on an arm attached to the chair or light post and then swings over the patient. My philosophy here has always been to try and keep things from hanging over the patient. I have always been about making the patient as comfortable as possible and decreasing any and all apprehension they may have, and tubes and hand pieces over your chest is not the most calming of positions to be in. Over the Patient spacing can be as tight as 6-7 feet from the center line of one chair (a line drawn directly down the middle of a chair dissecting the chair) and the center line of the next chair. Usually, you will have to consider some type of cabinet either attached to the wall or mobile for additional supplies.

Rear Delivery is the concept of having all instrumentation located behind the head of the patient. This is an alternative to Over the Patient, and we see this very commonly used in general dentistry or other specialties that require 4-handed dentistry, because of its flexibility and accessibility for multiple users. It allows for anything from a small cabinet with instrumentation to an entire wall of cabinets with upper and lower storage placed at the 12 o'clock position. While Rear Delivery does have an answer for the left handed/right handed issue, I am seeing more and more doctors moving to the 12 o'clock position when they are working. When working at 12 o'clock, the instruments are directly behind them, thus limiting access. Rear delivery also has the challenge that if you don't work at either the 9 o'clock position for right handed practitioners, or 3 o'clock for left handed practitioners, you are constantly having to turn/twist to retrieve handpieces/suction, or have an assistant there to pass you everything you need. In my way of thinking, this is an ergonomic challenge that I am not sure we need to add to your day. With Rear Delivery spacing can be as tight as 6-7 feet center-line to center-line, but you will need at least 14' of depth in the room for the chair, delivery, and a walkway. If you have a cabinet behind the rear delivery, your required depth will increase.

Currently, the most popular style of delivery in orthodontic practices is the side delivery Chair Side Unit (CSU). The CSU offers easy access to your instrumentation, drawer storage, and a place to put your tray. It can be designed to go either on the left or right side of the chair and can be either free standing or attached to an umbilical to allow the cabinet to be mobile. In your design of the office, the CSU and what it will contain needs to be considered. Current CSU's can house your CPU, mounts for your monitor and keyboard, have power to charge your curing light, quick disconnects for air and water, and can be designed to hold basically anything else that you want quick and easy access to at each chair.

Rear Delivery is the concept of having all instrumentation located behind the head of the patient.

For a mobile application, an umbilical is used that is attached to a junction box generally located under the toe of the chair. (The junction box can be either above or below floor level/grade)

This umbilical allows for a great deal of flexibility as to where the practitioner works. The unit can be pushed back towards the toe of the chair if you want to work at 9 o'clock, or pulled up toward the head of the chair if you want to work at the 12 o'clock position. It also allows you to push the unit back and turn to face your patient and have a conversation with them.

The other option is to place the CSU in a permanent position beside the chair and have the utilities come up under the unit. While this does have flexibility limitations, I find I do this in the offices where the doctor is really concerned about having everything in the same place all of the time, and everything looking as close to perfect as possible at all times. In many of these offices, I will suggest to add a swivel to the chair to allow for a bit more flexibility in access to the patient.

In offices using side delivery, these units are usually placed on the patient's right side of the chair. This, of course, is determined by the doctor being either left or right handed. If it is the doctor that is left handed, the question has to be asked; do you move the unit to the left side and make it difficult on the staff, or leave it on the right side of the chair and make it more challenging for the doctor. To combat this, I suggest a bit longer umbilical attaching the CSU to the junction box allow for the CSU to be pulled up closer to the head for easier access by the off-handed doctor/assistant. The other limitation of the Side Delivery CSU is that it is truly designed for two-handed dentistry and is difficult when assistance within the mouth is required for a procedure.

The Spacing you need when using side delivery will be wider than with other options. While I have seen chairs as tight as 6 feet, spacing for Side Delivery needs to run 7-8 feet. This allows for easy access to the chair by the patients and plenty of access around the unit for the doctor and staff. This spacing is based on a standard 25" wide CSU and should be adjusted if you are using wider units or placing panels/walls between each workstation.

My Recommendation: go with Side Delivery. It can offer the greatest degree of flexibility and, in my opinion, is the most ergonomic in function.

EQUIPPING YOUR CSU

Hand Pieces

Between manufacturers instrumentation on these units varies considerably. Because, historically, the ortho practice used the Low-Speed Handpiece much more than the High-Speed, we have seen everything from a single Hand Piece being offered, to manual selection between the Low and the High, to Auto Select that activates the selected handpiece when it is taken out of the holder. The Auto Select seems to be currently the most popular style as more offices are picking the High-Speed up on a more regular basis. I feel it is important to not only think about how you practice today, but it is also important to think about and plan for the future.

My recommendation: go with the Auto Select. This will give the practice the greatest degree of flexibility and the ability to adapt to new opportunities and procedures.

I feel it is important to not only think about how you practice today, but it is also important to think about and plan for the future.

Hose/Tubing

Now let's take a look at the hoses/tubing used for the hand pieces. The two major choices are either straight or coiled. The straight tubing offers a great deal of flexibility and is the lightest option providing the least amount of back weight or weight on the wrist pulling against you as you are using the handpiece or suction. The downside to the straight tubing is the length. The longer tubing may allow for greater flexibility, but in many cases, the tubing ends up on the floor at your feet and can be a hassle. It must also be noted that the suction tubing for the HVE and Saliva Ejector will always be straight. The coiled tubing allows for shorter tubing that does not hang on the floor, but remember that coiled tubing is heavier, and many doctors do not like the extra weight. Coiled tubing also has a tendency to catch on the tube next to it and interlock. This can be frustrating when you go to take out a handpiece, and the tube next to it comes along for the ride.

My recommendation: go with the Straight Tubing. If you design the office correctly, and your CSU is either mobile or properly positioned close to the chair, straight tubing can be adjusted to just an inch off the floor thus avoiding the spaghetti bowl of tubing.

Suction

Suction is one of those things you hope you never have to worry about. I suggest a split system where you have an HVE (High Volume Evacuation) and a Saliva Ejector. I also suggest that you have these routes through a solids collector. This is the small plastic cup located somewhere on the unit that catches the larger pieces that your suction collects. Your only other option and one I see all too often is suction going directly to the vacuum line. This can potentially cause damage to your system and decrease its overall life.

My recommendation: absolutely use a split system with a solids collector.

Storage

Lots of opinions concerning storage chair side. Once again, not my place to define how you practice, but to offer you options that I have found, and over time have proven effective. In side delivery, the width of the drawer usually determines the overall width of the unit itself. A 10-11" wide drawer will fit in a unit that has an overall width of 24-25". This seems to be the current industry standard for side delivery. A mobile or free standing CSU 25" wide 30-32" overall height will give the user 4 or 5 usable drawers. With most companies the depth of these draws can be adjusted to fit your needs. Many companies offer drawer organizers that can be used to keep everything in its place. Defining what goes in each drawer should be a concern of the doctor and staff. Every unit should be equipped exactly the same with the exception of those offices that dedicate a unit to a specific assistant. In this case, there may be specific items an assistant uses on a regular basis that they will stock in their particular unit. Gloves will be the best example of this.

Remember, chairside is not the place for stocking everything you need for the days patients. I suggest that as much as possible be brought out on a tray for each patient.

My recommendation: 4-5 drawers, 10-11" in width should be more than enough for most practices.

Cabinet Construction

It is surprising to see how differently different companies can build the same cabinet. And it is exactly this that differentiates one manufacturer from another. As I have heard so many times, it's like a car, and it really is. Quality cost a bit more, and you usually find that a higher quality product is going to last longer and perform better than a lesser quality product. There are some very high-quality delivery units where you can see the company takes the time and makes the effort to ensure that you as the consumer are going to receive a quality product. On the other hand, we also see cabinets/systems that are just put together, and you hope they last long enough for you to earn enough to pay for them. What is surprising to me is that while there is a price for quality,

in this particular instance the variance between high quality and the lesser quality products is not that great. Most CSU's (the most common delivery system in Ortho) are all within a few dollars of each other. This is where doing your homework can really pay off.

Now how to evaluate quality is a different issue. Most cabinets are constructed of either wood or a wood by-product. Wood is usually plywood in either ½" or ¾" thickness. Here, bigger is better. The thicker the material, the stronger and sturdier the cabinet will remain over the life of the product. Wood by-products include particle board or MDF (medium density fiberboard), and the truth is that if used correctly these type products can be every bit as good as plywood, and dimensional they are much more consistent. When using these types of products, you certainly want to see ¾" thick material. Anything less than ¾" material just will not hold up to the constant use that it will see in an ortho office. When you are looking at a unit, open the doors, look inside the drawers and really look at the guts of the cabinet. In the higher quality products, you will not see any raw wood. All surfaces should be covered with some liner, laminate, or sealant to prevent absorption of any kind.

Drawers should be constructed with a high-quality corner joints (dovetail joints are a great option) make sure they are either lined or sealed to prevent absorption. Handles should go all the through the drawer front, and the handle itself should be large enough to grasp and easy to clean. When speaking of drawers don't forget to take a look at the glides. This is one of the areas where quality really shows itself. You want to look for full extension glides that are using ball bearings. Some companies have moved up to the new under mount glides. The advantage of these is they allow for a wider drawers and are usually constructed of better materials. So if you look and you don't see glides that could be a good thing.

Countertops will be the first thing you see, and one of the most important components in your delivery unit/cabinet. Currently, we are looking at several different materials used for countertops.

Laminate: least expensive option. Thousands of colors to choice from and easy to match to any interior. The challenge of laminate is that it can be scratched, chipped, stained, and just plain worn through.

Corian: the most popular option. Corian comes in a large array of colors, and can easily be integrated into any color scheme. Corian is easy to maintain, and can be buffed periodically to a renewed shine. Corian even has the added benefit that it can be repaired if cracked or broken.

Overall, determine what delivery method will work best for you and go with it. Not every practice is going to look or feel the same, and that is OK.

Granite: incredibly durable. Granite is a natural stone product, so color varies between every slab. If you are looking for Granite, you are probably looking for this and expect it. The challenge of granite is that it is a natural stone and, therefore, porous. Granite should be professionally cleaned and sealed on a regular basis. Granite will scratch, and although difficult, it can be broken. If this happens, the top will have to be replaced.

Quartz: several companies have come out with quartz materials. These offer the look and feel of Granite with the added benefit of more consistent colors. Because it is a man-made product, it does not need to be sealed.

EOS: this is a new product being offered that is proven to kill greater than 99.9% of gram positive and negative bacteria within 2 hours of exposure. This is the first product of its kind. With this product, you are limited in your color selection, and currently cost on this item is higher than the other options available.

My recommendation: I am going with Corian here. Corian is easy to clean, easy to maintain, and in most cases, the best product for healthcare applications. Look for at least a 1" thick top to give your cabinet some dimension.

Code Approval

Code approval is more important in some areas of the country than it is in others. While all offices and new construction will be inspected, in some areas that includes the equipment that goes into your office. To this, I suggest that you ensure that your delivery units have both FDA and some form of electrical component approval. This can be either UL or ETL. Both of these are expectable anywhere in the US. If you are taking the delivery units outside the US, you will want to make sure they have CE approval as well.

Overall, determine what delivery method will work best for you and go with it. Not every practice is going to look or feel the same, and that is OK. Your delivery system needs to be comfortable for you to access and provide you with all of the instrumentation and tools that you need to be as effective as possible. Remember, it's like a car, higher quality products will perform at a higher level, and should last you a very long time.

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PROGRESSIVE ORTHODONTICS

WOMEN IN ORTHODONTIC PRACTICE

Meeting the special needs of a woman as an employee, a patient, or a business owner.

By Dr. Inna Gellerman

When Sheryl Sandberg told young women around the world to "lean in," she could have been talking about my team. Through more than a decade running a busy practice in Huntington, New York, my team members and I – mostly women - have been leaning in and staying fully engaged in a competitive market that always pushes us to provide the highest level of service to our patients.

As a female owner of an orthodontic practice where team members are predominately women and well over half of our patients are children and teenagers whose mothers are the primary family care coordinators, not to mention a large number of women patients, I learned a great deal about managing women employees and patients.

THE INNER CIRCLE – THE TEAM

It takes a strong team leader to manage the many moving parts of an orthodontics practice. This requires an office manager who is as adept at managing individual personalities as she is the business aspects of the practice. One critical point: she must speak in a single voice with the orthodontist.

Women employees are also mothers, wives, and daughters. The hours of an orthodontic practice do not always dovetail with their roles outside of the office. This presents a problem when the busiest time for most orthodontic practices is after school, evenings, and weekends. Clear communication of expected work hours must be in place when employees have child care responsibilities.

Some practices use job sharing. This can provide great flexibility, but requires that employees be extremely good at communicating with the office and with each other to ensure that there are no lapses in patient coverage. Self-directed and motivated employees are more likely to succeed with job sharing. If your office is considering this, take a hard look at the employees under consideration. One highly motivated employee will not be able to compensate for a marginal employee, and the results to your practice could be disastrous.

Proper staff scheduling is key to ensuring that women do not feel as if they have been placed in a no-win situation where they are unable to keep up with the demands of their jobs. In our practice, we cross-training employees and reward them for undertaking new responsibilities. This gives us much greater staffing flexibility during especially busy periods.

I am a big believer in the importance of team building and ensuring that all employees feel that they are valued members of the group. Over the years, we have found that performance and retention levels improve with regularly scheduled team building retreats. We also attend professional conferences that combine orthodontic educational programs with fun for the team. We make a point to schedule these retreats on a regular basis and, equally important, inform the staff well in advance so that they have the time needed to schedule the trips and coordinate with their outside responsibilities.

We also enroll our team in many training programs. They recognize that the practice values their professional growth and that they benefit from the time and training. By advancing the overall skill set of the practice, our patients and we benefit.

In recent years, there has been a trend away from team building, but our experience is that this continues to be a very important tool for building cohesion and maintaining a high level of employee skills. Employees feel like they are part of something, that they are important, and when they enjoy each other's company,

it translates into their performance and attitudes in the office.

Of course, no office escapes having an occasional poor hire or an employee who starts out on a positive note and then becomes dissatisfied. In my experience, if you have an employee who is unmotivated or unhappy and makes no effort to hide her feelings, she can have a negative impact on those around her. I used to believe that if an unhappy employee was surrounded by positive team members, they would change their attitude because they would know that they were the ones sticking out like a sore thumb. It is possible that a negative person can infect others in the practice. A quick conversation and a speedy exit with minimal drama will benefit the practice.

THE INNER CIRCLE AND THEIR OUTSIDE RESPONSIBILITIES

Managing a primarily female staff requires a careful balance between being flexible to individual needs and ensuring that the practice does not suffer as a result. For instance, when more than one member of the team is pregnant, planning to deal with the challenges of expectant motherhood and early childhood needs must be done well in advance.

For nursing mothers, a female-friendly workplace that does its best to accommodate their needs is appreciated. When a valued employee needed to pump breast milk, arrangements were made so that she was able to utilize a small room in the staff area. Our office has a full kitchen, including a home-sized refrigerator, which eliminated any problems with refrigerating breast milk. We recognize that not every office is this open-minded about breastfeeding and pumping. Not every orthodontic office has the physical space or the mindset, but we have found that this acceptance and accommodation has built employee loyalty that we do not often see in other practices.

A similar approach to catastrophic illnesses of a spouse or parent – being flexible and trying to accommodate – is always our first response. Here's the challenge: when women value their jobs and understand the challenges that face a business that is trying to help them meet their family responsibilities, the practice must also be respected. It has to be a two-way street.

Extending the same courtesies and flexibility to employees of either gender who do not appreciate the impact that their needs have on the practices becomes a source of frustration for the owner and office manager. An employee with an attitude, female or male, who asks for the flexible time but does not feel they have to make any additional effort, can also lead to resentment by others in the orthodontic practice. This is a delicate balancing act, especially when the office consists of a tightly-knit group of women.

The nature of women as social employees also presents a management challenge in a small office. We are by nature social, we enjoy each other's company, and there is a potential for the friendships that can become frayed by the pressures of the workplace.

The stereotypical difference between an office headed by a man versus one run by a woman is, unfortunately, still with us. A woman who owns a business of any kind has to be mindful that her employees are ultimately employees. This is challenging, as the tendency is to bond with the people you work with, particularly if you are the same gender and share interests.

Successfully managing an orthodontic practice where most of the employees are women requires the owner to maintain a certain amount of professional distance from employees. If this is misunderstood

Clear and consistent communication between the practice owner and employees is a critical piece of ensuring that the workplace is one that is productive, professional and a pleasant place to work.

as a social slight by employees, the working relationship can suffer.

Different orthodontists/owners handle this inevitable situation in ways that suit their comfort level and fit the local culture. Some women accept a very informal demeanor in the practice, where employees use the orthodontist's first name, and no one calls her "Dr. Smith." In one practice, women techs who were older than the orthodontist called her by her first name. I feel that this approach is too informal and does not show the appropriate respect for the professional and business accomplishments of the orthodontist.

Our office has always had a mix of male employees among the predominantly female employees, and it has from time to time presented challenges regarding romantic relationships in the workplace. Employees in a large corporation may be shielded by the sheer size of a big office, but there are very few secrets in an office where there are less than 25 employees.

If the employees are discreet and behave like adults, romantic relationships do not need to create a problem. There are times, however, when an office manager needs to sit down with the employees and make sure they understand that if their emotional involvement becomes a problem in how the practice is perceived by patients or the patient experience suffers, then hard decisions need to be made.

No article on managing women in the orthodontist office would be complete without a mention of the phenomenon of the "mean girls," which is by no means limited to high school. The orthodontist may think the world of her employees, but must remain vigilant for an unpleasant tendency of a group to organize around hierarchies of perceived social status and favoritism. Any decisions that appear to favor one employee over another will set a series of events in motion that can undermine a team spirit that may take months to rebuild.

Clear and consistent communication between the practice owner and employees is a critical piece of ensuring that the workplace is one that is productive, professional and a pleasant place to work.

WOMAN FRIENDLY PRACTICE FOR ORTHODONTIC PATIENTS AND THEIR PARENTS

There are certain aspects of the physical office that are particularly appreciated by women and girls. Our bathroom is meticulously clean, attractively decorated and fully stocked with supplies. How many of us have been to medical offices where the bathroom is located down a dark hallway, or is treated as an afterthought? These details make a difference to patients and women patients in particular.

Our office was designed to feel like a home. We always get a positive response from patients entering for the first time when they see that there are comfortable chairs and couches for adults. Benches or chairs that would fit in an airport do not align with how we brand our practice. We also offer a beverage center that is quite elaborate and adds to our patient's enjoyment while they are waiting for their appointment.

Appointments are made to accommodate school children and working mothers. When we get a call, we do everything possible to work with the patient's time frame. With many women commuting to work as well as working locally, we try to respect our patient's busy schedules. Our patients appreciate the fact that we go the extra step.

Recently I learned that out of 9,100 orthodontists that are currently practicing in the U.S. 79 percent are male, and 21 percent are female. It is not easy to be a female business owner and try to have family and kids, but 21% of us are succeeding so far. I hope that this numbers will increase over years!!!

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The *Zen* Pragmatism

By Dr. Derek Bock

The Zen Pragmatism

By Dr. Derek Bock

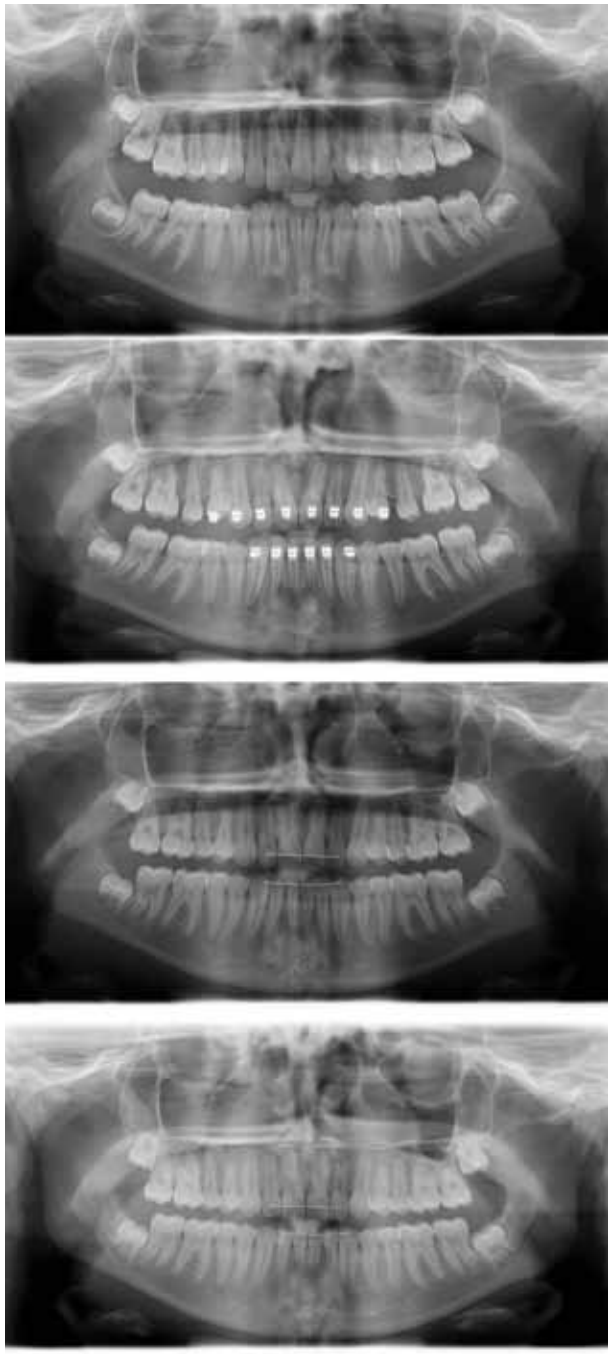
We all have those class II skeletal cases that walk through the door with skeletal and dental compensations that conflict with routine class II mechanics; here is such a case. I design all my treatment plans to deliver the best possible facial balance and harmony in a reasonable amount of treatment time. I call it Zen Pragmatism. I go through a quick list of Skeletal, Dental, Macro and Micro esthetic objectives. This list allows me to 3D conceptualize all my movements at the same time, from which I formulate my step by step treatment plan of execution.

DIAGNOSIS:

- 11y6m Caucasian Female
- CVS 2/3 with reports of starting puberty
- Class II Div2 malocclusion
- Short lower face height(ANS-Menton)
- Maxillary prognathic and Mandibular retrognathic with Maxillo-Mandibular asymmetry
- Obtuse nasolabial angle
- Maxillary Incisors: U1-SN 91.2 degrees U1-Apog 1.4mm
- Mandibular Incisors: IMPA 92.2 L1-Apog -2.3 mm
- Thin Biotype

OBJECTIVES:

- Decrease facial convexity and increase lower facial height
- Create smile consonance and decrease negative buccal corridor spaces
- Improve nasolabial angle
- Properly torque maxillary and mandibular incisors and improve their position within the alveolus
- Ideal overjet and overbite with a class I occlusion that is in the best possible facial harmony



I design all my treatment plans to deliver the best possible facial balance and harmony in a reasonable amount of treatment time. I call it Zen Pragmatism.

I utilized a Herbst functional appliance to restrict maxillary growth and promote mandibular growth/ glenoid fossa remodeling. I setup the anchorage to utilize the horizontal growth vector to

distalize the maxillary dentition. This allowed me to retract maxillary incisors to be within the center of the alveolus while concurrently torquing them to ideal angulation. I fought low incisor proclination with negative torque lower anterior brackets AND a 20 degree torqued archwire. At Herbst removal I bonded the remaining dentition 7-7 and put her on short vertical class II light elastics to erupt the posterior occlusion to open her bite and settle the segments. The rest is just finesse in the artistic detailing phase!

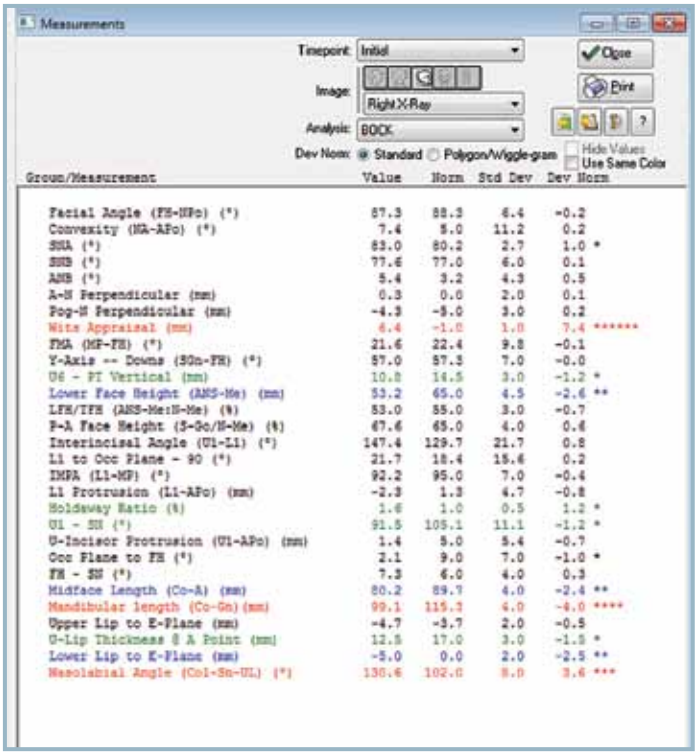
PHOTO SERIES TIMEPOINTS:

1. Initial:
   6-30-2011 11y6m
2. Herbst removal:
   9-27-2012 12y9m
3. Final:
   7-01-2013 13y6m
4. Final Retention:
   4-14-2015 15y3m

RESULTS AND METRICS:

- 23 months of active treatment
- 17 clinical appointments from Initial records to final records
- 6 maxillary and 6 mandibular archwires
- 1 happy patient
- 1 smile created in harmony through Zen pragmatism

For more Zen Pragmatism, come over to my group; www.facebook.com/groups/PragmaticOrthodontics. We can explore this case in detail, along with all the other cases that are posted on a daily basis.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Timepoint: Initial
Image: Right X-Ray
Analysis: BOCK
Dev Norm: Standard Polygon/Wiggle-gram
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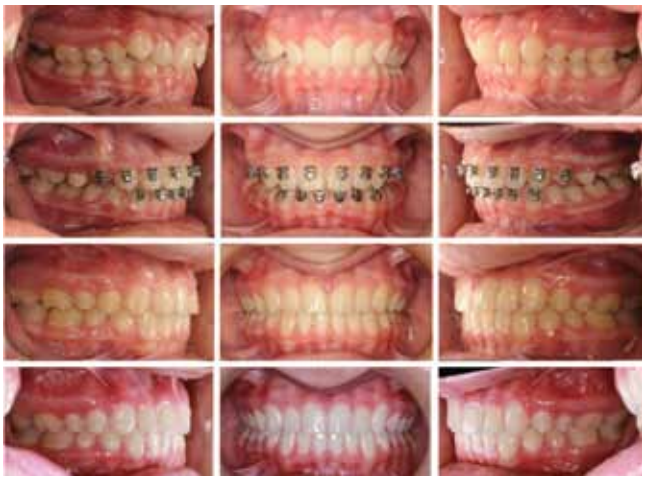
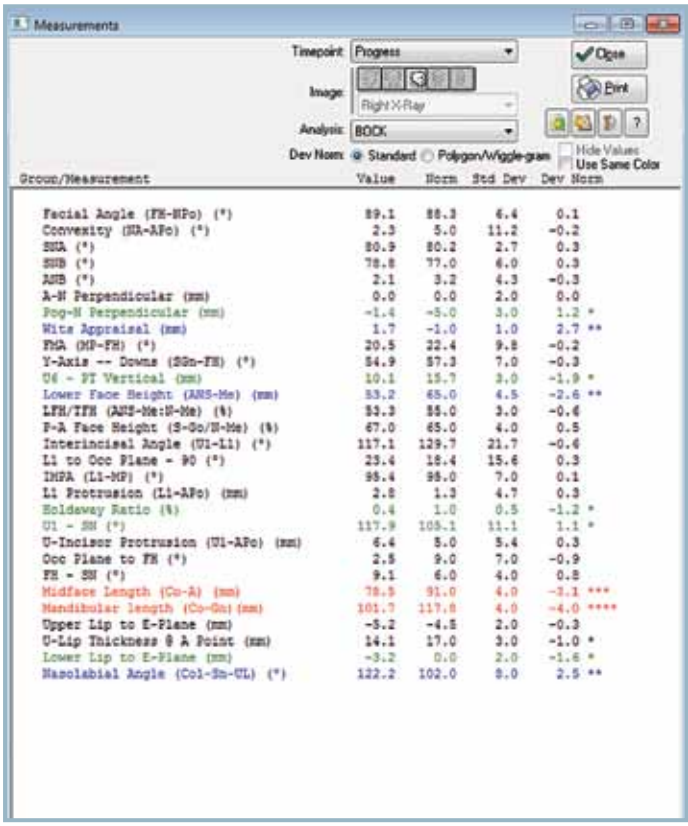
Use Same Color
Close
Print
Group/Measurement Value Norm Std Dev Dev Norm
Facial Angle (FH-NPo) (°) 87.3 88.3 6.4 -0.2
Convexity (NA-APo) (°) 7.4 5.0 11.2 0.2
SNA (°) 83.0 80.2 2.7 1.0 *
SNB (°) 77.6 77.0 6.0 0.1
ANB (°) 5.4 3.2 4.3 0.5
A-N Perpendicular (mm) 0.3 0.0 2.0 0.1
Pog-N Perpendicular (mm) -4.3 -5.0 3.0 0.2
Wits Appraisal (mm) -6.4 -1.0 1.0 7.4 ******
FMA (MP-FH) (°) 21.6 22.4 9.8 -0.1
Y-Axis -- Downs (SGn-FH) (°) 57.0 57.3 7.0 -0.0
U6 - PT Vertical (mm) 10.8 14.5 3.0 -1.2 *
Lower Face Height (ANS-Me) (mm) 53.2 65.0 4.5 -2.6 **
LFH/TFH (ANS-Me:N-Me) (%) 53.0 55.0 3.0 -0.7
P-A Face Height (S-Go/N-Me) (%) 67.6 65.0 4.0 0.6
Interincisal Angle (U1-L1) (°) 147.4 129.7 21.7 0.8
L1 to Occ Plane - 90 (°) 21.7 18.4 15.6 0.2
IMPA (L1-MP) (°) 92.2 95.0 7.0 -0.4
L1 Protrusion (L1-APo) (mm) -2.3 1.3 4.7 -0.8
Holdaway Ratio (%) 1.6 1.0 0.5 1.2 *
U1 - SN (°) 91.5 105.1 11.1 -1.2 *
U-Incisor Protrusion (U1-APo) (mm) 1.4 5.0 5.4 -0.7
Occ Plane to FH (°) 2.1 9.0 7.0 -1.0 *
FH - SN (°) 7.3 6.0 4.0 0.3
Midface Length (Co-A) (mm) 80.2 89.7 4.0 -2.4 **
Mandibular Length (Co-Gn) (mm) 99.1 115.3 4.0 -4.0 ****
Upper Lip to E-Plane (mm) -4.7 -3.7 2.0 -0.5
U-Lip Thickness @ A Point (mm) 12.5 17.0 3.0 -1.5 *
Lower Lip to E-Plane (mm) -5.0 0.0 2.0 -2.5 **
Nasolabial Angle (Col-Sn-UL) (°) 130.6 102.0 8.0 3.6 ***




Measurements
Timepoint: Progress
Image: Right X-Ray
Analysis: BOCK
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Use Same Color
Close
Print
Group/Measurement Value Norm Std Dev Dev Norm
Facial Angle (FH-NPo) (°) 89.1 88.3 6.4 0.1
Convexity (NA-APo) (°) 2.3 5.0 11.2 -0.2
SNA (°) 80.9 80.2 2.7 0.3
SNB (°) 78.8 77.0 6.0 0.3
ANB (°) 2.1 3.2 4.3 -0.3
A-N Perpendicular (mm) 0.0 0.0 2.0 0.0
Pog-N Perpendicular (mm) -1.4 -5.0 3.0 1.2 *
Wits Appraisal (mm) 1.7 -1.0 1.0 2.7 **
FMA (MP-FH) (°) 20.5 22.4 9.8 -0.2
Y-Axis -- Downs (SGn-FH) (°) 54.9 57.3 7.0 -0.3
U6 - PT Vertical (mm) 10.1 15.7 3.0 -1.9 *
Lower Face Height (ANS-Me) (mm) 53.2 65.0 4.5 -2.6 **
LFH/TFH (ANS-Me:N-Me) (%) 53.3 55.0 3.0 -0.6
P-A Face Height (S-Go/N-Me) (%) 67.0 65.0 4.0 0.5
Interincisal Angle (U1-L1) (°) 117.1 129.7 21.7 -0.6
L1 to Occ Plane - 90 (°) 23.4 18.4 15.6 0.3
IMPA (L1-MP) (°) 95.4 95.0 7.0 0.1
L1 Protrusion (L1-APo) (mm) 2.8 1.3 4.7 0.3
Holdaway Ratio (%) 0.4 1.0 0.5 -1.2 *
U1 - SN (°) 117.9 105.1 11.1 1.1 *
U-Incisor Protrusion (U1-APo) (mm) 6.4 5.0 5.4 0.3
Occ Plane to FH (°) 2.5 9.0 7.0 -0.9
FH - SN (°) 9.1 6.0 4.0 0.8
Midface Length (Co-A) (mm) 78.5 91.0 4.0 -3.1 ***
Mandibular Length (Co-Gn) (mm) 101.7 117.8 4.0 -4.0 ****
Upper Lip to E-Plane (mm) -5.2 -4.5 2.0 -0.3
U-Lip Thickness @ A Point (mm) 14.1 17.0 3.0 -1.0 *
Lower Lip to E-Plane (mm) -3.2 0.0 2.0 -1.6 *
Nasolabial Angle (Col-Sn-UL) (°) 122.2 102.0 8.0 2.5 **

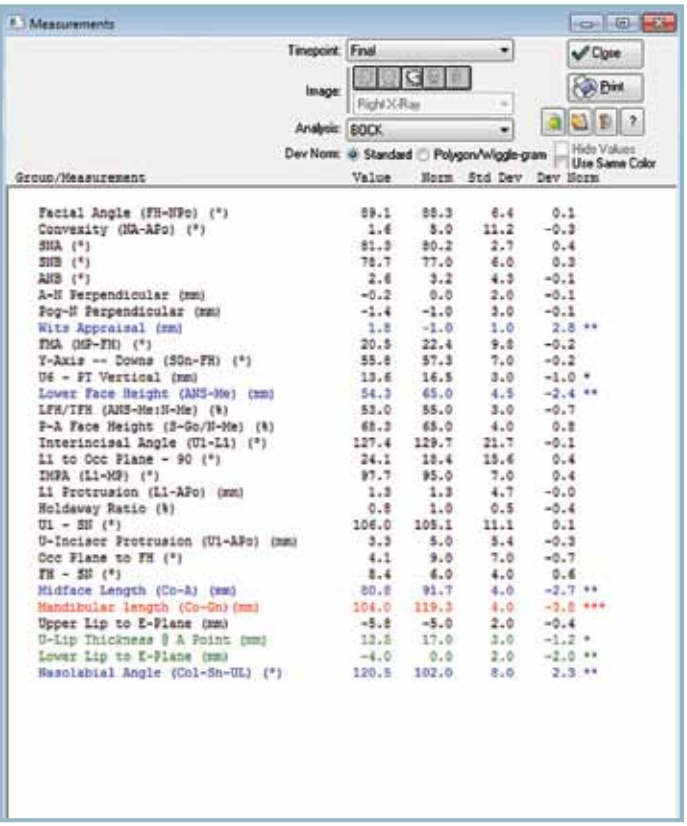
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Image: Right X-Ray
Analysis: BOCK
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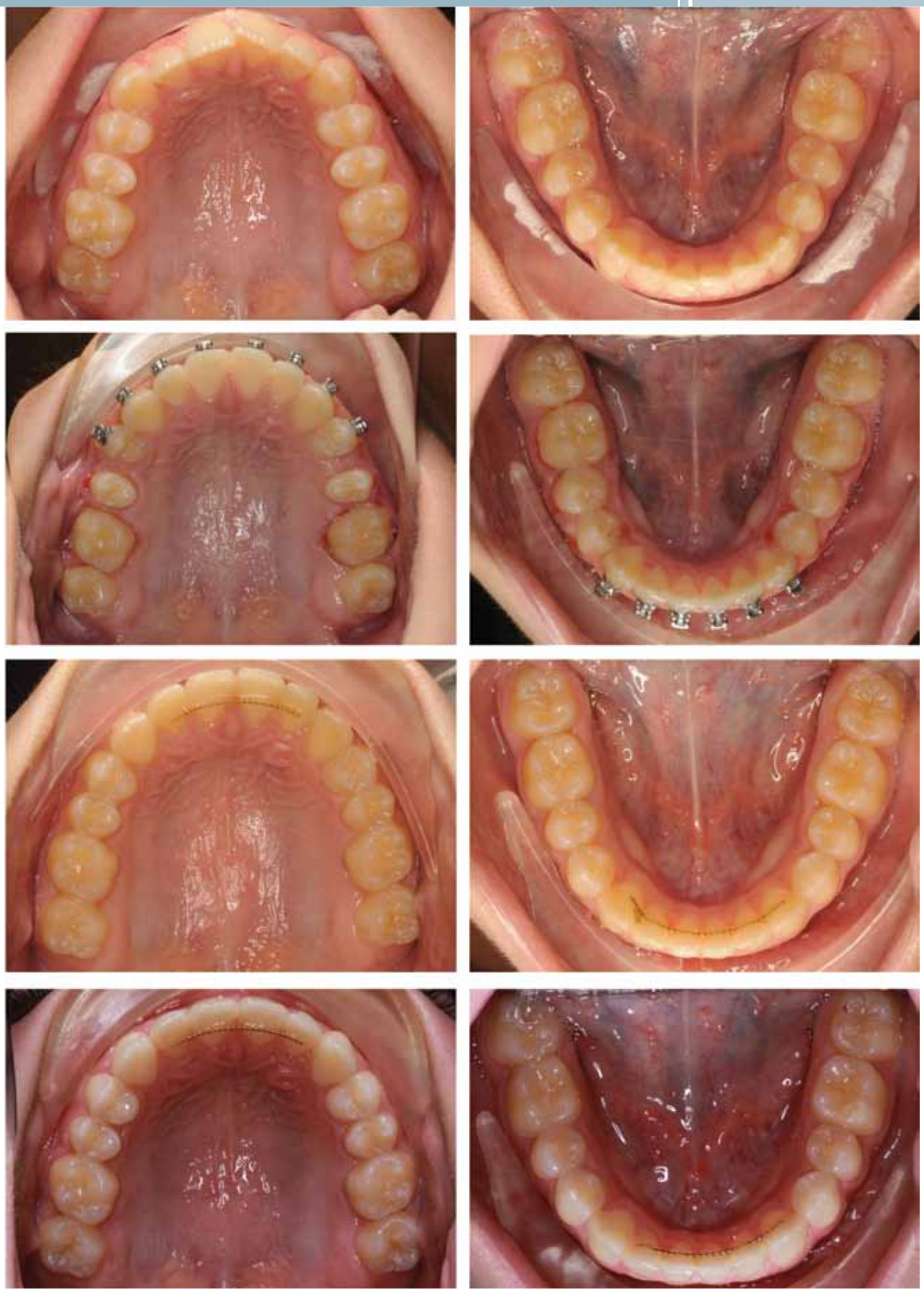
Use Same Color
Close
Print
Group/Measurement Value Norm Std Dev Dev Norm
Facial Angle (FH-NPo) (°) 89.1 88.3 6.4 0.1
Convexity (NA-APo) (°) 1.6 5.0 11.2 -0.3
SNA (°) 81.3 80.2 2.7 0.4
SNB (°) 78.7 77.0 6.0 0.3
ANB (°) 2.6 3.2 4.3 -0.1
A-N Perpendicular (mm) -0.2 0.0 2.0 -0.1
Pog-N Perpendicular (mm) -1.4 -1.0 3.0 -0.1
Wits Appraisal (mm) 1.8 -1.0 1.0 2.8 **
FMA (MP-FH) (°) 20.5 22.4 9.8 -0.2
Y-Axis -- Downs (SGn-FH) (°) 55.8 57.3 7.0 -0.2
U6 - PT Vertical (mm) 13.6 16.5 3.0 -1.0 *
Lower Face Height (ANS-Me) (mm) 54.3 65.0 4.5 -2.4 **
LFH/TFH (ANS-Me:N-Me) (%) 53.0 55.0 3.0 -0.7
P-A Face Height (S-Go/N-Me) (%) 68.3 65.0 4.0 0.8
Interincisal Angle (U1-L1) (°) 127.4 129.7 21.7 -0.1
L1 to Occ Plane - 90 (°) 24.1 18.4 15.6 0.4
IMPA (L1-MP) (°) 97.7 95.0 7.0 0.4
L1 Protrusion (L1-APo) (mm) 1.3 1.3 4.7 -0.0
Holdaway Ratio (%) 0.8 1.0 0.5 -0.4
U1 - SN (°) 106.0 105.1 11.1 0.1
U-Incisor Protrusion (U1-APo) (mm) 3.3 5.0 5.4 -0.3
Occ Plane to FH (°) 4.1 9.0 7.0 -0.7
FH - SN (°) 8.4 6.0 4.0 0.6
Midface Length (Co-A) (mm) 80.8 91.7 4.0 -2.7 **
Mandibular Length (Co-Gn) (mm) 104.0 119.3 4.0 -3.8 ***
Upper Lip to E-Plane (mm) -5.8 -5.0 2.0 -0.4
U-Lip Thickness @ A Point (mm) 13.5 17.0 3.0 -1.2 *
Lower Lip to E-Plane (mm) -4.0 0.0 2.0 -2.0 **
Nasolabial Angle (Col-Sn-UL) (°) 120.5 102.0 8.0 2.3 **



DON'T LET PERFECT *Paralyze You*

By Dr. Jacob Koch

Completing an ortho office buildout can be a messy project. When I started my office buildout, it was the largest project I had undertaken in my life. I was intimidated because I had no clue what I was doing!

I procrastinated starting for months because I was afraid of taking the wrong first steps and was scared of making big mistakes. I wanted a perfect vision before starting to build. I wanted the timing of opening to be just right, the location to be perfect, and the layout to be perfect. Days and months passed while I researched demographics, the timing of opening, the best location, and the best building layouts. I collected reams of advice. I toured offices and took careful notes of what I would build out in my office.

And still I put it off.

Then one day, a chance conversation ended with me holding a scrap of paper with a contractor's phone number written on it. Somehow that day I felt courageous, and I took my first step: calling the contractor. The contractor was eager to start but had no idea how unprepared I was. I felt like an idiot – I was just beginning to grapple with the scope of a buildout and hadn't even begun pursuing financing or a location.

After that uncomfortable conversation, I pushed myself to keep taking small steps, keep making phone calls to contractors, bankers, realtors, and architects. Despite my misgivings, doors began opening. The key was starting and taking one small step, and then another, and another. I was inexperienced, and often felt foolish when I did things in unconventional ways. But once I started, friends introduced me to bankers, architects, and contractors. Each new person I met opened a doorway I hadn't seen before.

Because I had no experience, I felt like an idiot often during the process of my buildout. But had I never started despite my internal pain and discomfort, I would have never seen the myriad opportunities that were available. Far more doors opened than closed.

Some doors closed in my face. A dentist friend turned me down after we had begun negotiations for me to start working out of his office. Two banks denied financing. The first contractor turned out to be rude, aggressive, and out of price range. One potential site had another orthodontist move in. The county shut down our building operations temporarily when permits weren't properly in place.

Because I had no experience, I felt like an idiot often during the process of my buildout. But had I never started despite my internal pain and discomfort, I would have never seen the myriad opportunities that were available. Far more doors opened than closed.

John Ronstadt, a professor of entrepreneurship for 12 years, studied his students to find out why some of his students succeeded in entrepreneurship while others didn't. After his study he concluded that successful entrepreneurs all had one thing in common: They started their business even though they had imperfect knowledge and no guarantees of success. He said, "When you launch towards a goal, no matter the distance, you begin to move down a corridor of time. As you move, doors of opportunity will open that you would never have been able to see unless you stepped out towards them." This is called the Corridor Principle. His students who became successful entrepreneurs launched their business despite imperfect conditions, imperfect knowledge, and their nagging doubts and uncertainty. But as they walked down the corridor, doors began to open, and opportunities appeared. Those who waited for perfect

conditions before starting their business never saw those perfect conditions materialize. They never could see the doors of opportunities that would have appeared if they had only started.

"Just do it" never rang true for me. "Just get started" does. You can finish anything if you just get started enough times. If you are a chronic procrastinator like me, change your focus to starting, rather than finishing. If you start toward a goal enough times, you will eventually finish and reach your goal.

Go as far as you can, and when you get there, you'll be able to see further, and avenues will appear that you did not see before. Novelist E.L. Doctorow said, "Writing is like driving at night in the fog. You can only see as far as your headlights, but you can make the whole trip that way." Building an office or tackling any large project in your practice is the same. Just because there is fog and you don't have a perfect vision of the end point doesn't mean you can't start driving.

"Just do it" never rang true for me. "Just get started" does.

Neil Fiore, author of The Now Habit, calls perfectionism one of the major roadblocks to leading a productive life. Fiore says that a procrastinator's inner dialogue sounds like this: "I have to finish something big and do it perfectly while working hard for long periods of time without time to play." Instead, using positive self-talk can help you get started on a big project. Change your internal dialogue and tell yourself, "I choose to start on one small imperfect step, knowing I have plenty of time to play." One small imperfect step will get you further along the path to success than you would be if you hadn't started.

The more you use this empowering self-talk of choice and starting, the less friction you will feel when starting and moving in the direction of your goals. Having a choice is empowering. Obligation ("I have to") can be disempowering.

Do It Scared – Do It Uncomfortable

Now, two years later, my buildout office is thriving, and patients are raving, despite the office's flaws. The buildout was fraught with difficulties, delays, surprises, and problems. The landlord was unresponsive, subcontractors flaked, the county shut down operations, we couldn't get a sign up for the first six months, and an uncapped sewage pipe made the reception room smell like dirty feet. But I kept pushing through, kept pushing forward, one uncomfortable step at a time. Eventually, I had a functional but imperfect space and was making a profit.

All my decisions and actions that have taken my practice to the next level have required uncomfortable conditions. Accomplishment often feels messy and uncomfortable while you are in the midst of it. When I feel tightness in my chest or throat while thinking about a task at my office, I know I'm on the right track. This is usually a sign that this task is important. Author Kurt Vonnegut said, "When I write, I feel like an armless, legless man with a crayon in his mouth." The most productive actions you can take in your practice are usually fraught with uncertainty. Firing a disruptive employee (or accountant, or consultant), implementing a marketing plan, changing positions and pay scale, firing your accountant, tightening your budget, extending your appointment intervals, and more. It isn't going to be easy and comfortable.

Unproductive people won't do the things they don't want to do. Productive people, on the other hand, do the things they don't want to do. What are the things productive people don't like to do? The same things unproductive people don't like to do! But productive people do them anyway. They start and push through the discomfort. The most productive and accomplished people of our generation have learned to work alongside their discomfort, and to start doing the things they don't want to do. They do it uncomfortably and accept the tension as a part of their work.

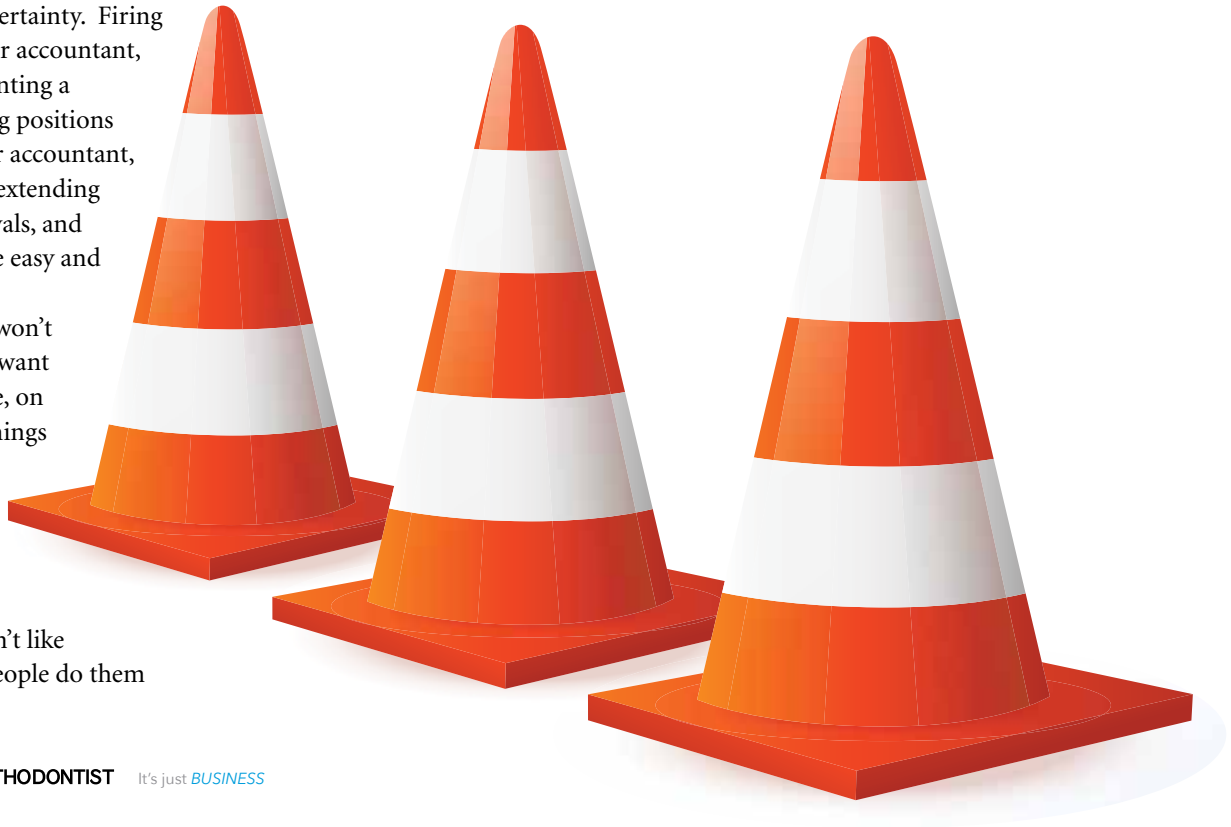
You can finish anything if you just get started enough times. If you are a chronic procrastinator like me, change your focus to starting, rather than finishing. If you start toward a goal enough times, you will eventually finish and reach your goal.

Many tasks that will accomplish something great in your practice will cause an underlying sense of discomfort, maybe in your gut, throat, or chest. Look for your tell, your point of discomfort, and learn to recognize that feeling as a sign you are on the right track.

Start Changing Today

What are you putting off changing or improving in your practice? Firing someone? Promoting someone? Simplifying your mechanics? Beginning same day starts? Starting a new location? Closing a location? Improving your marketing? Chances are, the thing you need to do most makes you feel the most uncomfortable when you think about it. That's okay – choose to start, and do it scared, do it uncomfortable. Just get started.

Start the changes you know you need to make in your practice now. Don't wait for the perfect time because it will not come. You will make mistakes, and you will probably tick people off, but to crystallize your practice to a higher level you must wade forward into the doubt and uncertainty.



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MARI'S List

By Mari Sawtelle

Last year we met with Mari Sawtelle-Dunn the founder of Mari's List, and we continue to hear great things from top Orthodontist's that are her clients, so we wanted to circle back and find out more about what Mari's List is doing and learn about her vision.

Q: Mari, since some people may not know a lot about your past and what you've built, can you tell a little about Mari's List.

A: Well, I started out in an orthodontic office back in the early '80s as a lab tech and handled the ordering for a busy practice. We didn't even have computers back then, so you can imagine how challenging it was. I was hired as a rep and trainer for A Company, then Ormco, and from there became the first rep for Invisalign, as well as worked for GAC. During my time in the field, I saw a need to help the offices get more organized and find better products and services at the best price and value possible. After being on the selling side, I took a position inside as the director of Purchasing and Business Development for a large multi-office multi-state group practice; where my vision was born.

Q: What happened in those practices that jumpstarted your vision?

A: I oversaw opening three offices from scratch and had the luxury of having our own in-house accounting team that included a CFO, accounts payable and receivable. We used Quickbooks, and every product we ordered got entered, so I was able to do a detailed analysis of everything we spent. What I saw is how much and how quickly the little things add up. Items used once and thrown away are much more than practices realize. Most focus on brackets, tubes, bands, and maybe wires. The rest gets delegated and forgotten by many doctors, as they are crazy busy wearing so many hats.

Q: So after you learned all this what did you do?

A: I saw there was a need for all orthodontists to have better control of inventory and costs, so my team and I did a deep analysis of over 45 practices for almost two years. What we found confirmed what I'd already seen. We began training the offices on places they could shop and save, as well as getting organized and finding the best products at group pricing. When we started out, we only had 40 doctors and six companies on the list.

Q: How has your company evolved over the last three years?

A: We've evolved by listening to our clients – to what they need, how we can better support them, and what companies they would like added to the group. We now have 41 companies on the list and continue to add more.

Q: How do you decide to add a company?

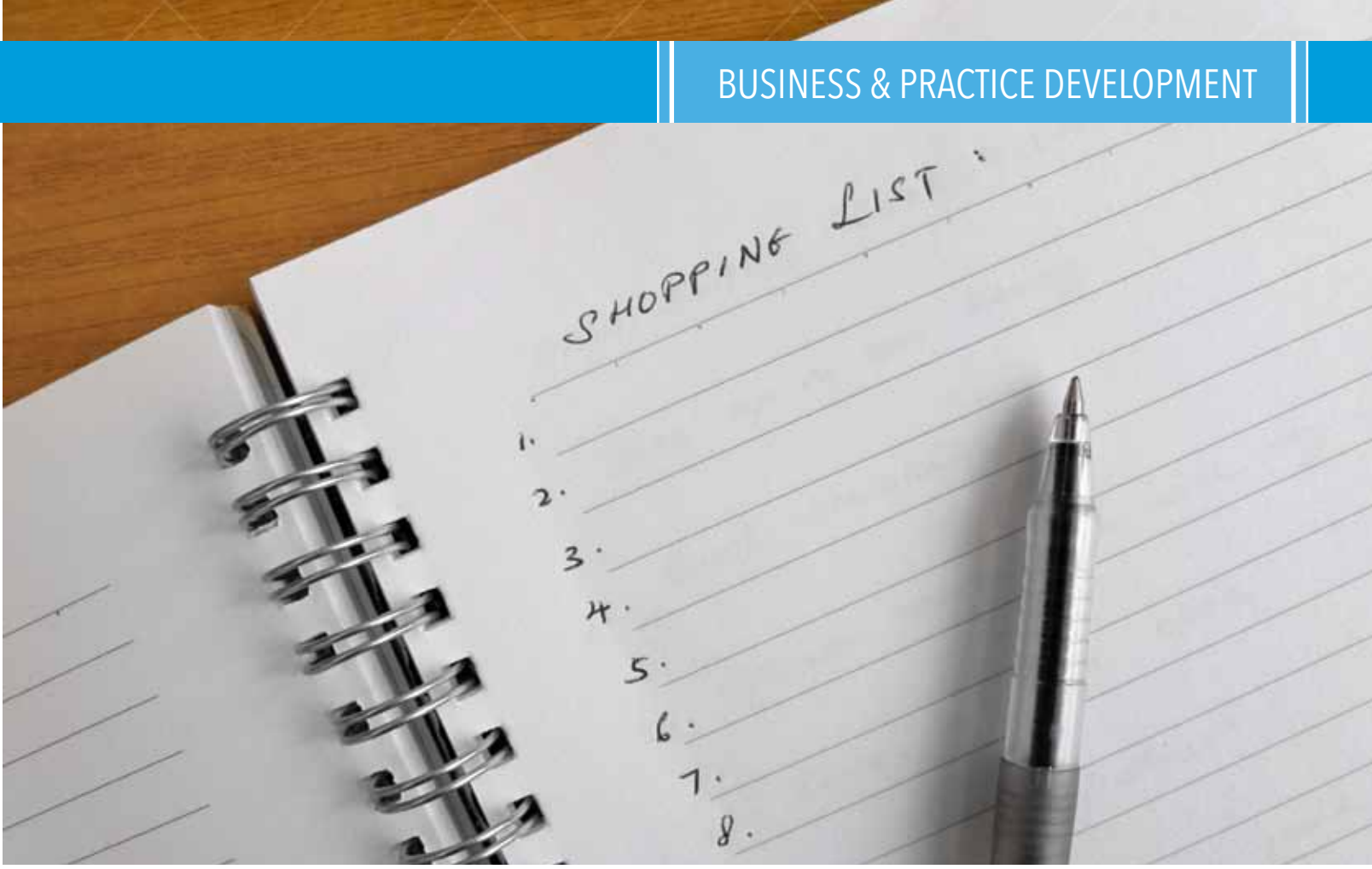
A: We are very careful in who we add to the list. We stay away from companies we think could cause the doctors service or quality problems. If it hasn't been tested and proven, we have doctors in the group that do this and report back their findings. It's not just price; quality and service are extremely important as well. You don't make the list unless I am confident in your quality and value.

Q: What's the relationship with companies on Mari's List?

A: They get our endorsement and hopefully new business. Some of the companies are young companies, so it's a way for them to get on the doctors' radar. We don't charge them anything to be on the list and pass all the savings onto the doctors. We make our living from the membership and coaching we provide the doctors and their practices. We promote the companies, and they promote Mari's List. In order to be a vendor on the list, they must give a large group discount that we negotiate with them. The majority of the companies have ongoing discounts to both existing and new customers.

Q: To what do you attribute your fast growth?

A: For the most part it's our doctors



telling their friends, as they see the savings and benefit from the coaching for their ordering teams. We also get a lot of referrals from consultants who understand our vision and how we are trying to help in an area where there was a big need. Doctors are reporting savings anywhere from 10K to 65K without ordering lesser quality products. Many times they get better products for less, due to our group membership buying power. They can pick and choose the things they want to change, so they have more flexibility.

Q: What would you tell a doctor who is interested in joining but is just not sure yet?

A: I tell doctors to talk to their friends who are in the group. We have pages of testimonials on our website and members all over the US. We have many clients that have been referred to us by consultants like Chris Bentson, Mary Beth Kirkpatrick, Karen Moawad, Ken Alexander, Jill Allen, Andrea Cook, Jackie Dorst, and LeeAnn Peniche. We say talk to them and ask them what they hear about us from their clients.

Q: If a doctor is interested, what is involved in joining Mari's List?

A: We ask the doctors to go to our website, MarisList.com, and send us their contact info under Contact. We then email them back an NDA agreement to sign, with instructions on how to start utilizing the buying group. Once they sign into our Member's Access area and are accepted, they can review all the resources. We then schedule a coaching call to better understand their specific practice and needs and then provide guidance in how to maximize Mari's List.

Q: Do you have anything else for your doctors so they can share as a group?

A: That's a good question. We have a social media page on Facebook that is a secret group, members only, doctors only, where they can talk openly about anything and ask questions and share pearls. Technology is such a great thing, and doctors really can benefit from talking to each other every day in this forum.

Q: What are you plans for Mari's List in the future?

A: We plan to have controlled growth going forward. Twice we have had a waiting list for coaching, and new members. We don't want to grow so fast we aren't able to take care of our doctors, so the long-term future might even include someday capping our membership. Adding incredible value to every one of our member practices is our number one priority. We will continue to add companies to our list, including a software company near year-end that will provide a great tool for managing your inventory. We love our doctors and are really excited at what the future holds, as we continue to grow and get even stronger.

THE FUTURE OF *Orthodontics*

By Dr. Ben Burris

Rather than spouting off wild fantasies and predictions, let's stick to what we KNOW.

1) Fees are going to get lower.
2) The price of doing business (payroll, tech, taxes, etc.) is going to get higher.
3) There will be more orthodontists and dentists doing orthodontics in the future, and the rate of increase will continue to increase.

4) There is nothing to be done about any of the above because the free market and the public demand increased affordability and access to care (and you better not get on the wrong side of this argument if you want to remain viable as an individual or a group long term).
5) More access and affordability is a good thing for patients and the public.

Anyone want to dispute these givens?

I hope so!! This will be great fun to debate. Plus I'm pretty sure I've heard all the convoluted arguments about why having more medical providers is a bad thing. Not only are these arguments easy to expose for their circular logic, you'll have a very difficult time getting anyone other than an orthodontist to agree with you. But we can certainly discuss them.

What to do about what is happening is the real question. Our reaction to the new reality is the only thing we can control anyway. So rather than cry about the causes of these tradition-crushing certainties, let's talk about how best to prepare for and adapt to them. It's actually very simple to know what to do if you don't get emotional, and you think logically rather than following the conventional wisdom that is obsessed with fairness (when you hear an orthodontist talk fairness you can safely assume he or she is talking about things that aren't going their way). It's simple to know what to do, but it's not easy to do those things! So let's have a look at our options.

Since the cost per case going up and the fee per case going down are the constants, are there any variables in the equation we have to work with? Results, customer service, convenience, financing, marketing, branding, etc. are all mentioned very quickly by orthodontists. These are all valid and valuable avenues of attack but they don't deal with the central issue, and their effectiveness will be short lived in the big scheme of things. So what are the most important areas we need to focus on now and in the future for the average orthodontist? (I say average because there will always be outliers and boutiques but very few of us can pull that off. You gotta be realistic about your place in the hierarchy of your area. If you don't like your place in the world then change yourself to elevate your results!)

The most effective and successful doctors will start now and continue to focus on these four interrelated and overlapping things:

- Cost per case
- Volume of cases
- Investing in what they know
- Saving after tax dollars

Our reaction to the new reality is the only thing we can control anyway.

Cost per case is as simple as it sounds. Take the total cost of your building, equipment, insurance, payroll, advertising, your salary/distributions, etc. each year and divide it by the total number of patients you start each year. What you have is an estimation of how much it costs you to treat a case (at your current volume). There are many ways to control this cost. How much you spend on all these things is one. You definitely want to spend the least you can to be effective for everything on this list. Pay for what

you actually need and nothing else. Pay for good enough instead of brand names when it comes to things that don't matter but pay more when it's worth it. It all adds up over time. Pay attention to what works instead of what is cool - especially on variable expenses and tech. Increasing the number of patients you start is another way to reduce per patient cost on things that are proven to bring more patients in the door are generally worth the money.

Volume of cases is also as simple as it sounds. Do more with less. Do more with the same. Get Faster Doctor! You should improve your results and speed every year you practice shouldn't you? If you're not better this year than last, ask yourself why. Now, to do more, you have to be able to attract more patients, and that means having a great location and great internal/external marketing and having what patients want. This will raise your cost per case IF you choose poorly and don't get more patients in the door and more starts as a return on your expenditure. Also, realize that from an economist's point of view, your fixed cost has nothing to do with appointments per case and everything to do with the number of patient days you schedule until you reach capacity. In this view, if you aren't at capacity then it makes no difference to your fixed cost if you see 1 or 100 patients on a given patient day (assuming your variable costs aren't that high as discussed). Meaning that you are far better off to get people in and get people started! Now, that being said, none of us want to work 10 hour days, six days a week, so if we are going to do volume then as we approach our chosen capacity level then we should look to reduce appointments per case and emergency appointments. As you increase volume and come closer to capacity, this becomes more and more important.

Saving after tax dollars is also simple but not easy. I've done all the 401k tax deferred investments, dollar cost averaging, asset allocation BS promoted by those experts who really only care about having the most assets under management they can to maximize their commissions (then they further enhance their income at your expense by churning your account). Ask those folks if you can see their investment portfolio over the last ten years and see what they invest in and how that worked out before handing over your cash. Ask to see your broker's tax returns to make sure he or she doesn't end up making you broker. This goes double for family members, friends and that guy you go to church with. I've gotten my financial ass kicked since graduating in 2004 even though I did it "the right way." No more. I invest in what I know - orthodontics and dentistry. Then I smile and pay my taxes and save my money. It's not elegant, but it's effective. I know your broker will tell you that to do so is dumb and that you are losing money to inflation, but it works a lot better than the alternative for me (and there is very little inflation these days)! Also, speaking of taxes, do you think taxes will be higher or lower in 20 years? So why are you deferring taxes?? Look, orthodontics is great, and it will be for some time but if you're worried about the future of the profession as I am, why not get serious about saving after tax dollars?

Do more with less. Do more with the same. Get Faster Doctor!

Gang, we can't control the future. We can only do our best to maximize our efforts today and prepare for what is coming. There is no cookbook, and there is no right answer. Even if there were a right answer, it would change every time the world changed! Stop worrying and start taking action. These days we have access to unprecedented knowledge, wisdom and orthodontists are more connected than ever before. Don't be proud, be aware and take advantage of all that your successful peers are willing to share!

WHAT SETS US APART IS HOW WELL WE BRING EVERYTHING TOGETHER.

And everything we do is for you and your patients. We've invested millions in building the Invisalign® brand and the technology that helps transform practices and lives. Each Invisalign treatment is unique, just like your business, and together we can help discover new ways to grow both. Grow your practice today at Invisalign.com/provider.

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MONEY CAN BUY HAPPINESS

By Dr. Amer Hussain

Why do you do what you do? Why did you decide to become an orthodontist? Was it for the lifestyle, money, being your own boss or just because you love teeth so much? It is crucial that we can answer these questions. We are blessed to be in one of the greatest professions with the opportunity to touch countless lives and influence countless people. This potential is one of the main discussions I have with my team frequently. We talk about the impact they can have on our patient's lives - do we just want to be another stop in their day or do we want to be something more. It is easy to let patients walk in, get their braces adjusted and let them walk out. But what if we could do more? What if we could make a real difference in someone's life on a larger scale? We do not really know what our patient's home environments are like or what their circumstances are. They may have never seen a positive working male or female role model before. We can be that role model. We have the ability to give patients a new perspective on how life can be. We can give people hope for the future.

Early on in my practice, someone asked me why I am an orthodontist and why I wanted to grow to multiple locations. That question made me reflect on my life and why I was here. It was clear to me that it was not all about financial gain. There is more to it. I have an opportunity to make a difference in the world and give back. It was around this time that I learned about Free the Children. Free the Children is an amazing program that was founded by a 12-year boy from Canada. Craig Kielburger started his journey with Free the Children when he saw an article in the Toronto Star about a 4-year-old Pakistani boy who was sold into slavery and forced into labor. He spent six years as a prisoner chained to a carpet-weaving loom. Iqbal was able to escape slavery only to end up being captured by police and brought back. Finally, he escaped again and was able to join the Bonded Labor Liberation Front of Pakistan to help stop child labor. Iqbal's subsequent murder struck Kielburger hard and compelled him to begin fighting for kids. In grade seven at the time, Kielburger created Free The Children, his now world-famous charity that empowers young people, creates impassioned citizens, and works with at-risk communities to help them escape poverty.

We are all connected to the world and can make a difference. I wanted to find a way to get our patients to become Global Citizens and think about the world around them. We decided to donate a portion of each patient's treatment fee to Free the Children. When we are introducing the patient to the office, we explain the program and how part of their fee will go to help other kids around the world go to school. The kids get to write their name on a poster of the school we are building. Then they can see how they are a part of building this school. They can connect with their friends and tag themselves on Facebook and spread the word that they are a part of the new school. When there are enough funds collected, the donation goes to Free the Children and the school is built. To date, we have built five schools - in Kenya, Ghana, Hatti, Ecuador and Tanzania. It is an amazing experience to hear a child come to our office, learn about the program, and then dig into their pocket and pull out a dollar and say I want to help too. We can expose our communities to the larger world out there and get patients both young and old to have a greater sense of social awareness. We are not only blessed to be orthodontists, but also to live in Canada and the USA. With the revenue we generate we can help so many people, and our money can go so much further in other parts of the world.

GIVING IS CONTAGIOUS

The good news is that studies have shown that giving is contagious. Seeing other people donate, especially prominent members of the community, make others more likely to give. As an orthodontist in your community, you have the chance to be a leader and guide your communities to be better. When the community takes notice of your giving, the individuals you connect are more likely to give as well. The people that witness our charity are reminded that we are all part of one world and are responsible for taking care of each other. This can have a viral effect to help encourage numerous other to follow in our footsteps. We inspire patients and the people around us every day. Find a charity you believe in and support it. Get your team on board. Explain to them the vision you have for your practice and make sure they believe in it and you. This initiative has been amazing for our team harmony and culture. The inspiration that you give and can receive from your team is invaluable. It gets everyone working towards one vision. You cannot do it alone.

GIVING IN PUBLIC WAYS IS IMPORTANT.

There may be a side of you that wants to donate in private, but you should be celebrated for your donation. This is positive reinforcement for yourself and, more importantly, it acts as encouragement for others to get involved as well. The ALS Ice Bucket Challenge is a great example of this. It added an extra force on those by being asked to participate. Let the information flow, share it on Facebook and Instagram and do not be afraid to call out your friends and colleagues. Do not be shy about letting the world know what you are doing. You don't know who you may inspire to help spread the generosity.

GIVERS ARE HAPPIER

A recent study showed that people who give money to charity tend to be happier than those who do not. In an experiment, randomly assigned people were put into groups. They were given either $5 or $20 to spend on themselves, and the other group was given $5 or $20 to spend on others. As an example, people that were spending on themselves would pay bills or buy a coffee. People that were spending on others would give to the homeless or buy a coffee for someone else. At the end of the day, the group that spent the money on others reported being MUCH HAPPIER while those that spent money on themselves showed no change in happiness. Another interesting note was that there was no difference between the amount given and the increase in happiness, suggesting that happiness was more about the act of giving, not the amount. They were also able to replicate these results in many different countries around the world, suggesting that the results are something intrinsic to humans.

If that isn't reason enough to get involved in charity, here are a few more:

1. Donations are tax deductible.
2. Giving to charity out of spiritual conviction can strengthen your spiritual life.
3. Supporting a cause can help keep you informed about issues of social injustice.
4. Volunteering with a charity may result in physical and social benefits.
5. Donating as a team can bring your office together for a common goal. Everyone has their own reasons for getting involved. It is important for us as leaders in our communities to give back and inspire our teams, patients and the community around us. There are many different organizations to be a part of. One specifically built for us as orthodontists is Smile for a Lifetime. It is a fantastic program that allows someone who cannot afford treatment to have the costs covered, making this care accessible. Get more information about the opportunities around you and get involved. You could be the change in one of your patients' lives which ignites their journey towards making our world a better place.

THE BEGINNER'S GUIDE *to Pedo-Ortho*

By Dr. Kyle Fagala

Since graduating from orthodontic residency in 2013, I have been involved in two extremely positive Pedo-Ortho relationships. I have worked for 2+ years as an independent contractor inside a multi-office pediatric dental practice where I work two days a week. I've learned countless things about early treatment and have worked alongside experienced pediatric dentists and general dentists who have become both mentors and friends. Not everyone has a favorable experience when working with other doctors, so I'm thankful my story has been positive. My next step is to open an orthodontic practice in March 2016 next door to an existing multi-doctor pediatric dental office. The two practices will be separate businesses, but we will share space. There's still a lot of work to be done, but I'm excited for what the future holds.

What's so great about Pedo-Ortho in the first place?

The biggest advantage, I believe, is that pediatric dentistry and orthodontics make perfect sense together. There is a synergy between the two specialties that simply cannot be denied. At a routine hygiene appointment when a parent is worried about their 8-year-old's anterior crossbite, it's ideal to have an orthodontist nearby to help answer the parent's questions. The orthodontist can even bond an upper 2x4 the same day. What about the TLC patient who needs upper c's and d's removed? Send her next door and have them removed under sedation. Or, how about the 13-year-old braces patient who's been brushing his teeth with the wrong end of the toothbrush? Well, the hygienist two operatories down has a Cavitron tip with his name on it.

THREE THINGS YOU NEED TO KNOW ABOUT PEDO-ORTHO.

1. Pediatric dentists have become the gatekeepers of adolescents. Every year more parents choose pediatric dentists for their children's dental care. Because of this, pediatric dentists often make the first dental contact with patients, and in turn, decide where orthodontic patients are referred. Orthodontists are still the experts at straightening teeth and guiding facial growth, but you can't fault pediatric dentists for wanting to be involved in the process.

2. It's hard for young orthodontists to find "traditional" jobs. The Great Recession of 2008 hurt our profession a lot. Fewer patients with less disposable income led to less growth for most orthodontists. Older orthodontists naturally became worried about their retirement funds and, as a result, started offering fewer jobs to young orthodontists. It's not uncommon for residents to send letters to dozens of offices, only to be offered jobs by corporate, general dental, and pediatric dental practices.

3. It's happening whether you like it or not. Ask any orthodontist practicing in a big, competitive area like Denver, Charlotte, L.A., Miami, New York, or Chicago how many Ortho opportunities are still available with Pedo offices. Their answer will likely range from "not very many" to "none at all."

HOW SHOULD A PEDO-ORTHO RELATIONSHIP BE STRUCTURED?

Pedo-Ortho can take on multiple shapes and forms. As an orthodontist, you can work as an employee, independent contractor, associate, co-owner, and everything in between. You can own an independent practice next door to a pediatric dentist or lease space inside their building. You can even hire a pediatric dentist as an associate in your own orthodontic practice. Naturally, there are pros and cons to each arrangement.

What about pay? Per diems are popular and can range anywhere from $600 to $2,000+ per day, with or without benefits. Production/collection percentages vary from 20% to 50%+. Some offices may even offer ownership opportunities, occasionally including a piece of the pedo and hygiene production.

Ultimately, a lot of Pedo-Ortho relationships don't last. Most associates move on to other work, often times seeking more traditional ortho models. Finding long-term success requires a relationship that is mutually beneficial and equitable to both the orthodontist and pediatric dentist.

THINGS TO AVOID.

1. Being paid on collections - I just don't like the idea of this. Unless you're the owner, you shouldn't be penalized because the front office can't collect. Being paid on production is preferred, assuming the patient flow is sufficient to make the job worthwhile.

2. Starting a Pedo-Ortho practice without the proper contracts - Never make a deal on a handshake. Even if the pediatric dentist is your best friend from birth, hire a lawyer with dental experience and make everything official. I know legal fees can be painful, and the back-and-forth of contract revisions can kill the momentum. But, there's not much worse than a business relationship gone bad. Good contracts help avoid major headaches down the road.

3. Simultaneously opening a cold start Pedo-Ortho practice - Cold start orthodontic practices are hard enough as it is (ask me how I know). If you open day one next to a new pediatric dental office, you'll not only lose most of your potential GP referrals, but it will also take several years before the Pedo patient base is old enough that you can benefit from it.

4. Worrying too much about what other orthodontists think - If you're a resident reading this, the chances are good that a few doctors at your program have told you not to take a job in a pedo office. I was criticized (and continue to be criticized) for my decision. The thing is, I understand older orthodontists' frustration and share in their desire to protect and champion the specialty of orthodontics. Ultimately, though, we all have to make decisions that are best for ourselves, our families, and our patients. I'm sure we would all like things to be how they were 30 years ago, but it's just not realistic. The market has changed, and it doesn't help to pretend otherwise.

Beginner's Guide

WHAT'S THE FIRST STEP?

If you're interested in pursuing a Pedo-Ortho opportunity, my best advice is to speak with as many smart people as possible. Call, email, and Facebook message every doctor you know who has done Pedo-Ortho. Join Young-Docs Study Group on Facebook and use the search bar to research the topic. If you still have questions or concerns, then contact an industry expert like Chris Bentson or Marc Cooper.

WHAT'S THE RUSH?

By Dr. Kliff Kapus

As an orthodontist, I spent much of the early part of my career asking the question "how?" because we are a technique driven specialty, and there's nothing we seem to like more than a good clinical tip. But as I have matured in my life and practice I have become much more devoted to the question "why?". As the years have passed, I have recognized that it's less about if you CAN do something and more about if you SHOULD. One of the most common mistakes I see people make is that they fail to reflect deeply on their reasons for doing what they do. We become creatures of habit, blindly marching forward, acting out of rote muscle memory instead of carefully considering our choices. To make matters worse, we are, as a species, prone to self-delusion and denial. To dig deep and answer the question "why" we must first develop the ability to perceive accurately our motivations and then be brutally honest with ourselves about them.

There are a few basic generalizations about how I practice orthodontics. One of them is that I try to use the least amount of equipment in the patient's mouth necessary to achieve the desired result. Another is that I try and be efficient with my mechanics so as to minimize the amount of time the patient spends in treatment. Both of these are worthwhile goals, but there comes a point at which they can be taken to an illogical extreme. For example, while I know that it is possible to achieve transverse expansion with an arch wire and a headgear I wouldn't avoid using an RPE if the situation called for it simply because I wanted to minimize the number of appliances in the patient's mouth. Similarly, while I strive for streamlined, efficient treatment durations I don't make completing my treatment in a timely fashion the end-all, be-all goal of my practice; which brings me to the point of my article.

There has always been a drive in our profession to speed up orthodontic treatment, and we have indeed succeeded in reducing treatment duration over the past few decades. When I was receiving orthodontics as a thirteen-year-old back in the 80's the standard treatment time was 3-5 years. Now I tell patients that my goal is to finish their case in 22 months or less. This is a definite improvement but can we do better and more importantly, should we? There is a definite impetus to speed things up but who exactly is pushing this agenda and at what point does the cost/benefit ratio start to climb the logarithmic portion of the curve? Is it the orthodontic community that wants faster treatment times or is it the patients? Or is it the vendors who want to sell us another technique/device? Do these techniques work or is it hype? How much treatment time is being saved, really? And who benefits from this time savings exactly?

I went to a CE course a couple of

years ago, and the premise of the lecture was that with self-ligating brackets and NiTi wires these doctors had been able to minimize the number of visits and months their patients spent in treatment. Case after case was presented and statistics were rattled off as the final photos hit the screen: "8 visits, 14 months, four wires!" After a while, it started to sound like the old game show Name that Tune. Are you old enough to remember that show? Contestants would haggle over who could name the unknown tune in the least amount of notes. "I can name that tune in 4 notes, Lionel!" And when the number had been whittled down sufficiently the gauntlet would be thrown, and the host would challenge the player to "name that tune!" So I'm watching this pissing contest unfold as the doctors start arguing over who can "finish that case" in the least amount of visits. "I can finish that case in 6 visits!" And the whole time I'm thinking they've forgotten the "why" in pursuit of the "how."

Of course, patients perceive a benefit to shorter treatment times but have we considered the cost/benefit ratio and percentage contribution of each factor? Just for kicks let's look at the reduction in treatment time from the following simple techniques: When we, as a profession started using brackets instead of bands whenever possible it drastically reduced treatment time and simultaneously reduced overhead cost. This was a definite win-win for both the patient and the doctor. Switching from stainless steel wires to NiTi increased the overhead cost by a marginal amount but the longer activation period and lower forces applied meant a reduced risk of root resorption and less frequent office visits. Another win-win. These two improvements alone took treatment times down from 4 to 2 years without significantly increasing costs to the doctor or the patient.

How about self-ligating brackets? Ah, here's where the arguments begin! Now in my office I found that when I switched to self-ligating brackets I anecdotally noticed a reduction in treatment duration, especially in extraction cases. But the literature keeps saying it doesn't make a significant difference. How much time did it save me? I'd say anywhere from 4 to 6 months. So a 2.5-year case could now be completed in 2. At what cost? Well, those self-ligating brackets can be 3-5 times more expensive than a simple

twin bracket, so I catch heat from my wife (who pays the bills) from time to time. She asks me if I couldn't get a good result with simple twin brackets. Honestly? Yes. But I like the self-ligating brackets! So she calls me a prima donna but lets it slide.

What about Acceledent? That sounds pretty cool, right? But love it or hate it the cost is significant. Buy them in bulk if you can for 800 bones a toss? Yikes. And how much are you saving in terms of treatment time? Another couple of months? Could we take our treatment time down from 22 months to 18? Is that worth almost a grand in extra overhead? What if the client doesn't use it? Here's another question: what does repeated mechanical cycling do to the bond strength of the brackets? Does Acceledent increase bond failures? When I did my Masters thesis, we studied the effects of mechanical cycling on bond strengths and found that it significantly lowered them. If the research is inconclusive that Acceledent speeds tooth movement, and there's a risk that it could increase bracket failures, and it costs close to a grand to purchase but only reduces treatment time by a few months then is that really worth it? Have you even bothered to ask yourself this question?

Let's talk about Wilkodontics (surgically accelerated orthodontics) for a moment. Now this is just my opinion but to me, personally, the idea of having a full thickness flap on both arches and scoring the bone so that I can get done in 6-8 months instead of 22 seems like overkill. What life event is so pressing that you can't tolerate the extra time spent in treatment? I just can't do it, guys. This is where I tap out. When I make my patient's head look like an eggplant so that I can finish their case, sooner I feel like I'm crossing the line between doing them a favor and beating the crap out of them. Now I'm sure someone is going to take issue with me on this, and that's fine. If you can convince your patients that this is a good idea then kudos to you. But there's just no way in hell I can reframe this in my head as "adding value." If we were talking about finding a way to reduce the duration of enduring chemotherapy then maybe; sure. But it's freaking orthodontics. We have options! What if you could do the case with Invisalign or lingual brackets? It's been my experience that patients in aligners don't mind a little extra time in treatment. The whole reason most patients want faster treatment in the first place is because they don't want to wear braces for any longer than absolutely necessary. Take the sting out of it by eliminating the braces and suddenly it's not as big a deal.

I'm going to pause here for a second and mention Propel. This is a pretty cool product, and I think it has its place in our bag of tricks. If you're trying to close an extraction space or mesialize a molar adding Propel to the mix is 100% awesome, and I think if the patient is OK with the minor invasiveness of the procedure then rock and roll. I'm not thrilled with the idea of using it on both arches all throughout the treatment, but I guess if the alternative is surgically accelerated orthodontics then it's less of a kick in the head. I'll let you do the cost/benefit analysis on this as I think you're probably starting to get the idea at this point.

Now I tell patients that my goal is to finish their case in 22 months or less. This is a definite improvement but can we do better and more importantly, should we?

So where's the fuzzy edge of the advantages gained by using these techniques and products? In chemistry, we'd call it the "rate limiting step." If you're going to buy a Lamborghini with a top speed of 200 mph, you ought to know that the speed limit on most highways in this country is 55-70 mph. That's pretty significant. And what if you decide to drive through Burbank at 5 o'clock in the afternoon? How's all that horsepower working out for you now, boss? So let me drop a few flies in the ointment of accelerated orthodontics: how many times have you gotten all the work done on a patient from first molar to first molar and then suddenly you're waiting for those damn 7's to erupt? There you are circling the airport waiting for mother nature to hurry up and deliver those teeth. That thousand dollar vibrator you sprung for is going to do precisely jack to address the situation. I tell the patient "think happy thoughts" because that just about all anyone can do to speed things up.

How about that patient who disappears for six months at a clip? The one who flies back to India for three months during the summer to visit relatives? The lady who heads back east to care for her father with Alzheimer's? How does that affect your treatment duration? The patient who breaks brackets with a Forsus appliance but doesn't notice and then comes in with a cuspid laying down sideways? Then you have to take everything apart, rebond the tooth, spend weeks (or months) standing it back up and then replacing the Class II corrector. There goes that rosy estimate you presented at the beginning of the treatment. And what about the patient whose account is in arrears? Yes, I know, you'd never do this personally but I'm sure we all have "a friend" who's deliberately dragged their feet and prolonged the treatment until the financial situation is addressed. Again, your estimated duration is now DOA. Man plans, God laughs…

Finally, let's talk about who's really

pushing the accelerated orthodontics agenda. Is it the doctors? How badly does it affect you if you finish a case in 20 months instead of 18? In 24 months instead of 20? Sure, you feel pretty bad when something goes haywire and you go three years instead of two but is that commonplace? Are you losing sleep at night wondering how you can prune a few months off your average treatment duration? Are you furiously calculating the average overhead cost per visit?

Is it the patients? I'd be lying if I said I never had a patient come in for treatment with a deadline. An impending wedding or senior yearbook photos or a quinceanera can put the pressure on you to finish quickly but is this the exception or the rule? Are the majority of your patients interested in doing it "right" or "right now"? When was the last time you ran overtime, and the patient packed up and left your office for someone else? Is your relationship with your clients so fragile that two more months is going to make them cut and run?

Is it the vendors? What are the people who sell these products and procedures telling you about how important speeding up treatment is? In sales, a common tactic is "create a problem, and then offer a solution." Is that what's happening here? How big of a "problem" is the need for speed? And what benefits are being presented in exchange for the added costs? "Increased patient capacity"? Personally I'm nowhere near "capacity"; how about you? More "word of mouth referrals"? Are they starting treatment at your office for you or your cool toys?

Look, I'm not saying that you should or shouldn't add these procedures and products to your arsenal. I'm not even making a "value judgment" as to whether or not they are "worth it" to use. What I'm saying is that you, need to ask yourself these questions before you spend your hard-earned money. You need to examine the "why" behind your actions. Stop, think, then act. You don't have to check into a Zen monastery to rustle up some internal reflection; you just have to be brutally honest with yourself. What's the rush, doc?

In conclusion I'll leave you with a funny story. Fresh out of residency in my first year of practice I was an eager young man with an overgrown desire to please and a head full of basic biology. I, being a natural problem solver, was quick to fire off a solution at the slightest impediment. A father who was frustrated with his 14-year-old daughter's constant complaining about her braces asked me at the chair side what could be done to speed up her treatment. I talked about leaving certain objectives incomplete; I discussed Wilkodontics to which the patient exclaimed "no way!" Finally, the father said "is there anything else?" Before I could stop myself I blurted out "she could get pregnant." All the air sucked out of the room. I felt my face flush as I realized that what I suggested could very well earn me a knuckle sandwich. Sure, it was technically true but what the hell had I been thinking? Patient management: epic FAIL. The father's eyes widened for a moment and then he turned to his daughter and said "you'll be finished when you're finished and that's that. Deal with it!"

DOES MEMBERSHIP MATTER?

By Dr. Courtney Dunn

Recently, I have had several conversations about the role of organized dentistry – and more specifically organized orthodontics in day to day practice. More and more doctors are considering dropping their memberships with the AAO. Why? The answer isn't clear cut. I feel that we are living in a time that is particularly unique in our profession. The great recession took its toll. Patients and practitioners are more price sensitive than ever. The recession in combination with the number of orthodontists growing at a seemingly exponential rate is creating the perfect storm where costs are going up, and fees are going down in many areas. So, many practitioners are looking at that annual bill and think, "Why am I paying this?"

In the past, organized dentistry has been particularly strong with a very high participation rate. When I graduated dental school in 2001, it was a given that I would join the ADA and subsequently the AAO. It was my professional responsibility, and I knew my classmates felt the same way. Today's graduate seems to have a different mentality than the people that graduated 15-20 years ago, and it isn't just affecting our profession. Organizations across the country from the Junior League to Girl Scouts to the local dental study group are seeing declining membership. So why is this happening?

The millennial generation aren't typically "joiners."

This generation is more connected than ever but are more socially disconnected. They have 500 Facebook friends, text all the time, but rarely make phone calls or meet people face to face. Plus, there are very active dental message boards. These online communities are strong and somewhat negate the need for personal connections made with traditional organizations.

The great recession put us in survival mode. Here in Phoenix, dental and orthodontic offices were going out of business. When you are worried about getting food on the table, thinking about the greater good of the profession is simply not going to happen.

The great recession took its toll. Patients and practitioners are more price sensitive than ever.

Increased student loan debt and a lack of job opportunities

Some new orthodontists are graduating with more than a half a million dollars in debt and then realize that getting a job will be harder than they expected. With monthly loan payments dwarfing their expected salaries, it's not a surprise they don't want to pay membership dues or have any interest in partaking in AAO activities.

AAO annual session

The annual session has always been touted as an economical way to get maximum CE. I have always enjoyed attending the AAO, but I've started to notice some things. The speakers are the same every year. And although these speakers do a great job, the talks are starting to repeat themselves. Some of these lectures I heard as a resident. The same. Exact. Talk. Why am I paying to fly somewhere, pay the hotel, pay a registration fee and miss time from my practice and family to listen to the same people say the same things – and most of these things have nothing to do with running my business?

Leadership that doesn't represent or understand us

My first year in private practice, I needed to buy health care insurance for myself and my family. Touting great rates, I contacted the AAO. I was so disappointed to learn that the health coverage offered to AAO members didn't cover any maternity care. "It's too expensive" was the response when I questioned this fact. I looked at the board of directors at the time and realized this organization didn't represent me. I'm certain the health insurance contained benefits for prostate care and Viagra, but most 65-year-old men could care less about maternity benefits. For better or worse, Obamacare has taken care of the

maternity coverage, but that experience left a clear message for me – You have no voice.

Public relations campaign that takes my money but does nothing

I realize that some of you may believe that this campaign is doing great things for the profession, and everyone going into this had the best intentions. But, it is expensive and ineffective. The PR company keeps showing results, but people need to remember that their ultimate job is to get you to rehire them. So, of course, they are going to make the numbers look good. I have yet to have one patient in my office from this campaign, and I still hear, "My dentist is also an orthodontist" from educated people that should know better.

Due to these issues, and probably several more not listed, organized dentistry is losing market share. Organizations are now trying to buckle down and recruit new members. I have no problem with this, but this shift in gears pulls them away from their primary purpose of advocacy. So much time and money are being spent on selling the organization, the really important stuff is dwindling down to nothing. The unintended consequence of this is making the organization look more like they are trying to save themselves rather than represent our profession's needs.

So, I can sit here and complain about all the problems and offer nothing when it comes to solutions, but here are some things the AAO should start thinking about.

Revise the archaic leadership structure. It shouldn't take you your entire career to become a major player in the AAO. There needs to be some diversity in age, gender and ethnicity.

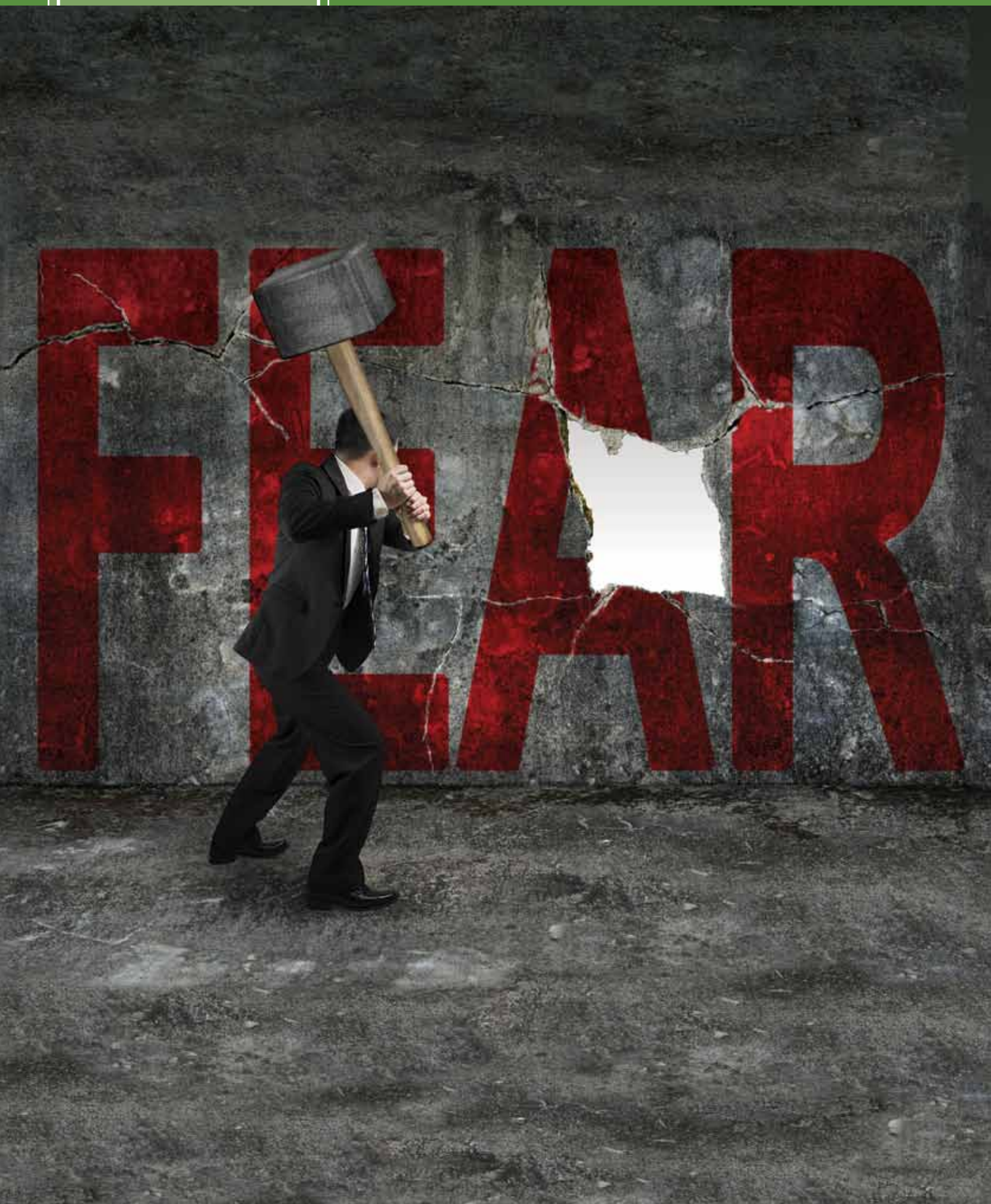
Get rid of the public awareness campaign

More advocacy against insurance companies dictating our treatment and lowering fees.

Give a better meeting. We need the clinical and scientific lectures, but more business lectures by people who actually run their business well would be a welcome change.

Address student debt before it happens. Offering better consolidation companies is not the answer. Education should be available to those in school and those applying to school. You need to educate them on realistic salaries, the job market and how best to plan out their orthodontic education.

In case you are wondering – yes, I am still a member of the AAO. I still believe that we need proper representation in Washington DC. So please, AAO, listen and change so we can all have a brighter future.


FEAR

BEN THERE **DR. BEN BURRIS** DONE THAT

FEAR

By Dr. Ben Burris

So I've had more than my share of sleepless nights of late and my sleep cycle always revolves around what is going on in two areas:

1) My relationship with my wife and kids.
2) What's going on in our business?

The great news is that Bridget and the kids are healthy, happy and they give me more love and joy than I ever expected to experience in one lifetime! The good news is that I've finally resolved the big issue that's kept me up night after night after night for the last couple weeks…

That's right. You guessed it. I'm going to fully embrace Invisalign in all my practices.

I'm certain that those who know me well and even those who have only casually observed what I've been up to for the last decade will raise an eyebrow at this turn of events.

"Burris, that doesn't make any sense!! You've railed against Invisalign for years and now you're doing a 180? You're worse than a politician!" I can hear you saying. And you're not wrong in one model of the universe where belief possession is the norm. In that model, we know what we know and do what we do because it's RIGHT and to change or to admit the world has changed is tantamount to admitting we were wrong and that we are a failure. Most of us orthodontists see the world this way so take comfort in the fact that most of your peers agree with you.

I can't argue. I'll stipulate to all you are thinking.

I'm certain that those who know me well and even those who have only casually observed what I've been up to for the last decade will raise an eyebrow at this turn of events.

I have been against doing Invisalign in my practice for a long time because I couldn't reconcile the additional cost, the additional equipment and the cash flow issues with my practice model. However, if you've paid attention at all then you already know that I've changed my practice model tremendously in the last couple years – so this move isn't out of line when you think about it. For starters, long before it was cool I decided to go aggressively direct to consumer in my marketing to reduce reliance on referrals from dentists. Once I had grown large enough and had become diversified enough to be self-sustaining, I decided to bring hygienists into my Ortho offices in an attempt to increase access to care while growing my business. I'm sure I don't have to tell you how that went over with the local PCDs. Fast forward a couple years and we are now Arkansas Dentistry & Braces and we have dentists, oral surgeons, pediatric dentists and hygienists in house alongside our orthodontists. Last week I dropped my specialty license in the state of Arkansas to level the playing field and make it legal for me to see hygiene and ortho at the same time. No one, especially the dentists, thought I would ever do so. This week we made the decision to go all in with Invisalign… You see the pattern here? Do my "wild and crazy antics" make more sense in this larger context? I sure hope so because it's scary as hell out here on the cutting edge.

I usually keep my blog posts short but I know you want more detail on the reasons I'm making this move because we are, by nature, detail people. Remember

you asked for it!! Here is the short list of things I've been mulling over for the last 8 years. The facts and thoughts that culminated in this week's big decision:

1. There are 300 million people in the US, and a study in 1996 (before the clear aligner market was in existence) found that 49% would not consider going to see the orthodontist because they don't want braces. Of the 150 million who would consider braces, only 2 million people start treatment each year. That's about 1.3% of the people considering braces who actually end up getting them.
   - It seems that orthodontists are clawing and scratching for our share of the 1.3% of possible patients because braces are our appliances of choice – the DOCTOR'S choice not the patients'.
   - This tends to give doctors a sense of scarcity instead of abundance.

2. The latest numbers available show that the orthodontic industry has grown 11% in the 5 years (going from 2.6 million annual starts in 2009 to ~2.9 million annual starts in 2014) while Align has grown >110% in that same time.
   - Realizing that within the ~2 million annual starts in North America, Clear Aligners were 15% of the business in 2009 and in 2014 that number was 20% – what % of all orthodontic starts do you think Clear Aligners are now and will be in 5 years? Will it be 30%? Or will it be 50%? How well positioned are we to capitalize on this changing market trend? The size of the pie is growing, while the clear aligner share of the pie grows as well. And why shouldn't I get more than my fair share of that?

3. The national trend is consistent. GP referrals to the orthodontist have declined over the last 5-7 years and the rate of decline is accelerating
   - The cause doesn't appear to be that they are doing more Invisalign – Align's business with the GP's isn't growing as fast as we all think
   - Pediatric Dentist practices increasingly are taking on in-house orthodontists and therefore referring out less (or not at all).
   - Straightwire is becoming more popular among PCDs
   - DSO's are playing a significant (and growing) role in reducing the GP referrals in the market (every GP practice that they purchase is one less referral source)

Invisalign is a category creator and spends millions each year creating demand and driving that demand into practices… why not leverage this?

4. When OrthoClear entered the market in 2005-2006 there was a measurable impact on the percentage of Clear Aligners in the overall orthodontic market because there was more BUZZ in the marketplace as a result of increased competition. All current indicators lead to more growth in clear aligners: Orchestrate, ClearCorrect, Smile Care Club, etc.

5. In a 2011 Harvard Business review article titled "Reinvent Your Business Before It's Too Late"; it recognizes the importance of innovation (or reinvention) before the business plateaus in order to stay ahead of the industry/competition curve.
   - The article notes that "making a commitment to reinvention before the need is glaringly obvious doesn't come naturally. But that's exactly when to take action."

6. There are several examples of major brands that have been wiped out by technology changes in their industry. Here are 4 Reasons Kodak, Blockbuster, Blackberry, Yahoo & Other Major Brands Fail:
   - Inability to acknowledge the change in their business/industry
   - Inability to react to changes and innovate
   - Inability to stay ahead of the times – not adjusting to the marketplace or technology of competitors.
   - What Got You Here Won't Get You There

7. Innovation and patient demand DO NOT care about Dr. X in ABC town. Demand drives the market.

8. I've reduced costs in all areas of the practice and now my goal is to drive top line growth (a la Michael Raynor) and skate to where the puck is going (a la Wayne Gretzky)

9. Invisalign is a category creator and spends millions each year creating demand and driving that demand into practices… why not leverage this?
   - I have GPs in place and Invisalign will cater to the GP side, which is mostly adult patients.
   - Doing Invisalign allows me to get bodies in the door for Ortho and convert them into a hygiene patient and treat the necessary restorative issues over the course of the patient life cycle.

- Invisalign is applicable to and desired by the masses- most adults don't want braces and not every adult needs a crown or implant yet 74% likely have crooked teeth.
- I'm looking for practice growth on the GP side. Invisalign will be essential. Practice growth begets practice growth and bigger PCD practices means more Ortho referrals.
- Increase conversion- patient preference plays a role in conversion.
- Enhanced patient experience which increases in office referrals – Patient is sitting up in chair and short visits offer doc ability to make eye contact, build rapport and drive a positive culture in office.

10. Efficiency/Scale
    - Less chair time increased starts without the need to increase fixed expense (associates) – hopefully this will make up for my lab bill and the time I have to spend on the computer.
    - Ability to control the treatment time and keep cases on track despite turnover or different doctors working on the same patient. Avoiding overtime is a constant struggle, as you know.
    - Ability to have aligners delivered in hygiene or by a GP. I'm just a PCD in Arkansas now after all!
    - Fewer emergencies
    - Invisalign works well in rural and remote offices and reduces the days that I have to have an orthodontist there.
    - Improvements in scanner technology and Invisalign mechanics make using Invisalign much easier and more effective.

I could go on but I won't.

Bring the thunder tell me why you agree or disagree and why my assessment and action plan are wrong. Help me find the best practices I'm missing and point out the holes in my thinking so I can avoid missteps. Life's an awesome adventure. Glad you're along for the ride. I'm not afraid of dentists or big box dentistry doing Ortho… They should be scared that I'm doing Invisalign and dentistry!

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

- Speaking for study groups and meetings

  Full day program: *The Referral Revolution*

  Half day programs:
  - *The Same Sun Shines on Us All – Embracing Opportunity and Refusing Defeat*
  - *Short Term Orthodontics – Where Does It Fit?*

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Smile for a Lifetime

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

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

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

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

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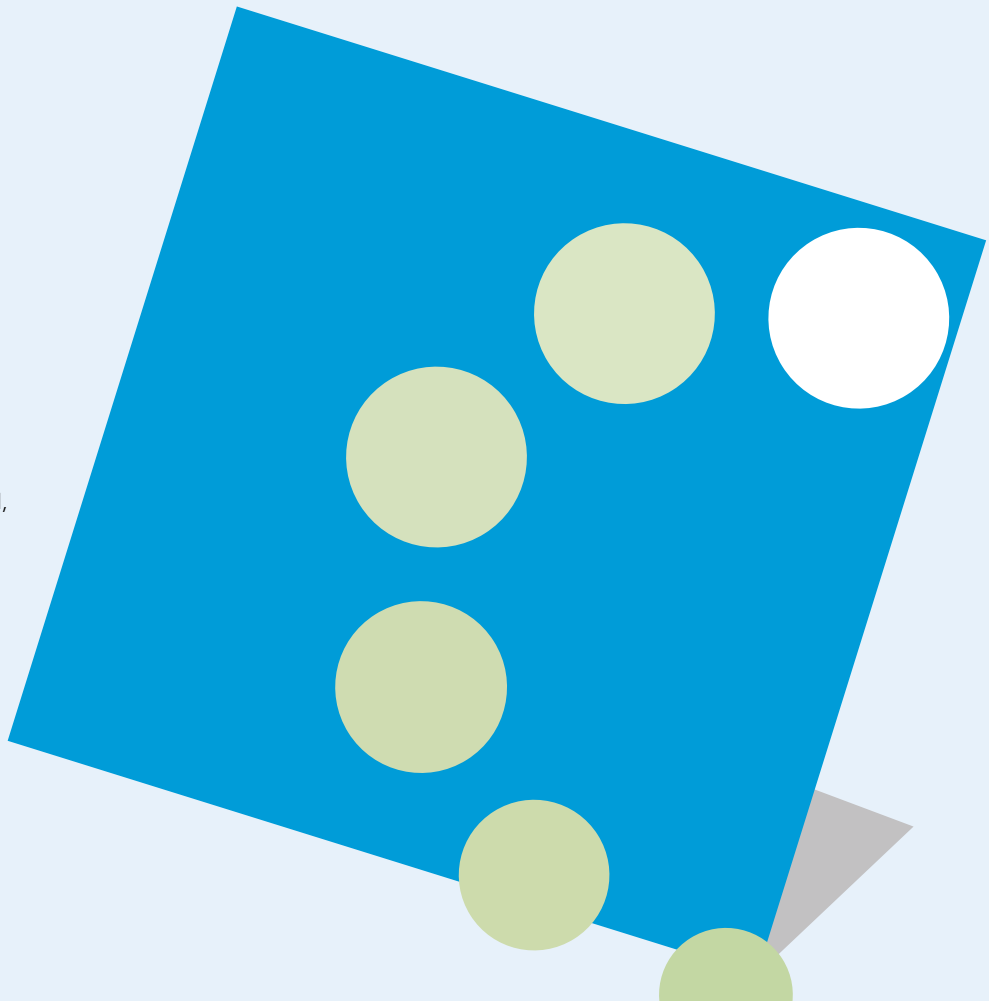
About Carestream Dental LLC
Since 2007, Carestream Dental has been a growing standalone company with strong earnings and a healthy cash flow. Providing industry-leading dental equipment such as imaging systems and practice management solutions for dental and oral health professionals across the globe, Carestream Dental's products are used by seven out of 10 practitioners to deliver exceptional patient care. For more information on dental equipment, or to contact a Carestream Dental representative, visit us online at www.carestreamdental.com.

About Carestream Health
Carestream is a worldwide provider of dental and medical imaging systems and IT solutions; X-ray imaging systems for non-destructive testing and advanced materials for the precision films and electronics markets. For more information about the company's broad portfolio of products, solutions and services, please contact your Carestream representative or call 888-777-2072, or visit www.carestream.com.



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