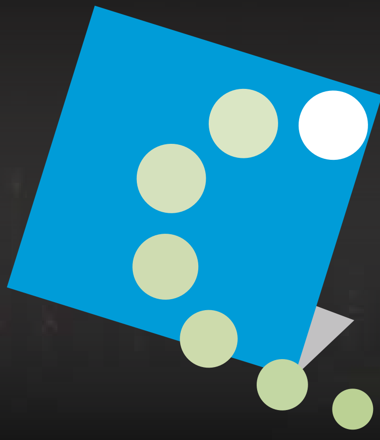

The Progressive Orthodontist

CHANGE IS GOOD!

Meet Dr. Derek Bock

Q2 2017

BUSINESS PRACTICE & DEVELOPMENT

THE FUTURE IS CLEAR – INTERVIEWS WITH JARRETT PUMPHREY & JOE HOGAN

MARKETING/SOCIAL MEDIA

WTF! MARKETING! -BY JEFF BEHAN

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EDITOR'S NOTE

2017 has turned out to be as exciting as anticipated.

Tons of change, a plethora of awesome meetings and continued growth/diversification of the resources available to the modern orthodontist – and that's just in the first quarter of 2017! If you know anything about me you'll know that I firmly believe CHANGE IS GOOD and that the marketplace is the best decider when it comes to the viability of any model in any space. Through that lens, I see all of this change as positive and I choose to focus on the opportunity created instead of allowing fear or scarcity thinking to dominate. I would advise you to do the same. Invisalign, SmileDirectClub, General Dentists, Mid-Level Providers and DSOs are not threats, they just are. We cannot control what others do or how the world turns but we can control how we react to it. The best way I can describe this mindset (and the alternative) is with an analogy:

If you visit the beach and wade out shoulder deep at low tide then the rising tide becomes a "threat" to you… but only if you are unwilling to move!

The future is now. There are many times more people who want orthodontics than there are currently receiving treatment. Figure out how to do more, faster, better, more conveniently and more affordably and you can't help but thrive. Stubbornly hold on to the past and wish for the "good ole days" and you'll drown. And you have no one to blame but yourself. You are smart, you work hard and you care… prove it. It's actually pretty easy once you get your head right!

See you in San Diego!

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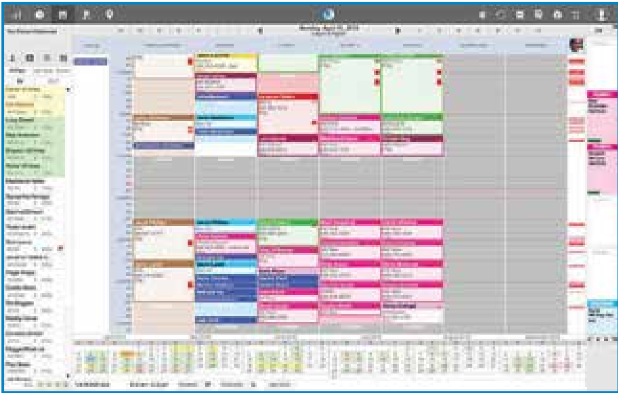

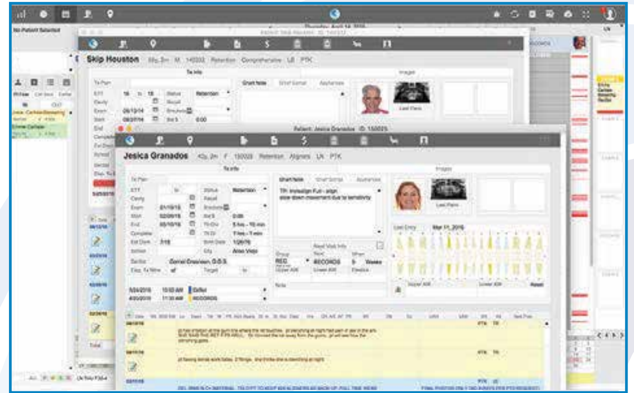

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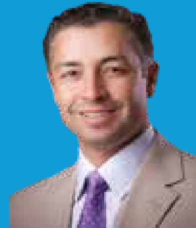

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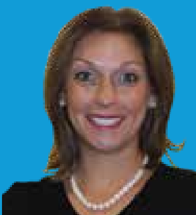


DR. JASON TAM

ANGELA WEBER

CONTRIBUTORS

DR. DEREK BOCK

Dr. Derek Bock grew up in Massachusetts, near Cape Cod. He remained on the East Coast for his undergraduate studies prior to attending Tufts University School of Dental Medicine in Boston. Following dental school graduation, he completed a three-year residency in orthodontics and obtained his Master of Science in oral sciences at University of Illinois at Chicago In addition to his residency, Dr. Derek also completed a one-year fellowship in craniofacial orthodontics at the University of Illinois Craniofacial Center. Recently he's been spending his free time overseeing his clinical group The Pragmatic Orthodontic Clinical Discussions; www.facebook.com/groups/PragmaticOrthodontics. He owns and operates multi-location Pedo/Ortho practices with his Pediatric dentist wife Anokhi Bock.

DR. JAMIE REYNOLDS

Dr. Reynolds attended the University of Michigan for both his undergraduate and dental studies. While at Michigan he was a member of the volleyball team, earning both team captain and All-Big Ten honors. Dr. Reynolds attended the University of Detroit-Mercy earning a master's degree in orthodontics. He lectures extensively on orthodontic technology and practice management and is also a co-founder of OrthoFi. In his spare time, he has a passion to travel, spend time with his family, and learn new things. Also, as a beach bum at heart, Dr. Reynolds can be found in the summertime near a beach volleyball court covered head to toe in sand.

DR. CHRISTIAN GROTH

Christian Groth was born, raised, and practices outside of Detroit, Michigan. He completed his dental and orthodontic training at the University of Michigan and now is a partner with TDR Orthodontics. In 2015, Christian and his partners opened Motor City Lab Works, a digital orthodontic lab specializing in 3D printing. He has a passion for utilizing technology in order to improve the patient and staff experience. When not in practice, Christian enjoys spending time with his wife and two young children, running, and cheering on the University of Michigan.

DR. 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.

JOE HOGAN

Joseph M. Hogan joined Align in June 2015 as President, Chief Executive Officer (CEO), and a Director of Align Technology. Mr. Hogan is an accomplished chief executive with extensive experience across multiple industries including healthcare, technology and industrial automation. Before joining Align, Mr. Hogan served as CEO of ABB, a $40 billion global power and automation technologies company based in Zurich, Switzerland. During his five years at ABB, Mr. Hogan oversaw a 25% increase in revenues. Prior to ABB, Mr. Hogan spent 25 years at General Electric (GE) in a variety of executive and management roles, including eight years as CEO of GE Healthcare, where he drove significant geographic and market portfolio expansion and more than doubled revenues from $7 billion to $16 billion. Mr. Hogan earned an M.B.A. from Robert Morris University and a B.S. degree in Business and Economics from Geneva College, both in Pennsylvania.

JARRETT PUMPHREY

Jarrett Pumphrey has been the Chief Executive Officer of ClearCorrect since 2007. He has led ClearCorrect from a start-up to a leading clear aligner manufacturer that services over 20,000 doctors in the US, UK, Australia, and Canada. Over the past decade, Jarrett's main focus has always been to ensure ClearCorrect providers receive the best possible product and customer support to meet their needs.

ANDREA COOK

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 team members is a critical portion to the advancement of clinical productivity and profitability Andrea works with teams to increase efficiency, improve communication and guides the office to a new level of excellence. Her years of experience include working in single, double, and multi doctor practices. She has extensive experience as clinical coordinator for a multi doctor practice seeing over 120 patients per day. Andrea's experience allows her to understand and address the concerns of the clinical team.

ANGELA WEBER

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.

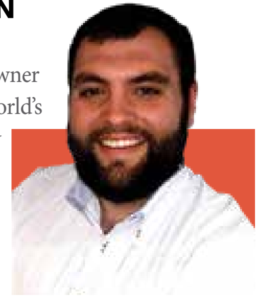
CHARLENE WHITE

Charlene White's expertise and depth of knowledge in the orthodontic specialty is world renowned. Charlene graduated from Old DominionUniversity 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. JEFF KOZLOWSKI

Jeff Kozlowski has a unique perspective on the importance of clinical efficiency in the business of orthodontics. With a background in Economics and Finance rather than Biology and Histology, numbers and systems prevail over cytokines and osteoblasts. While his experience in orthodontics is varied - from managing a four doctor 5 location mega practice - to opening a start-up - to lecturing around the world - the one thing that has always been constant is the importance of achieving great clinical results in the least amount of effort.

SCOTT HANSEN

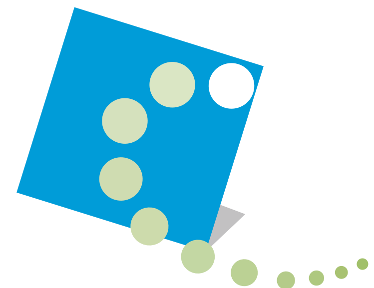


Scott Hansen is the owner of OrthoChats, the world's leading professionally managed chat service for orthodontists. In addition, he manages a quickly growing orthodontic practice in Kansas City. While achieving his Masters is Business Administration at the University of Missouri - Kansas City, he was awarded a certificate of achievement for his entrepreneurial work from the Regnier Institute for Entrepreneurship and Innovation. Feel free to contact Scott at Scott@OrthoChats.com, (401) 99CHATS, or chat online at OrthoChats.com.

DR. JASON TAM

Dr. Jason Tam is the owner of MCO Orthodontics (www.mcosmiles.com), with four locations in and around 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. His work has been published in three consecutive Invisalign Case Gallery Publications, he has spoken for Align Technology internationally, and has been involved in several Align pilot studies. Dr. Tam has a special interest in office efficiencies and implementation. He is happily married with two young boys and a daughter.



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CONTRIBUTORS

DR. 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 is also active in Kiwanis local schools, day care centers, and camps to teach proper brushing and nutrition.

JEFF BEHAN

Jeff Behan is a communications and consumer marketing specialist. He is a fun and relevant speaker whose subject matter focuses on internal/external communication, connecting with existing and prospective patients, referral-building and practice branding. Over his career, he has worked with a diverse array of clients including Intel Corp and Delta Airlines in addition to numerous dental and orthodontic companies (Align Technology, Ormco, Henry Schein and OraMetrix.) He is the principal member of VisionTrust Communications, a company known for custom marketing solutions that serves over 1,000 orthodontic practices around the world. Jeff is also a founding board member of VisionTrust International, an international NGO serving orphaned and neglected children in 17 countries around the world, and he is currently serving as Vice President of Smiles for a Lifetime, providing free orthodontic treatment to deserving kids in North America.

DR. GARY BRIGHAM

Gary Brigham, DDS, MSD earned his doctorate at Case Western Reserve University, where he also received his certificate in orthodontics and a master's degree in immunology. He was awarded the Harry Sicher Award from the AAO for his graduate research, and served as an Assistant Professor of Pediatric Medicine at the Center for Craniofacial Anomalies, the University of Illinois at the Medical Center in Chicago. He has lectured throughout the U.S. for Align Technology since 2004, for which he received Align's first award for his service to the profession.

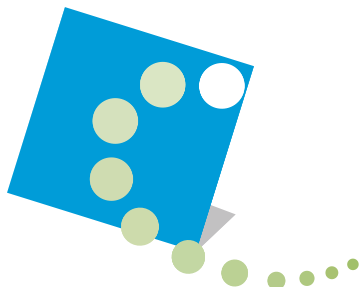
Dr. Brigham currently is an Adjunct Professor of Orthodontics at the orthodontic graduate program at A.T. Still School of Dentistry and Oral Health, where he serves as the dedicated Invisalign® instructor. He is a member of Align's Faculty and serves on Propel Orthodontics' Advisory Board. Dr. Brigham maintains a full-time practice in Scottsdale, Arizona.

CHRIS BENTSON

Chris Bentson is a partner of Bentson Clark & Copple, LLC based in Greensboro, North Carolina. The company serves the orthodontic community by performing practice valuations, providing recruiting services and negotiating transactions with both buyers and sellers within the United States. Chris serves as Editor--in--Chief of the Bentson Clark reSource, a quarterly newsletter focused on the business aspects of running a successful orthodontic practice. Bentson Clark & Copple exclusively provides services to orthodontists, and the reSource is an extension of the company's commitment to provide valuable business information to orthodontists throughout the nation.

Chris spends much time working in the orthodontic industry; he currently serves as a committee member form the AAOFTT (American Association Of Orthodontists' Future Think Tank), an advisory committee member for The AAO Bulletin, an advisory board member for Ortho4D, and board member of the AAOF (American Association of Orthodontists Foundation). In addition, he is a frequent guest lecturer at AAO meetings, regional orthodontic society meetings, orthodontic resident programs, study clubs and orthodontic user meetings. Chris has authored dozens of articles published on the business of orthodontics in numerous orthodontic trade publications.

Chris personally visits each client office and over the course of his career, he has personally visited over one thousand orthodontic practices in the United States, Canada and Australia. He enjoys excellent relationships with consultants and vendors within the orthodontic community.



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THE FUTURE IS CLEAR:
CLEAR CORRECT

Interview with Jarrett Pumphrey

PROORTHO: HOW DOES CLEARCORRECT WORK?

PUMPHREY: ClearCorrect aligners work by gently moving teeth incrementally into alignment over time. Patients must wear their aligners 22 hours a day, every day, and wear retainers after treatment to ensure the best results.

PROORTHO: HOW MUCH DOES IT COST? DO YOU DO REFINEMENTS?

PUMPHREY: We offer three treatment options for doctors: "Limited 6", "Limited 12", and "Unlimited". Limited 6 is our most affordable treatment option at USD $495*, intended for minor adjustments and orthodontic relapse cases. This option includes up to 6 steps of treatment (single or dual arch). Limited 12, for USD $795, offers 12 steps of aligners, which is ideal for easy to moderate clear aligner cases. For both "Limited" options, revisions are USD $120.These revisions include up to 6 or 12 more sets of aligners for the Limited 6 or 12 options, respectively. Our Unlimited treatment option includes as many aligners as needed to complete a case (including free revisions) for a flat rate of USD $1295. All treatment options include one free set of retainers as well.

Information about our treatment options can be viewed here: https://support.clearcorrect.com/hc/en-us/articles/206416878-Treatment-Options

**Pricing may be different in other countries. Providers can consult their terms and conditions for pricing.*

PROORTHO: WHAT IS THE TURNAROUND TIME?

PUMPHREY: Once the doctor has submitted all the materials, they will receive their proposed treatment setup within 2 to 3 days. Once the treatment setup is approved, the doctor can expect their first phase (up to 12 sets of aligners) to be shipped out within 7 days.

I think our ability to pivot easily, to make the changes we need to make to ensure our doctors' success and happiness, makes me the most proud.

PROORTHO: ARE THERE VOLUME DISCOUNTS?

PUMPHREY: Providers can receive volume discounts depending on how many cases they submit per quarter. Our volume discounts vary by country, so providers should consult our Terms and Conditions for more information.

PROORTHO: WHAT IS THE MANUFACTURING PROCESS?

PUMPHREY: Once the doctor has approved the treatment setup, the models of the patient's teeth will be 3D-printed. Then the plastic is thermoformed to the model, laser-marked and trimmed by our custom robots.Finally, the newly made aligner is polished, inspected, packaged with the rest of its phase, and shipped to the provider.

PROORTHO: WHAT RESOURCES DO YOU OFFER DOCTORS? WHAT EDUCATIONAL RESOURCES DO YOU OFFER? DO YOU HAVE A USER MANUAL? DO YOU OFFER COURSES? A COPY OF ANY INFO THAT IS AVAILABLE TO PROVIDERS?

PUMPHREY: Though ClearCorrect does not require a certification for Providers to start submitting cases, we do offer many educational resources to guide those new to aligner therapy. Anyone can access our Support site at https://support.clearcorrect.com/hc/en-us that has an ever-growing bank of articles and videos for doctors to view at their discretion. Providers can also sign up for basic and advanced webinars on our Support site conducted by our Clinical Advisor, orthodontist Dr. Ken Fischer.

PROORTHO: WHAT HAS YOUR BIGGEST ACCOMPLISHMENT SINCE YOU HAVE BECOME CEO OF CLEARCORRECT? OF WHAT ARE YOU MOST PROUD?

PUMPHREY: I think our ability to pivot easily, to make the changes we need to make to ensure our doctors' success and happiness, makes me the most proud. ClearCorrect has grown and matured so much over the past decade. We've built a solid team of professionals who are passionate and dedicated to servicing our providers.

PROORTHO: WHAT HAS BEEN YOUR BIGGEST CHALLENGE?

PUMPHREY: Our biggest challenge has always been meeting demand. While there are worse problems to have, our

first priority is servicing our providers and creating a quality product. We've now overcome this with our delivery routinely out the door within seven days.

ClearCorrect has been growing strong for the past ten years now with more than 22,000 providers in four countries.

PROORTHO: WHAT DO YOU HAVE UP YOUR SLEEVE FOR 2017?

PUMPHREY: 2017 is going to be our best year yet. We're working on providing our doctors with even more control and greater flexibility with their clear aligner cases. That's all I can say for now, but it's going to be awesome.

PROORTHO: WHY WILL PATIENTS WANT CLEARCORRECT MORE IN 2017?

PUMPHREY: We know that patients already want the ease, aesthetics, and results of quality clear aligners. If they know that the doctor they trust loves and recommends our product, they will want ClearCorrect and this is why patients will continue to want ClearCorrect in 2017.

PROORTHO: WHY WILL DOCTORS WANT TO USE CLEARCORRECT MORE IN 2017?

PUMPHREY: Doctors continue to integrate ClearCorrect into their practice because of the quality of our aligners, speed of service, and the ease and affordability of our system. Our aligners are used successfully in complex, combination cases regularly. The turnaround time from case submission to receipt of aligners is the fastest it's ever been. ClearCorrect providers can view their treatment setups within 2-3 days after we receive their scans or impressions and their patient's aligners are manufactured and out our doors within 7 days. As always, our providers can contact our stellar support team 24/7 should they require any assistance.

PROORTHO: HOW WILL THE DECREASING SIZE AND COST OF 3D PRINTING MACHINES FIT INTO THE CLEARCORRECT OVERALL STRATEGY? DO YOU EVER SEE THE PRINTING FUNCTION BECOME DECENTRALIZED?

PUMPHREY: We're always excited about advances in 3D-printing technology—especially where our providers are concerned. As always, we will adapt to meet our doctors' needs.

PROORTHO: CAN YOU TALK ABOUT THE AMOUNT OF THE MARKET CLEARCORRECT HAS NOW AND WHAT OPPORTUNITY IT HAS TO GROW?

PUMPHREY: ClearCorrect has been growing strong for the past ten years now with more than 22,000 providers in four countries. We're very excited about our plans for international expansion and you can expect many announcements about that in 2017. ClearCorrect is going to continue to be a big part of how the clear aligner industry grows and changes.

PROORTHO: CAN YOU DISCUSS CC'S PLANS TO SCALE?

PUMPHREY: We've already scaled up considerably in anticipation of our international expansion. We'll be opening another dozen countries this year. You can hear more about what to expect from ClearCorrect moving forward in our 10th Anniversary video located at https://www.youtube.com/watch?v=ytDk8nk80l0.

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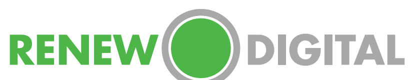

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THE FUTURE IS CLEAR: INVISALIGN

Interview with Joe Hogan

PROORTHO: THIS YEAR MARKS ALIGN'S 20TH ANNIVERSARY IN BUSINESS…HOW DO YOU VIEW THE PROGRESS THE COMPANY HAS MADE IN THAT TIME?

HOGAN: Twenty years ago Align was founded on a simple premise: a piece of plastic can move teeth. People use words like "revolutionary" and "disruptive" to describe it. But I don't think anyone could have predicted what this company would become and the impact it would have on people – doctors and patients – around the world.

You think about where we are today and what we have done at Align in what is, in the history of orthodontics, a relatively short period of time. Invisalign aligners can be used to successfully treat almost every type of malocclusion, and more than 4 million patients have now started treatment with Invisalign. And that's globally – the strength of the Invisalign brand is worldwide, not just in North America. And it's taken hundreds of millions of dollars invested to build that. But we've invested even more than that in our technology and innovation – cumulatively, it's a billion dollars invested since Align was founded. We've built the world's biggest 3-D printing capabilities, one that is incredibly scalable and efficient from an operational standpoint. So after 20 years, a great deal of partnership with doctors, and a huge investment in technology and brand, we're in a great position with a really strong platform for future growth.

But I think the biggest and most rewarding change is in how orthodontists view Invisalign treatment and the confidence they have in what they can achieve with our products. At the Orthodontic Summit this past November I had a doctor walk up to me and say, "Joe, you know you have to tell your team to quit comparing Invisalign to metal braces. You finish better, it's faster, and it's better for a patient from a dentition standpoint. You're better; quit apologizing for what you do. Just go out and state that you're better." He said, "They should be telling you or a patient why in the world you'd ever glue metal to someone's teeth, especially a teenager." I sat there with my mouth open. I know not every orthodontist feels that way, but that viewpoint is growing and it is tremendously gratifying to know that we are creating products that inspire that kind of confidence and passion in our customers.

PROORTHO: CAN YOU TALK ABOUT YOUR ANALOG VERSUS DIGITAL VIEW OF THE MARKET?

HOGAN: You know, the difference between Invisalign and traditional wires and brackets isn't really about plastic aligners vs. metal braces – it's about analog vs. digital in terms of the whole approach to treatment. With Invisalign treatment, we've been using all of the digital tools of the modern world to move teeth where you want them to go. Whether it's 3D design or 3D printing, digital scanning to digitize physical forms, data mining and complex algorithms, the internet, social media – over the last 20 years we've been harnessing all of these technologies in an end-to-end digital process. A digital process that delivers great outcomes, but also advantages in terms of treatment planning and visualization and patient experience. So we've been describing it as metal vs. plastic, but that's not really accurate. The truth is that we've invented a digitized process for orthodontics and we believe you're going to pretty much just move teeth digitally within ten years.

Analog has lost every game in the last 20 years, and I think it will lose this one as well.

This is a digital world, it defines our age. It really does. So when you think about Invisalign versus braces, you're not making a choice between plastics and metal, you're making a choice between digital and analog. And analog has lost every game in the last 20 years, and I think it will lose this one as well. I'm not saying it will all be Invisalign treatment. There will be other companies out there offering clear aligner treatment – and they'll also be digitally based. So I think over the next two to three years doctors are going to have to make the choice to embrace the digital future or to keep one foot in the past.

PROORTHO: SO HOW DOES THIS FIT INTO OR SHAPE ALIGN'S VISION FOR THE FUTURE?

HOGAN: I think digital technology has the potential to make orthodontic treatment and straight teeth mainstream.

We know there are about 2.8 million case starts in North America each year. And while it amazes me that Invisalign, a product that offers convenience, aesthetics, comfort, straight teeth and so on, has just 14 percent of that market, there is something that amazed me even more when I started: there are 2.8 million orthodontics starts in North America a year, but there are actually 70-100 million people that need to have their teeth straightened. Either, you know, preserve dentition over time or from a functional or aesthetic standpoint. And a large part of our vision is making orthodontics truly available to those people. There is no way you can do that with a traditional practice model of putting wires and brackets on teeth – people just aren't going to do it. The only way to truly expand the market for orthodontics is through clear aligner therapy. That means building consumer awareness on an even greater level, products and treatment models at multiple price points for consumers and doctors, a digital approach to treatment, greater efficiency throughout the process. Those are all things we're working on, and we're excited about the opportunities this brings for us and for the orthodontic industry. Will we get to those 70 – 100 million patients? Maybe not – but we can definitely get a lot more than 2.8 million. People want a great smile – we just have to figure out how to get it to them in a way that feeds their wants and needs.

PROORTHO: HOW DOES ALIGN STAY COMPETITIVE WITH NEW PRODUCTS ENTERING THE MARKET?

HOGAN: I think several things keep us competitive. One of those things is attitude – we're not fearful of competition, but we are realistic about the fact that competition will increase and the best thing we can do is stay focused on things that benefit our customers. First is our ongoing investment in R&D to continuously improve Invisalign and iTero technology – things like Invisalign G7 and the latest version of Invisalign Outcome Simulator for iTero. Second is our commitment to making treatment applicable and predictable for every patient possible. We've gone after specific malocclusions over the last several years with open bite, deep bite, premolar extraction cases…but what will really be a game changer for orthodontists and their patients are the products coming for younger patients. We're really focusing on teen patients and younger patients, and in the near future, you'll see solutions for teen Class II cases and palatal expansion that take those treatment approaches into the digital age.

We're going to pair our continued investment in innovation with increased investment in consumer marketing and in connecting potential patients with Invisalign providers who are going to give them the treatment they want. These initiatives cover a lot of ground, from a big push in Invisalign Teen marketing to a new global Invisalign brand campaign to the next generation of Doc Locator, with improved analytics and filters for connecting consumers with providers. We're also focusing more on conversion – are the consumers who search for an Invisalign provider or contact Align for help finding a doctor actually getting Invisalign treatment? And if not, why not?

PROORTHO: YOU MADE A PRETTY CONTROVERSIAL MOVE TAKING A STAKE IN SMILEDIRECTCLUB AND SUPPLYING THEM WITH CLEAR ALIGNERS.

HOGAN: I know, it kicked off a lot of discussion about what Align's doing, why we would do that, why does that make sense, where's Align going? I know there is a lot of passion in the industry about this topic.

I think Kodak offers some valuable insight into what's happening with the SmileDirectClub model and why we can't afford to ignore it. Kodak is a great example of a company that seemed prepared for the shift from analog to digital, but still missed the way the market was headed (missed the emerging opportunity). Kodak saw the move to digital photography coming – they were years ahead of anyone else on that and they spent billions of dollars and hired the best digital imaging engineers to figure out how to make the shift. But they failed to understand that digital technology wouldn't just change photographic equipment and processes – it would change the entire environment. They were thinking only of professional photographers and how digital would give them new or different tools. They weren't thinking of how consumers would embrace the technology and drive the way photographs are used.

We're really excited about what we're doing to connect more consumers to Invisalign providers this year.

What they missed is that photography is a means of communication, as we see today on Pinterest, Instagram, and other platforms. We take a photo on our phone today and you don't even have to send a word if you're somewhere, you just send a picture to someone. It's become mass communication – you're not usually trying to capture a perfect image. You're capturing and sharing a dozen things in the course of the day.

They missed that, they missed that the digital part was going to change their environment, they hung on to that same distribution thought process that they had all along. They just thought digital was going to replace analog and it was all going to stay the same. We can't do that. That's why we decided to do the SmileDirectClub deal – because digital changes the model. Consumers can and will demand the accessibility and options that digital technology affords. In no way do I want to minimize the importance of our relationship with orthodontists and their role in treatment. But we all need to realize that our world is changing and get in front of how it impacts this industry and where it creates new opportunities and markets for all of us.

And that's what we have to figure out – how do all of these things fit together? How to we identify and pull together the emerging opportunities for Align and for our customers? We have a chance to help shape this model and how consumers and Invisalign customers can benefit from it. That's why we took a 17 percent stake in the SmileDirectClub business and a seat on the board. We don't have control, but we have a voice. And I think it is really important that Align, the company that created the clear aligner business and has valuable relationships with orthodontists and the industry, has a voice in this.

SmileDirectClub isn't clinically focused, they don't have R&D and clinical research and university relationships and all of the insight and lessons learned that we bring to the table. And you want someone with those insights involved in this.

PROORTHO: HOW IS THE SMILEDIRECTCLUB RELATIONSHIP WORKING SO FAR?

HOGAN: We've been learning a lot about SmileDirectClub and this emerging market for treatment since we announced the supplier relationship last July. One of the things we absolutely believe is that SmileDirectClub is not a market detractor, and they're not really competing with Invisalign providers. Remember, SmileDirectClub is offering a maximum of 20 aligners, no attachments, no IPR, no SmartTrack material. Those are all features and innovations we reserve for Invisalign clear aligners through Invisalign providers. And as recently as a month ago, even with increased marketing by SmileDirectClub and growing awareness among consumers, we found that there is less than a 4 percent overlap between the minor tooth movement protocol that SmileDirectClub follows and Invisalign cases. That confirms to us that SmileDirectClub is reaching a different type of consumer.

Those consumers are concerned with price, they're focused on convenience – and some of them are in rural areas where there isn't an orthodontist nearby. That's not something many of us think about. And we've learned there are a reasonable number of SmileDirectClub patients coming to SmileDirectClub because they were either told they weren't a candidate for Invisalign aligners and were offered braces instead, or they were quoted a price that they can't afford – but they still want straighter teeth with clear aligners. They are highly motivated, but they want treatment on their terms.

And that impacts how we help turn referrals from SmileDirectClub into Invisalign patients. One of the most important parts of our deal with SmileDirectClub is that cases outside of their protocol get referred to an Invisalign provider. And that's happening. But we know now that it's not effective to just send those consumers to the Invisalign Doc Locator. Those consumers were really interested in improving their smile with clear aligners – they went through the photos and the impressions and they've been told "you don't qualify for SmileDirectClub," so right off the bat we need to convince them to try again within a doctor's office. Some of the things we learned are if they can't get in to see a doctor right away, they don't want to go. If the doctor is going to charge a consultation fee for them to come in, they don't want to go. This is a different type of patient – cost, convenience are important to them, but so is a doctor that says "you want clear aligner treatment, let's figure out how to make this work for you with minimal hassle."

SmileDirectClub could not exist without Invisalign treatment and the technology that makes digital treatment with aligners possible. We created a brand that resonates with consumers and that they really want. Those consumers are opportunities – certainly for a doctor-directed, at home treatment model where they can get a lower cost option. But they're also opportunities for orthodontists to get a new referral stream, especially if together we can determine how to best address the wants and needs of that type of potential patient.

PROORTHO: WHY WILL ORTHODONTISTS WANT TO USE INVISALIGN MORE IN 2017?

HOGAN: There are three things that are really important for us in terms of our ortho customers: great outcomes for the broadest possible range of patients; treatment that is good for your practice's bottom line; and best possible patient experience. We'll continue to invest in products and research that further those priorities. I talked about our focus on teen treatment and solutions that are coming for younger patients. At the end of last year, we released Invisalign G7 to help you fine-tune treatment outcomes, especially for teens. With the support and recommendation of our North America Clinical Advisory Board, we announced a recommendation for weekly aligner changes to reduce treatment time up to50 percent and to improve the efficiency of treatment for the doctor and give patients a shorter – and therefore better – overall treatment experience.

And we're really excited about what we're doing to connect more consumers to Invisalign providers this year. We're launching the next generation of Invisalign branding with the "Made to Move" campaign, we're going after teens in a big way, and we're focusing on improving consumer programs with a lot of great updates to Invisalign Doc Locator and a patient concierge service to help with appointment scheduling. No other company does more to bring new patients to Invisalign practices, and we've got a lot of new programs to build on that benefit launching this year.

PROORTHO: FINALLY, WHAT'S THE TAKE-AWAY AFTER THESE FIRST TWO YEARS WITH ALIGN?

HOGAN: I joined Align because of the huge opportunity to grow the market, capture a greater share of that market, expand internationally, etc. And I'm as excited as ever about those opportunities. But what I love is that this industry is purposeful. It's really unbelievable how much more confidence people exude with a beautiful smile, a smile they're proud of. And in this world of social media, where everyday images are put on Facebook or Twitter and live forever online, people are so much more self-conscious about their smile and their looks. Certainly, more than they ever were when I was growing up. So this is about more than health. Orthodontists help break down this barrier that people have about how they look and how they smile and how they can express their feelings. It's a wonderful purpose, and I'm really glad that we're a part of that.

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Where is the profession going? What will orthodontics look like in the future? How will we outcompete others who are vying for the same patients? These are some of the biggest questions in orthodontics so we thought we would add a regular feature to The Progressive Orthodontist Magazine where we ask ProOrtho FE members to share their thoughts. If you'll read this with an open mind you have a chance to expand your options!

Featuring Dr. Ben Fishbein and Dr. Jo Hansen

Interview with Dr. Ben Fishbein

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 have been chosen as Pensacola's 'best orthodontist' by both the Pensacola News Journal and Pensacola Independent 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.

PROORTHO: HOW DO YOU FEEL ABOUT THE PRESENT AND FUTURE OF ORTHODONTICS? ARE YOU OPTIMISTIC OR PESSIMISTIC? WHY?

FISHBEIN: I am very optimistic about the future of orthodontics. Less than 10% of the United States population currently receives orthodontic treatment. As technology continues to improve, I expect us to be able to treat more cases with clear aligners and the cost of using clear aligners to go down. This opens up 2 doors: 1. More patients wanting orthodontic treatment due to ease of treatment and better cosmetics and 2. More affordable treatment options. This allows me to remain optimistic about our profession.

We have the greatest profession in the healthcare field. Orthodontic treatment is low risk high reward. As technology continues to improve, a higher percent of the population will be able to afford orthodontic treatment.

PROORTHO: WHAT ARE YOU MOST EXCITED ABOUT THESE DAYS WHEN IT COMES TO PRACTICING ORTHODONTICS?

FISHBEIN: Technology. Clear Aligners. Three dimensional printing. Online communication.

PROORTHO: WHAT IS YOUR BIGGEST CHALLENGE?

FISHBEIN: Patient education. It is still difficult for patients to understand the difference between an orthodontist and dentist, as well as the difference between clear aligner treatment from a doctor versus smile direct club.

PROORTHO: WOULD YOU ADVISE YOUR KIDS TO FOLLOW YOUR FOOTSTEPS AND BECOME AN ORTHODONTIST? WHY?

FISHBEIN: Without a doubt yes. We have the greatest profession in the healthcare field. Orthodontic treatment is low risk high reward. As technology continues to improve, a higher percent of the population will be able to afford orthodontic treatment. Our profession will change as technology improves and teledentistry increases, but in my opinion, an orthodontist will always be needed to correctly diagnose and treatment plan.

Interview with Dr. Jo Hansen

As one of the first 100 female orthodontists in the country, Dr. Hansen has been afforded the opportunity to help lay the foundation for other women in orthodontics. In addition, Dr. Hansen has been on the leading edge in the digital revolution of dentistry and orthodontics. As one of the early adopters of technology such as digital record taking, 3-D oral scanning, and Invisalign, Dr. Hansen has always been an innovator. In 2016 her practice was honored as one of the 5000 fastest growing private businesses in the U.S. by Inc. Magazine.

Dr. Hansen enjoys volunteering at her church, going on mission trips, and sponsoring various civic organizations. She is a mother of two and lives with her husband in the Kansas City area.

I'm not sure there is a better legacy to leave than a world with more beautiful smiles.

PROORTHO: HOW DO YOU FEEL ABOUT THE PRESENT AND FUTURE OF ORTHODONTICS? ARE YOU OPTIMISTIC OR PESSIMISTIC? WHY?

HANSEN: By nature, I am an optimist. I believe the future of orthodontics could not be brighter. However, our profession has to change with the times. We can't be stuck in the orthodontic treatments of 30 years ago. Although the "rules" of tooth movement haven't changed, the method and speed at which we accomplish our objectives has progressed significantly. With accelerated orthodontics and strokes on our keyboards, we are able to change our patients' self-image, self-respect, and self-confidence. Isn't that amazing?

Today's technology also gives us the opportunity to reach many more potential patients than the phonebook & newspaper of the past. With the transition to digital marketing and growth of clear aligner treatments, we are able to scale our practices faster, provide more affordable treatments, and increase the access to care.

As orthodontics has become a right of passage for many families in America, it is encouraging to see that today's technology is helping more families afford treatment. As an orthodontist, nothing makes me happier than to imagine a world with more beautiful smiles.

PROORTHO: WHAT ARE YOU MOST EXCITED ABOUT THESE DAYS WHEN IT COMES TO PRACTICING ORTHODONTICS?

HANSEN: A few years ago, I decided to focus on the Invisalign portion of my practice. Now, about half of our cases are Invisalign and I can't imagine practicing in the future without a ClinCheck. So, you could say that I am a clear aligner junkie.

With clear aligners, I can treatment plan the case from my couch and when I get to the office, the patients seem to be happier. They can eat whatever they want, they can brush more easily, and rarely do others even notice they are in orthodontic treatment. In addition, we are destroying the inconvenience of traditional orthodontic care by seeing our patients for far fewer appointments. Win-Win-Win.

PROORTHO: WHAT IS YOUR BIGGEST CHALLENGE?

HANSEN: As with any business, our biggest challenge is to determine when and how to pivot. When is the right time to change fees, change our treatment methodology, open another practice, etc.? Sustainable businesses are always looking for the perfect time to pivot, especially as the pace of change in our industry is accelerating exponentially.

PROORTHO: WOULD YOU ADVISE YOUR KIDS TO FOLLOW YOUR FOOTSTEPS AND BECOME AN ORTHODONTIST? WHY?

HANSEN: Although I failed to convince either of my kids to become orthodontists, it's still the best profession in the world, and I don't imagine my opinion changing. Orthodontics is clean, most discomfort happens away from the office, no emergencies, and all changes are positive! No matter how different our practices may look over the next twenty years, orthodontists are still going to be radically impacting people's lives.

As our industry morphs, the next generation of orthodontists will have the pleasure and ability to treat thousands more cases than I have done in my career. Aside from my faith, I'm not sure there is a better legacy to leave than a world with more beautiful smiles.

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IT'S NOT JUST YOUR PRACTICE. IT'S YOUR MOMENT.

Stay ahead of the curve and your competition, and seize your moment with this advice from industry experts

By Angela Weber and OrthoSynetics

Success isn't something you can simply hope for. It's earned. And in order to thrive in this fast-paced environment, you'll need a plan to get there. We 've compiled these trends and tricks related to key areas of a practice's success. These are divided into five key components: goal setting/tracking, marketing, practice expenses, revenue and the new patient experience.

YOU CAN'T SCORE IF YOU DON'T HAVE A GOAL.
Knowing your financials can help you set goals and reach them.
By: Houssem Aouididi, OrthoSynetics Financial Analyst

It's the end of the year and dare you ask "So, how'd we do this year?" *Gulp*. This passive approach to business management might have worked just fine in the past, when each business owner enjoyed a wide market share and never had to worry about competition, but no longer. Today, this approach is a direct path to nowhere. And goals aren't for nothing – they're to get you somewhere. Which is why in order to keep up with an increasingly fierce competition, doctors are now compelled to do things they've never done before. And if production goals aren't set ahead of time and closely monitored, practice owners end up having a hard time maintaining and building their customer base. Not to mention, they aren't prepared to stop and react to the damages that may occur in a timely manner.

This is something I see a lot of: doctors calling us to help them set realistic goals both financially and organizationally.

START WITH YOUR FINANCIALS

#1 Don't measure your success on just one metric.

You are working crazy hours. Your schedule is always full. Yet you are not seeing a major impact on your bottom line revenue come December. How can this be? A common misconception is measuring your performance solely on the number of contracts. It's definitely the main income driver, but not the only approach to measure your performance. For example, a doctor who had decided to switch to modern, low-cost brackets with a massive production scheduling. This switch at the surface seemed successful to the doctor—there was a surge in new patients and lots of demand. However, the doctor called us and informed us of his decision and sought our advice on why he was "working harder for less revenue."

So we took a deep dive into his financials and came to the conclusion that the practice was not financially ready for the sudden strategic shift. The doctor didn't have enough saved capital (or planned financing) to sustain the massive upfront costs of those new brackets. Of course, sales will cover those costs, but the issue resides in the "timing impact" and not the "value impact" of the new service.

It's a mistake that many doctors make. A mistake that could very well send a successful practice into financial troubles. So the moral of this tale is that before you add to your revenue stream or change something up, it's crucial to go through an in-depth financial analysis. And then set goals for both the short term and long term. Think: In six months, what do you want to be better? And in three years, where you do you want your practice to be?

GET A STRONG PARTNER

#2 A strong financial analyst is someone who knows your business and the industry.

They'll also listen to your concerns and needs before using their own knowledge and expertise to turn your needs into both quantitative goals (revenue amount, production levels, breakeven, etc.) and strategic approaches (spend less hours in one location vs. another one, hire an associate, reduce low-volume patient hours, convert to a low-cost practice, etc). What we've then created is a roadmap we'll use to reach everyone.

PUT IT IN ACTION

#3 Hone your preliminary financial projection with your financial planner until it's perfect.

This is important because after you've met with your financial analyst and you've set goals, you'll tweak your plan until it's perfect. Using the financial projection as a tool and as a budget for getting it all done. The plan comes in the form of a package that includes the preliminary financial projection, breakeven analysis to emphasize the point of sales that you never want to dip below as well as some charts and scorecards. A monthly or quarterly follow-up with your financial analyst will give you a "budget vs actuals" analysis. Unless a major unforeseen event happens that will materially impact the projection, this approach will make your practice stand out from the crowd and ahead of your competition.

BEAT THEM AT THEIR OWN GAME

Market your practice like the big players without spending the big bucks

By: Angela Weber, CMO OrthoSynetics

Between backyard competitors and the virtual competition, your business needs more than teeth to survive. It needs a voice. A brand.

Players like Smile Direct Club and Invisalign are poised to spend big bucks on marketing in 2017. In fact, you're probably starting to see and hear Smile Direct Club ads in your market. They advertise everywhere – on Pandora, Instagram, and Facebook.

So what's the difference between their ads and potentially your practice's ads? Smile Direct knows who they're talking to and they're hitting them on all of the right channels.

And while you can't compete on a national level like they can, you can compete on the local level in a big way. To compete with the big guns or local competitors, you need to first understand your target market and give them the opportunity to know you. Let your customers know who you are, what you stand for, and that you have a personality that makes them want to trust you and like you.

So that when a person sees your marketing they think, "They get me." And then later when they need something, like braces, they'll actually go to you.

IT'S ALIVE: YOUR BRAND HAS A PULSE.

#4 If a picture is worth a thousand words, a video is worth a hundred thousand.

People are consuming information and using it in a million different ways. Kids are consuming and producing more video content than ever. So why shouldn't you? If you haven't made video production a part of your marketing and communication plan, it's time to add it in.

After all, people today would rather watch things then read them. So the next time you sit down to write a long instructional "how to" stop and think: "Would a quick video be easier to digest?" If the answer is yes, then it's time to dust off those YouTube cobwebs and get going. And, did you know the only content on Google that's in color are clips from YouTube? Now that's SEO gold.

In addition, Live Video has also become increasingly popular and a way to connect creatively with patients and potential patients. This real-time information positions you as cutting edge in the market. So consider Live Video to announce the kick-off of a contest or contest winner. Or, use Live Video to show a behind-the-scenes team huddle or team events like CPR training or CE. And if you're still itching to do a How To, do it in Live Video. It'll hold their attention and entertain them at the same time. Keep videos under 3 minutes. Anything longer and you lose people.

A CALL TO ACTION: MAKING THEM ACT NOT REACT

#5 Everything should push toward growing your practice.

All your marketing messages should have a simple call to action– a direct thing that people can do to show they got it, they like it, or they are interested

in it. If your social media right now gets little to no response, your call to action isn't strong enough. You're not compelling people to act. For example, do you continue to post content that your audience is ignoring? The evidence lies in the post engagement. If your posts are getting little to no engagement it's time to put down the mouse and re-evaluate your strategy. Use every opportunity to engage and create conversations. The same applies to your local community efforts. If you have a booth or table at a local event, consider how you will draw engagement that ultimately drives action.

THE PATIENT EXPERIENCE IN AN ON-DEMAND WORLD

How to keep it personal with patients wanting it now, now, now.

By: Gretchen Estapa, Vice President Client Services Communication

In today's instant messaging, web chat friendly environment, patients want to know you're there for them when they need you. And now because of all this wonderful technology you are but are you sure this new relationship isn't a roadblock? Are you able to answer patient's questions directly or are you simply referring them back to your office or site? And what about new patients? Are they left feeling like you answered their questions, or are they left with even more? If your patients are left feeling confused this could lead to some serious frustration. And frustration usually leads to unhappy patients who will soon be looking for someone else. So, check for roadblocks! Make sure your patients are receiving the attention and the communication they deserve and most importantly they expect.

#6 Scanners make a good impression

As we move forward into the digital era, doctors are finding uses for their digital scanners for things besides Invisalign.

Here are a few examples where a scanner can benefit both you and the patient:

- Using a scanner for records and storing them digitally can save you space and money on storage space
- Eliminate impressions typically taken to fabricate appliances and work with a lab that accepts digital scans to create 3D models
- Removing impressions from the practice saves patients from this uncomfortable procedure and shows the doctor values the patient's time by minimizing appointment time.This also reduces chair time which allows the doctor to see more patients
- Scanner investments can also be recouped with savings from in-house lab costs (i.e. materials, additional employee time, etc.)

#7 Listen and You'll Find Opportunity

While orthodontists strive for perfection in their treatment outcomes, some patients just want a quick cosmetic fix. Listening to patients' needs and being clear on results that can be achieved will open your practice to a particular demographic that you are currently missing. Offering limited treatment options to accommodate special occasions like weddings, graduations, etc. This particular program can be easily targeted at Bridal Shows or specific targeted Facebook advertisement.

HARNESS THE POWER OF SMART PURCHASES.

How to make every dollar count.

By: Kim Delle, Procurement Director

#8 Track your purchases like you track your fantasy football team:

Every dollar spent on supplies directly decreases your bottom line. Tracking every item your practice buys will give you the visibility you need to see where your money is going.

If you don't have an online system for tracking, at minimum record the product

number, description, quantity and price for each purchase in a spreadsheet. Then assign a category to each item so you know whether the product is used directly on the patient (such as brackets and wires) or as overhead (such as office supplies, sterilization pouches, etc.). Finally, total the extended cost each month to really understand what is being spent on supplies.

#9 Analyze your spending like a teen analyzes text messages.

Most teens look at a simple text message and read tone and meaning into every single word. Now, we're not saying you need to become obsessed with what you're spending, but we do think it's important to take a deep dive into what your actual purchases are to see where you could be cutting costs.

For example, your supply spend should be compared to the number of new contracts signed along with your active patient base. Also, the number of new starts last month should roughly mirror the number of bracket or aligner sets that were purchased. Waste and loss are the side effects of not monitoring your spending on supplies. And while bells and whistles are nice, ask yourself if the same task can be accomplished with a less expensive, quality product.

The easier you can make moms understand how much things are going to cost, the easier it will be for them to spread the word.

#10 Give yourself an allowance. For supplies, that is.

Once you know what you're actually spending and have found and implemented opportunities to lower costs, you can set a monthly budget. Sharing this budget with your staff will help keep the practice on track. Compare the budgeted amount to your actual spend each month for each category so you can see where improvements can be made. Assigning accountability to a trusted staff member for helping to manage expenses according to the budget, can give you a partner within the practice to help inspire the whole team to be cost conscious. Budgets are "living" documents that should be reviewed, managed, and adjusted regularly to maximize their effectiveness.

KEEP THE CASH FLOWING
How to mantain and increase your top and bottom lines.
By: Sandy Luparello, Senior Director Practice Financial Services

#11 Be open and honest about fees.

A common approach to selling a contract is to utilize the insurance benefits to reduce the monthly payment. However, I suggest a flat-fee approach, not including the insurance benefit that not only makes the sale easier, and also pays out the contract prior to the patient finishing his/her treatment.

If the patient has insurance funds, the balance will be paid off sooner – making it a win for the doctor and the responsible party. By being transparent with fees, you're empowering your front desk with the knowledge they'll need to answer calls for those shopping around. For example, they can say our contracts are in between the $4,000 and $6,000 with a flat-fee of $200.00.

When moms are at their kid's little league game, they'll be talking about their Orthodontist, what your flat fee is and how they compared to other orthodontists around town. Which in turn, makes those moms your mouthpiece for more business. So the easier you can make them understand how much things are going to cost, the easier it will be for them to spread the word.

#12 Get the remaining balance paid without going gray.

You know those patients you have who find it difficult to make payments towards the end of their contract, well here's a way to get them to pay. First, try using a third party financing company to wrap up the payment plan.The responsible party may be able to extend their payment terms using a third party finance company. You can get your remaining contact balance paid and they have the convenience of spreading their payment plan out over a few more months to make their monthly payment affordable.

#13 To Medicaid or not Medicaid?

You need to find the right mix for your practice. Providers may sign up with Medicaid to help build their initial patient base, however, they may look back and realize they do not have room on the schedule for any private pay patients. It is important to determine the cost of seeing a Medicaid patient on a monthly basis, and the reimbursement payment versus a private or commercial-based customer who may come in less frequently and their reimbursement rate. If you realize that you have no room for commercial patients, it may be a good time to rethink your payor mix.

#14 Money talks and it can also walk out the door.

Monitoring missed over-the-counter collections is one of the most important and most missed forms of revenue. It is important to develop a system that can identify accounts that are not collected when the patient keeps an appointment. Monitoring this is an opportunity to stop money from walking out of the door. This is a topic that should be discussed in your team meetings so your staff is aware and can simply ask for it. Most patients are simply unaware and would gladly pay when prompted to.

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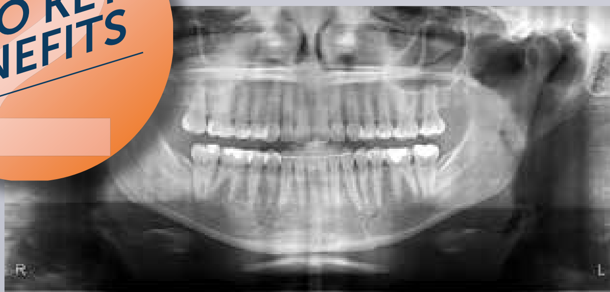

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Cell Phones and Toothbrushes:
Technology in the Orthodontic Practice

By Chris Bentson

I recently attended the 2017 AAO Winter conference in Fort Lauderdale. The meeting's theme was around technology and the orthodontic specialty. I learned a great deal from some great speakers, Dr. Greg Jorgensen, Dr. Neal Kravitz, Dr. Aaron Molen, Dr. Edward Lin and Dr. Christian Groth presented lectures, along with myself, SteveMcEvoy from MME Consulting and Jack Shaw. Jack Shaw, a futurist, kicked off the meeting and spoke about what technology might look like in the orthodontic practice in 2020. That was interesting as he talked of dental tourism, the browning of America, cultural smile preferences, robots at the front desk and in the clinic, 3-D printing and CLIP (continuous liquid interface production), a new plastic called carbomorph that conducts electricity, the IofT (internet of things), intraoral wearable devices, intelligent agents, IBM's Watson, cobotics (human's interfacing with machines), cognitive computing, blockchain technology (a technology, used by bitcoin, that leverages cryptography and group data stored in an immutable chain of transactions that has the capability to transform how we deal with money, crypto-currency, and the EMR, electronic medical record), and horizon planning, a method of how to plan for all these changes. Wow, indeed.

Are we perhaps over-engineering our approach in our practices by leveraging too much on technology as the "reason to come to my practice" vs. differentiating your practice with more personal, practical, relational messaging like "brush your teeth"?

In his lecture, Jack Shaw, the futurist, offered a statistic that perhaps you have heard: of the 7.2 billion humans in the world, 4.2 billion had cell phones in 2016 and 3.2 billion had toothbrushes. Yep, more people own a cell phone than own a toothbrush. I was skeptical so I asked one of our team members to do some fact checking on this statistic. Turns out Jack was likely correct. Here's what we learned.

The Mobile Marketing Association of Asia originally reported this data, stating that, out of 6 billion people on the planet (several years ago), 4.8 billion have a mobile phone while only 4.2 billion own a toothbrush. (https://blog.dentalimplants-usa.com/more-mobile-phones-than-toothbrushes-fact-or-fiction).

Jamie Turner of 60 Second Marketer attempted to determine the validity of this statement. Turner did a Google search using the phrase, "number of mobile phones worldwide," and learned that there are 4.6 billion mobile phone subscriptions worldwide. Yet, the true number of phone owners is more complicated than it seems. In some parts of the world, people have more than one subscription. When this variable was considered, the number of mobile phone owners dropped to 4.2 billion.

Mr. Turner had even more difficulty determining how many people own toothbrushes. Colgate reported having 34 percent of the market share in manual toothbrushes. Oral-B stated the yearly toothbrush market is $5 billion. By calculating

the cost of toothbrushes on Amazon, he determined an average cost to be $3.00 in the US, but closer to $1.55 worldwide. Ultimately, Mr. Turner concluded that approximately 3.22 billion toothbrushes were sold last year. And although it is almost impossible to determine the actual numbers of toothbrushes or mobile phones, the statement that there are more mobile phones than toothbrushes seems to have some validity. (http://60secondmarketer.com/blog/2011/10/18/more-mobile-phones-than-toothbrushes/)

The toothbrush has been around for a long time. Early forms of the toothbrush are mentioned as early as 3000 B.C. when Egyptians and Babylonians used 'chew sticks' which were thin twigs with frayed edges used to rub against the teeth. The first bristle toothbrush was invented in China in 1498, where coarse boar hairs were attached to handles made of bamboo or bone. Boar bristles were used until 1938 when nylon bristles were introduced by the company Dupont de Nemours. The first nylon toothbrush was called Doctor West's Miracle Toothbrush.
http://scienceillustrated.com.au/blog/ask-us/who-invented-the-toothbrush/

So what, if anything, does this have to do with your practice? In this disruptive era in dentistry and the specialty of orthodontics, are we perhaps over-engineering our approach in our practices by leveraging too much on technology as the "reason to come to my practice" vs. differentiating your practice with more personal, practical, relational messaging like "brush your teeth"? Is the time spent talking with a patient and providing this old school device, the toothbrush, apt to get better growth results in your practice vs. showing their airway in a consult?

Our company, Bentson Clark and Copple, LLC, has expertise in analyzing how much income a practice produces for the owner/doctor and then translating that data into a conclusion of a given practices current value. The data we see shows that overheads are incrementally increasing, moving from the low 50th percentile range ten years ago to the upper 50th percentile range in current years. The self-reported overheads given over the last 34 years in the JCO published practice studies backs up what we are seeing. The JCO data shows a migration from 49% average overhead in 1981 to 59% average overhead in the most recently published 2015-practice study.

The reasons for this increase in

overhead are many and include the economy, higher fees for certain appliances, orthodontists retiring later since the great recession, more completion from GP's, Pediatric practices and the ever increasing number of DSO's. However, the primary drivers of higher overheads in the last decade have been technology spend and marketing spend according to our data.

Just think about the capital required today for digital radiography, CBCT, scanners and now digital printing on the horizon? The old analog pan-ceph may have cost $19,000 or so for a top shelf model, but it lasted 25 years and produced a product that allowed orthodontists to accurately diagnose and treat cases. Today digital radiography is the standard of care and these machines are being replaced about every eight years due to mileage (number of images taken) at anywhere from 40-70 thousand dollars a pop. Want to go the CBCT route and you're looking at 125K plus, and these numbers are down from the 200Kper each figure for such a machine just ten years ago. Last year scanners were flying off the shelves surpassing sales of CBCT machines at a cost ranging from 25K and up per each. Yes, you can buy a hobby digital printer for about 4K dollars, but a commercial grade digital printer with delivery, installation, and training will run about 25K today. We need a network of computers to run practice management systems and talk to all these technology "investments" we've made. The average practice has eleven computers according to data presented at the AAO Winter meeting and we've seen practices with fifty or more. The costs to purchase, maintain, and replace all this technology is one of the biggest reasons behind increasing overheads. Most practices work four days a week, with many working less. Are the DSO's really so crazy thinking that five or six patient days a week and evening hours make sense? If you measure return on capital invested,

Choose your purchases wisely for the market position you have and the patient you want to attract.

they are the smart ones.

We're also using technology to let consumers know who we are, where we can be found, and what we're about. The time and money we spend on our websites, Facebook, review sites, billboards, print ads, television, radio, producing video's, Twitter, Instagram, patient portals, appointment reminders and all the rest are eating away at the practice budget.

Practice owners tend to want to rely on technology as the reason to "choose me"; however the common thread we observe in growing practices has little to do with leveraging technology as the differentiator and much more to do with practice culture and patient experience. Our observation is that your deployment of technology is a choice but it doesn't attract patients to your practice or grow your practice. Relationships driven around a leader that expresses his or her values to the employees who then deliver that message to the consumer is the current key metric to differentiation and growth. The coveted internal referral, the desire to bypass the GP and go directly to the consumer, the desire to create an awesome customer experience and grow a practice is driven more by establishing relationships with orthodontic consumers than by relying on your technology deployment to create the difference between your practice and others in your drawing area.

To be sure, the landscape is competitive and a certain deployment of technology is required today. Choose your purchases wisely for the market position you have and the patient you want to attract. Understand what you need and what you don't where technology is concerned and double down on investing time deciding what you're about, what your value system is, and relentlessly expressing those conclusions to your staff, your patients, and your community. Handing out toothbrushes allows you the opportunity to talk to them, and that conversation (not about how to brush) may just be the secret sauce for practice growth you've been in search of. Oh, and send a text to your patient asking how they're enjoying that toothbrush you gave them, don't worry – they all have a cell phone.

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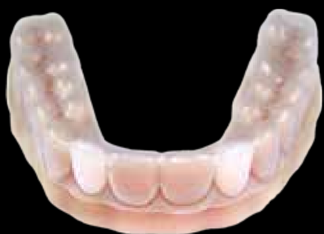

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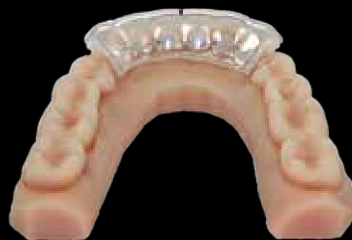

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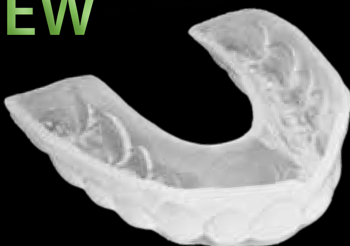

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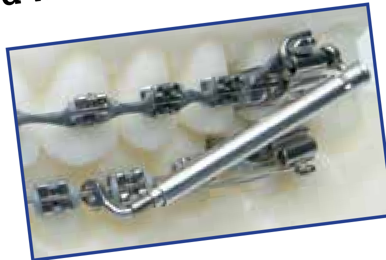

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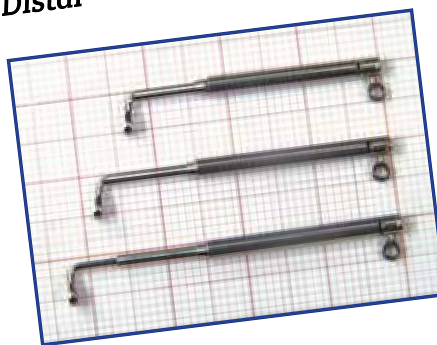

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3D PRINTERS

By Dr. Christian Groth

Think back to your childhood. If someone told you that at some point in the relatively near future you would be able to create physical objects from the digital world, would you have believed them? Probably not. For those orthodontists reading this that have been practicing for five or more years, when you graduated from your residency program did you believe that there would come a day when the coveted alginate impression would be considered a relic of the past? Probably not. 3D printing, also known as additive manufacturing, is nothing new. Stereolithography was first introduced by Chuck Hall in 1984 but not until the last few years has 3D printing been within the reach of orthodontists and orthodontic labs. I hope to shed some light on this rapidly changing technology and help you wade the waters of the evolving 3D printing world.

The basic idea of 3D printing is quite simple to understand. Take any object and divide it into slices. Every slice has 90-degree edges. Each slice represents a layer of printed material and the more slices that the object is split into means that more detail will be conveyed in the final product. Imagine a pyramid cut into 5 slices (remember that the edges have to be 90 degrees) and compare that to a pyramid cut into 20 slices – the 100 slice pyramid will appear to have a much smoother surface than the 5 slice pyramid (Figure 1).

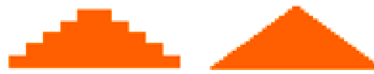


FIGURE 1

While there are dozens of 3D printers available ranging from several thousand to several hundred thousand dollars, they all use one of a few technologies. Each technology has its own pros and cons that must be taken into account when considering a 3D printer.

FUSED DEPOSITION MODELING

Fused Deposition Modeling (FDM) is the simplest printing technology, but also the least useful for an orthodontist. A plastic filament is fed through an extruder where it is heated and laid down on the print bed. FDM printers are widely available and relatively inexpensive since the patents have expired; however, the extruder tips can only get so small until they clog. This results in a visible stair-stepping on the model which transfers to any thermoformed appliances. The most well-known example of an FDM printer is the Makerbot(Image 1).

IMAGE 1

STEREOLITHOGRAPHY

Stereolithography (SLA) utilizes a focused laser to selectively cure a photo-sensitive resin. Like FDM, the original patents have expired resulting in a slew of lower cost options for SLA printers. The laser draws the cross section of the object layer-by-layer, causing SLA printers to be generally a slow, but very accurate, printing method. A post-curing process is required after printing is completed to ensure that all resin is cured. This is an important step that should not be skipped as the uncured resin can be toxic and we don't want this transferred to our patients. There are a wide variety of materials that can

be used for SLA printing, including FDA-approved dental materials. The FormLabs Form2 printer is a common entry-level SLA printer currently available (Image 2).

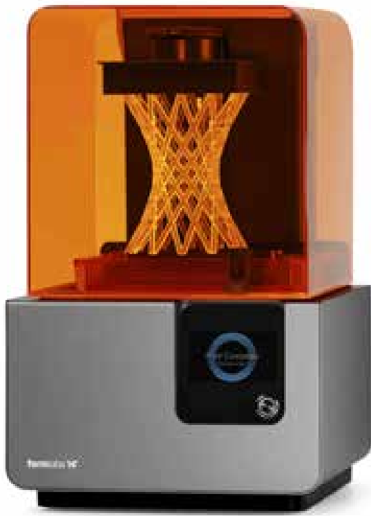


IMAGE 2

DIGITAL LIGHT PROCESSING

Digital Light Processing (DLP) is fundamentally the same as SLA printing with the exception of the light's origin. Instead of a single laser having to draw out the individual layer, a DLP printer utilizes a high definition projector to flash the entire layer image at one time, making the printing process significantly faster than SLA printing. Think of the difference between drawing an image versus stamping the same image, and now multiply that by several hundred layers. Like SLA, a post-curing process is required. DLP printers are widely available but the two most popular for orthodontic applications are the EnvitionTECPerfactory Vida (Image 3) and the Juell 3D from Park Dental Research (Image 4).

IMAGE 3

IMAGE 4

POLYJET

Polyjet printing is the closest method to traditional 2D printing as it was adapted from InkJet printing technology. An array of nozzles sprays liquid resin which is immediately cured by an ultraviolet light. Advanced polyjet printing allows for multi-material printing. Stratasys is currently the only company producing polyjet-style printers (due to active patents). Due to the lack of competition, this style of printer is more expensive but also has greater quality control compared to SLA, FDM, or DLP-style printers. While there is no post-curing with this type of printer, there is a post-printing washing process using a pressure washer. This process eliminates a waxy support resin that is used as a scaffold during the printing process. Polyjet style printers are the most popular type of printer for commercial labs to utilize when printing dental models. The Stratasys OrthoDesk is the best option for orthodontic applications (Image 5).

IMAGE 5

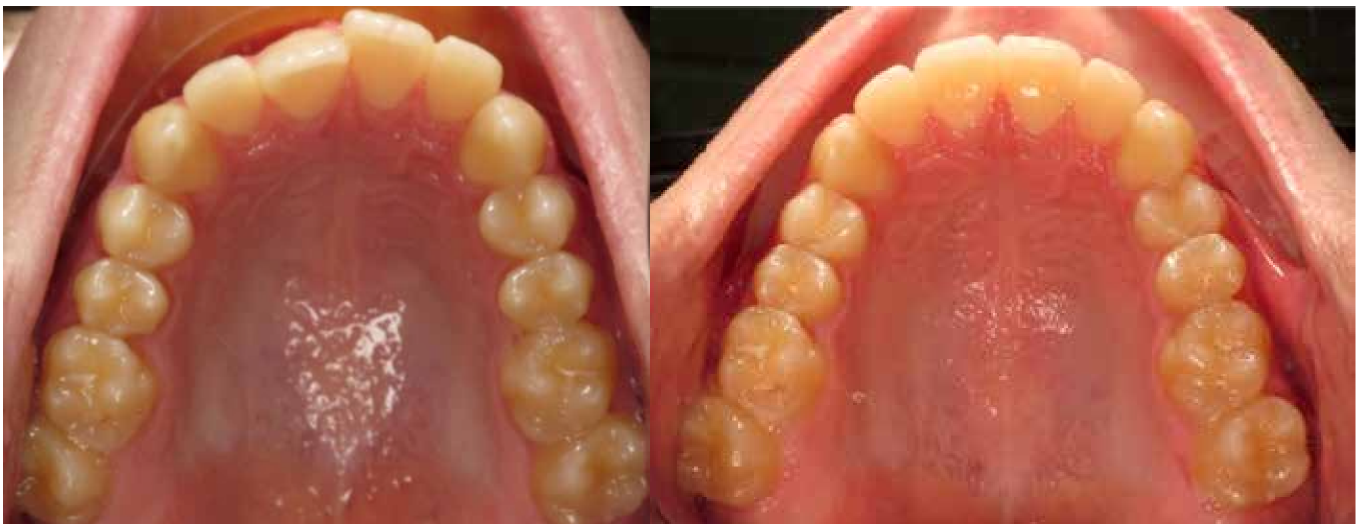
	Stratasys OrthoDesk	EnvisionTec Perfactory Vida	Park Dental Research Juell	FormLabs Form2
Type	PolyJet	DLP	DLP	SLA
Speed	**	***	***	*
Initial Cost+	$33,980	$24,895	$14,995	$3,569
Model cost++	$4.50	$5.0	$3.40	$3.90
Models per build	16-20	3-4	5-6	5-6
Support Fees	$3,500	$2,900	N/A	$500

+ Includes printer price, shipping, training, and initial material
++ Based on horseshoe model requiring 20g of resin

USES FOR PRINTERS

In orthodontic practice, 3D printers are allowing the use of intraoral scanners for far more than creating study models. 3D printed models can be used for any appliance that can be created on stone models. From soldered appliances to acrylic retainers, printed models have the ability to streamline the fabrication process and eliminate the dreaded impression!

In addition to traditional orthodontic appliances, printed models are now allowing individual offices to offer minor tooth movement at a fraction of the cost that was previously possible. The example shown is a patient who did not wear his retainers. We were able to offer clear aligners fabricated in our office at a very reasonable cost. This case required 7 aligners to complete (Case 1).



CASE 1

There are multiple software platforms that allow us to design and export our own staged aligner setups (OrthoAnalyzer(3Shape), Elementrix(Orametrix), Orchestrate 3D(Orchestrate Technologies), iRok (iROK DDS) are among the most popular). This has opened the door for new and often less expensive treatment options previously unavailable to our patients. With the growth of DIY aligner options, the ability to offer a less expensive and less comprehensive option in our practices is becoming increasingly more important, as long as the patient understands what the compromises are. Whether these are new patients to your practice or previously treated patients who may not have been diligent with retainers, there is a space in the services that we offer for this type of treatment.

One of the best uses of 3D printed models is retention. If you could eliminate office visits for lost retainers, would you? Some of you reading may think that people like coming to your office but let's be honest, everybody is busy and if people can eliminate an extra trip anywhere, don't you think they will want to do that? In my experience, parents and patients love being able to get replacement retainers without having to come to the office for an impression. You should love it because it clears your schedule for other money-making procedures, or allows you to cut down on the number of staff members working. A common question is whether the retainers will fit. While I don't have exact numbers, I can tell you that the number of people who call because a new retainer does not fit isn't significant enough to track. We make it a point to ask whether the retainer was being worn regularly. If not, we bring the patient in for an updated scan.

How does it work? It is rather simple and there are several ways of making it work. If you own the printer you can create a new model every time a patient calls with a lost retainer (pulling the digital model out of your archives). If you don't own a printer, or don't want to print a new model for every lost retainer, you can choose to store the models or give them to the patient and have them return the model to your office for retainer fabrication. Since printed models don't break after removing the clear retainer this can be done as many times as the patient loses their retainer without having to update the scan or take a new impression.

CONSIDERING A PRINTER

Purchasing and implementing a 3D printer isn't the same as plopping a LaserJet printer into your office. There are requirements that must be taken into account before making the decision as to which printer will work best for any given situation. 3D printers are sensitive pieces of equipment. Placing them where they can be bumped or dust can accumulate will lead to failed print jobs and possible printer breakdowns. In addition, some print resins emit an odor that should be properly vented. All this is to say: make sure that you do your homework before purchasing any printer. Ask lots of questions because more often than not the people selling you a printer won't offer this type of information without being asked.

In my mind, 3D printing's role in our field will continue to evolve. I believe that the majority of us will have 3D printers in our offices at some point in the future.

In the current 3D printing landscape, I believe that it makes the most sense to outsource models until one understands how printed models fit into one's practice model. Investing tens of thousands of dollars into a commercial grade printer may not make the most sense with a technology that is rapidly changing. The less expensive options may work out well but many are finding that the small build envelope does not allow them to keep up with the demand easily, forcing them to invest in a 2nd printer or outsourcing models when the print volume is high. In my mind, 3D printing's role in our field will continue to evolve. I believe that the majority of us will have 3D printers in our offices at some point in the future. Whether the time is right for you to make the investment is a question that only you can answer.

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"HEY DOC! I'M GIVING YOU MY TWO WEEKS NOTICE."

By Dr. Jason Battle

"Hey, Doc!
I'm giving you my two weeks notice."

These can be some of the most stressful words that we hear in our practice. Many of us take it as a failure when an employee, especially a long term employee, wants to leave us. I don't believe this has to be the case. In my ten years of private practice, I've had a lot of employees come and go. My goal, like most, was to have long term, 20-30 year employees who would retire at my office and earn a gold watch. However, the reality of life in 2017 is that people move, and they aspire to become more than your assistant/front desk/treatment coordinator. You have dreams and so do your employees. I think that encouraging your employees to follow their dreams (even if it means leaving your office) is the best thing that can happen to your practice.

I use to hire all of my employees, like most orthodontists, without any input from other staff members. I figured "let's find the best person, with the most experience and plug them into the job that I need them to do." I ended up hiring employees from other offices that didn't fit in with their old offices, who were stuck in the mindset of practicing orthodontics a certain way. Many would have fond memories of the 90's and early 2000's when orthodontics was easy, there was little competition, GPs referred all of their orthodontic cases, and production/collections/bonuses increased every year. The world is very different now, and we must adapt.

A few years ago I decided to take a different approach to hiring and wanted to share the remarkable results that occurred from that decision. Our office was looking for a new financial coordinator. We had very little time to find one. I interviewed multiple candidates, and the choice came down to 2 people. One was a financial coordinator at another orthodontic office, she had ten years of experience, seemed mature and capable of doing the job. The other had one year of front desk experience at an endodontic office and one year experience as an orthodontic treatment coordinator. To me the choice was obvious, but for this decision I let the staff have a little more input, thinking that they would agree with me. I sent both ladies to lunch with my staff and asked for feedback. They unanimously agreed that we should hire the one with less experience. This came as a surprise; I was skeptical if she had the experience

Many would have fond memories of the 90's and early 2000's when orthodontics was easy, there was little competition, GPs referred all of their orthodontic cases, and production/collections/bonuses increased every year. The world is very different now, and we must adapt.

or the maturity to do the job. One staff member came to me and said, "We know your systems and the office that you want, trust us on this." So based on my staff's advice, I reluctantly hired the employee with less experience. What happened next was incredible. The entire staff trained her, guided her when she made a mistake and fully embraced the new employee. After that, I let my current employees hire all of my future employees.

We were able to make another successful hire when the twin of a former employee, who was working at a bar at night, came to help with scheduling at my front desk. From her experience behind a bar, I knew that she could work quickly, multi-task while delivering excellent customer service and everyone liked her sister (our former employee). She quickly became a front desk superstar and a favorite of our patients. Three years later, we were looking for a clinical assistant but couldn't find someone to fit our system. She jumped at the opportunity to expand her role in our office and to ultimately earn more. Within three months, she learned how to become a good clinical assistant, eventually earning an orthodontic certificate. Patients already liked her from their experience with her at the front desk and were more than willing to let her treat them, even knowing that she had little experience. Don't be afraid to promote from within. Give your current employees a career track that allows them to become more than who they are today.

Playing and watching sports all my life, I've learned that there are three elements to forming a championship team:

- Good/great players. You have to have players who are good at what they do and want to get better. It should be obvious, but you can't win with bad players.
- Good systems/schemes that fit the team's personality. Creating the proper organizational structure with good systems allows the right players to thrive in that system. Average players can become good players, and good players can become great players in the right system.
- The players have to be able to play together to win. You can have all of the talent in the world and the best game plan, but if your players can't work together, you will fail.

I brought these elements into my practice to create my winning team. First, I determined what kind of office I wanted to have, and that fit my personality. Next, I designed systems, protocol and a culture which fit these desired goals. Then, I hired good/great staff that fit my system and understood what I was trying to build. I trained them in these concepts so that they wouldn't have to ask permission on how to deal with a situation. They know the core values of our office "Make it work for the patient, get the patient to a happy place" and our answer to any question/situation should reflect those core values. Unfortunately, this was not enough to create a winning team. We still had conflicts; the team didn't always work well

together and sometimes team members would leave because of those conflicts.

After turning over most of the hiring process to my current team, these conflicts disappeared. The teamwork is better, more efficient and my staff is giving an average of three months of notice when they are leaving. They do not want to put their teammates (and friends) into a bad situation by making a quick hire and working with someone that they don't mesh well with. Now when staff members leave it is because they move, get married or go back to school. We still average about two years with each staff member but finding new good/great employees is never a problem. Somebody usually knows someone that knows someone that fits our system and is a good teammate, awesome resumes "magically" appear on my desk or a current staff member steps up their role in the office to avoid bringing the wrong player aboard.

Our interview process has three steps:

- Initial meet and greet. This is our opportunity to evaluate how the potential new staff member presents to the office if they are on time. It also gives the potential hire an opportunity to see if our office is a place that they would like to work in and if the drive from their home is acceptable.
- Working interview. During our 2nd opportunity to spend time with a potential new hire, we evaluate character, personality and determine if they can do what is on their resume.
- Lunch with the staff only. Finally, I'll send my entire staff to lunch with the potential new hire and allow them to interact in a social setting without me.

After three meetings we have a good feel for the person that we are hiring. If they have met my basic requirements of looking professional, being on time and capable of doing the job, the choice of who to hire is the employees'. I don't have to like them: I just need them to be reliable employees, who are willing to learn and work well with others.

Don't get caught up in the experience of an employee or how fast they can perform a procedure. These days personality, the understanding of your office culture, flexibility, and ability to be a team player matter more than clinical skills. Clinical skills can be taught and strengthened.

So embrace change. Staff turnover can be a very good thing for your practice. It allows you to 1.) reset your payroll by getting rid of overpaid staff members. 2.) add new systems and protocol, which entrenched staff member may resist. 3.) bring in fresh ideas and perspective to a stale environment. 4.) eliminate/modify costly benefits which may hinder the practice's growth. 5.) make drastic changes to the scheduling 6.) modernize your business plan to reflect the reality of today's orthodontic market. 7.) form a more cohesive team. 8.) develop your current employees.

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PROFESSIONAL-LEVEL PHOTOGRAPHY IN 5 STEPS

By Dr. Kyle Fagala

How important is great photography to your social media efforts? Well, ask yourself this: Are you more prone to "like" a darkly lit, overly contrasted smartphone shot, or a gorgeous, professional-level photo with a creamy, blurry background and smooth lighting? The latter, of course!

An entry-level DSLR camera (as opposed to a "point-and-shoot" or smartphone camera) can take your photography from pretty good to professional-grade. All you need is a basic Canon or Nikon DSLR package, which you can find on Amazon for a great price. Try picking up a simple 50mm fixed lens with a low f-stop for especially gorgeous portraits.

Using a DSLR (and using it right!) can be a bit overwhelming, though; I know. But you're likely taking similar shots over and over, so let's focus in on the systems that will support us in those situations.

STEP AWAY FROM AUTO!

It might seem like Auto mode is the easiest approach, since the camera should know what it's doing, right? Well, unfortunately, this isn't the case with most cameras, as it will frequently over or underexpose a shot, blow out a background, set too much in focus, etc. Don't worry; I'm not going to ask you to set things to Manual, but turning that dial away from Auto is the first step to great shots.

SET YOUR CAMERA MODE TO APERTURE PRIORITY

A quick note on how cameras work: the aperture refers to how wide (or narrow) a hole in your camera opens to allow light into the camera's sensor. Aperture also impacts how much of your photo is in focus, and it's measured in f-stops. A "wide" aperture is a lower number, like f2.8, and will translate into less of your photo being in focus. A "narrow" aperture is a higher number, like f11, and most of your shot will be in focus. There's another element to this concept (bear with me!) and that's distance. If you're right up on top of your subject, less of your shot will be in focus with a wide aperture, a low f-stop number. However, generally speaking, from the typical distance from which you shoot patients, a wide aperture (low f-stop) will get their entire face in focus while blurring the background beautifully. All of that to say this: set your camera to aperture-priority mode and turn the aperture down around f3.2 or so. You should notice an immediate improvement in the quality of your portraits this way.

Of interest, the new iPhone 7 Plus mimics the blurred background effect or "bokeh" of a DSLR with its Portrait mode. It achieves this not by widening the aperture, but instead by using both camera lenses simultaneously to capture different portions of the subject and then combining the elements digitally. Pretty cool stuff!

It might seem like a lot of information, but the process will become second nature quickly, I promise. And it's worth the effort!

SHOOT IN RAW

This is another technical concept, but you can typically shoot either RAW files or JPEG files. JPEG files come compressed, ready to go and upload, but you are adding your edits on top of this compressed file when you shoot in JPEG. RAW files essentially let you make changes to your shot's raw form, almost like you're making adjustments in the camera. Got an underexposed photo that's actually a great shot of a patient? That's easy to fix with a RAW file; JPEG, not so much. Shooting in RAW is not absolutely necessary, and you can produce some beautiful photos by shooting in JPEG. However, shooting in

RAW can change your entire photography practice, and I highly recommend it. It's important to note, however, that you can't upload a RAW file (the extension is .CR2) without editing it first and then export it as a more program-friendly file type, like a JPEG. So...

EDIT YOUR PHOTOS!

Very rarely do we share photos without editing, but that doesn't mean we're doing facelifts in Photoshop. Usually, we just add some contrast, adjust the exposure a bit, decrease the blacks (this will deepen the black tones, rather than lightening them), and make any other shot-specific changes needed. You don't have to do much, and you can often save your regular edits as a preset to apply to future photos very quickly. You can also take a photo on a DSLR, upload, and then e-mail it to yourself so you can edit it on your smartphone if you don't want to pay the high price tag associated with most desktop editing software.

WATERMARK THOSE BAD BOYS

Watermarking your photos can serve two purposes: making your photos harder to steal (yep, it happens all the time!), and branding your images consistently. If you have a copy of your practice's logo in a transparent .png format, load it up into your photo-editing software and apply it whenever you export your shots. Or try iWatermark Pro on your phone, which makes it very easy to add a watermark to any image. That's what we use at Saddle Creek Orthodontics.

It might seem like a lot of information, but the process will become second nature quickly, I promise. And it's worth the effort! A DSLR camera and decent lens will produce excellent images that make your posts more shareworthy and help you stand out from the crowd.

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Ormco Corporation Celebrates Another Record Forum

World-Renowned Orthodontic Professionals and Thought Leaders Gathered to Share Best Practices, Clinical Approaches and Network with Orthodontists from Around the Globe - Orlando, FL.

Ormco Corporation, a leading manufacturer and provider of advanced orthodontic technology and services, announced that the Forum, the largest privately sponsored orthodontic event in North America, has concluded another record year. In its 16th occurrence, the annual conference took place February 22-25, 2017 at the JW Marriott in Orlando, FL. The Forum brought together over 1,200 orthodontic professionals from 32 countries around the world. With engaging clinical mentoring sessions, clinical and practice enhancements general sessions, hands-on courses, collaboration opportunities and more, the event provided participants with personalized educational paths designed to enhance participants performance in all aspects of their practice.

"The Forum hit the ball out of the park once again and delivered the most impactful program in the industry," said Dr. Stuart Frost. "This event gets bigger and better each year and is truly a place where we, as orthodontists, can collaborate with peers and friends from around the world while building meaningful relationships and shaping the future of the industry. I'm honored to play a role in this event each year and truly believe that what happens here has a significant and lasting impact on the level of care and artistry we provide."

Whether you're an orthodontist, office manager, treatment coordinator or part of the clinical staff, the Forum offered robust content on the latest in cutting-edge research and methods in interactive sessions. The 'Face2Face' experience enables participants to engage thought leaders in all aspects of their educational experience and take away impactful tips specific to their practice.

"We're privileged that such a large number of orthodontists and their teams from around the world trust us as their partner in orthodontic education," said Sue Kolb, Director of Ormco Education. "The Forum is an incredible opportunity for practitioners to share the knowledge they've accumulated and discussed the future of orthodontics. It's amazing to see the evolution of discussion that takes place when a community of experts gather with a shared vision and purpose."

The Forum 2018 will take place February 14-17 at the JW Marriott Desert Springs Resort in Palm Desert, Ca. To see Ormco's full schedule of upcoming CE courses and events, visit www.ormco.com/education/.

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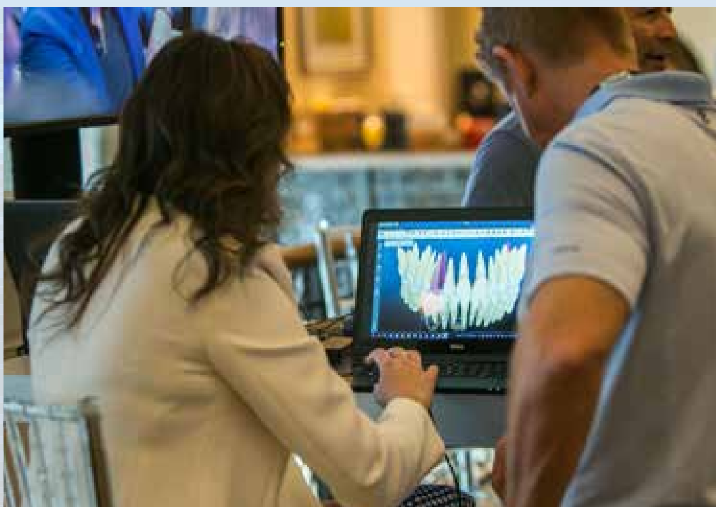

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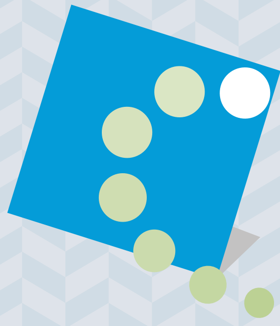

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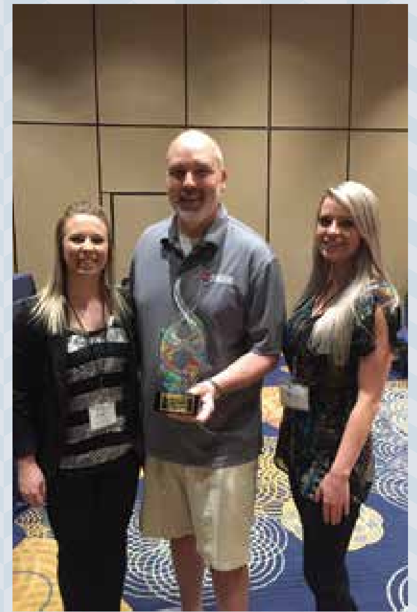

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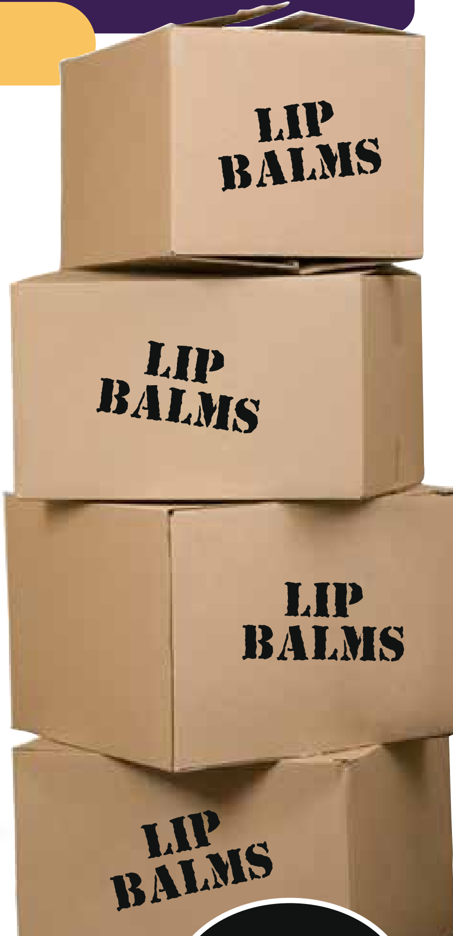

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INVISALIGN® AND PROPEL: THE NEXT GENERATION ORTHODONTIC DISRUPTOR

By Dr. Gary Brigham

At their most recent Summit in November 2016, Align Technology formally promulgated the now adapted recommendation of a 7-day aligner exchange format that essentially reduces Invisalign treatment time to approximately half of what it traditionally required with the previously proposed 2-week aligner exchange. Recently, the internationally renowned educator and clinician Dr. Tom Pitts promoted his most recent seminar with a brochure titled Exceptional Esthetics in Less Time. In a recent addition to Colgate's Oral Health Network for Professional Education and Development format, The Fastest Way to Straighten Teeth with Orthodontic Treatment was prominently featured. The question generated from these developments is: "Why this apparent collective corporate and clinical focus on accelerated orthodontic treatment?" Specifically, what do these prominent leading professional institutions and educators know that so many orthodontic practitioners who are already experiencing interest from their patients in acceleration but do not yet realize that it is integral to their practice futures?

What these companies/educators recognize is that patients are growing increasingly impatient. By the time adolescents reach their teens, they are already inundated with ever increasing educational and technological demands, extracurricular activities including sports that often now require rigorous out of state competition schedules, and maintaining an online identity distinctly different from their everyday social reality. In addition, Millennials and Baby Boomers alike are now mimicking teens in their diminishing capacity for both patience and compliance with orthodontic treatment. While Baby Boomers, in particular, have shown an increasing interest in orthodontic treatment, many will consider it only if it is less obtrusive, more socially acceptable, and fast. Orthodontic practitioners today are now faced with new and challenging treatment time constraints that have grown significantly more critical in the past several years.

INVISALIGN AND MOPS

Manual osteoperforations (MOPs), previously referred to as micro-osteoperforations, is an orthodontic modality supported by both theoretical science[1]-[2] and individual practitioner reported clinical experience.3-6 Specifically, disruption of the cortical layer of the dentoalveolar bone (as little as 3mm in depth, according to Alikhani et al.[1]) creates a cascade of both pro-inflammatory cytokines and chemokines associated with osteoclastic activity and subsequent accelerated bone remodeling. One cytokine, in particular, macrophage colony stimulating factor (M-CSF), appears to play a significant role in this process by dramatically stimulating osteoclastic motility and spreading, and by enhancing osteoclastic survival, migration, and chemotaxis. This is the theoretical science believed to underlie MOPs. Although MOPs has not been studied clinically, an important study in a rat model at New York University appears to confirm the science.

In this article, I will illustrate what I have seen in my practice. Other practices may have different experiences, but these cases illustrate how MOPs has been implemented in my practice. Having used and previously described my clinical experience with all three generations of Propel's Excellerator™ drivers[7], my preferred device is the Excellerator PT, which I found to be ergonomically efficient and effective in delivering MOPs as well as providing greater patient satisfaction with the procedure. Initially, I was pleased with being afforded the opportunity to have my patients exchange aligners every 7 days, which effectively reduced aligner treatment time to half of what it had traditionally taken. However, when Dr. Thomas Shipley (Peoria, Arizona) originally proposed a 3-day aligner exchange protocol with documented cases, demonstrating exceptional clinical results with no root resorption as evidenced by iCat® imaging, I was compelled to follow his lead. Over the past year, we have experienced significant success with this protocol. For more challenging cases, we have found that when educating patients on how to identify and monitor their own aligner tracking and empowering them to determine their own aligner exchange rate (3,4,5,6, or 7 days, abbreviated to what is now referred to as a 3/5/7 day exchange), we have experienced greater success with continuous tracking and treatment progress, particularly when patients fail to wear the aligners the recommended 20-21 hours per day.

CASE STUDY 1

Case 1 illustrates our experience. The patient, a 14½-year-old male, had previously undergone Phase I treatment and presented for Phase II consideration (Figure 1). However, a serious contender for a professional junior hockey league, he expressed concern that braces would complicate his ability to use a mouthguard during sports, and that wearing elastics and attending adjustment

visits would be challenging due to his extensive practice, competition, and travel schedule. Accordingly, Invisalign Teen® and MOPs were recommended as a viable treatment protocol to address his concerns and was subsequently elected by the patient. The patient underwent MOPs using the Excellerator PT to conduct dentoalveolar perforations from molar to molar in both arches and was instructed to exchange the total of 66 aligners every 3,4,5,6, or 7 days according to his tracking performance. The patient completed treatment in a total of 12 months and 2 weeks (Figure 2 and 3).

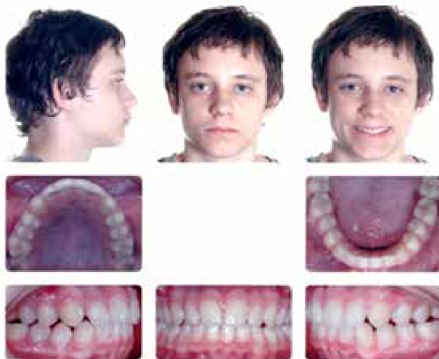

FIGURE 1: CASE 1 INTRAORAL AND FACIAL PRETREATMENT PHOTOS

FIGURE 2: CASE 1 INTRAORAL AND FACIAL POSTTREATMENT PHOTOS

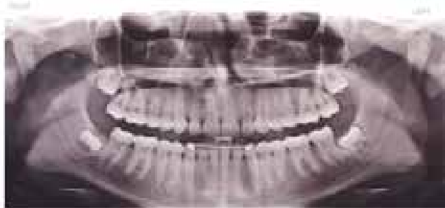

FIGURE 3: CASE 1 POSTTREATMENT PANELIPSE

CASE STUDY 2

Case 2, a 26-year-old male, presented with an anterior open bite with inadequate incisor and gingival display and a reverse smile arc (Figure 4). MOPs using the ExcelleratorPT with Invisalign was proactively recommended and accepted by the patient. The Nicozisis Extrusion Protocol, which adds a significant amount of treatment aligners but effectively addresses the reverse smile arc, was incorporated into the Clincheck®. The patient underwent MOPs from canine to canine in both arches and was instructed to exchange the total of 41 aligners every 3,4,5,6, or 7 days according to his tracking performance. The patient completed treatment in 10 months and 1 week (Figure 5 and 6).

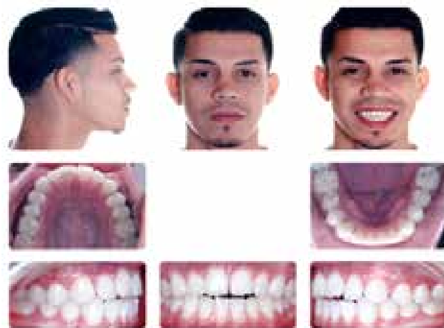

FIGURE 4: CASE 2 PRETREATMENT INTRAORAL AND FACIAL PHOTOS

FIGURE 5: CASE 2 INTRAORAL AND FACIAL POSTTREATMENT PHOTOS

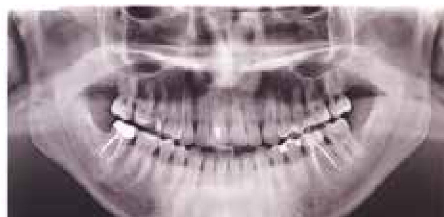

FIGURE 6: CASE 2 POSTTREATMENT PANELIPSE

CASE STUDY 3

Case 3, a 52-year-old female presented with a history of nightly wear of a sleep apnea appliance that postured her mandible forward into a muscle-splinted position where occlusal function was no longer possible or comfortable due to incisal trauma exacerbated by a steep interincisal angle (151°) (Figure 7). Invisalign was recommended to improve her incisor relationship while maintaining the forward mandibular position so that she could continue to wear her sleep apnea appliance. The incisor changes and more obtuse interincisal angle enabled a hinge axis of closure of the mandible in the therapeutic forward mandibular position to maintain the open airway created by the sleep appliance while restoring masticatory function without incisor trauma. The patient also underwent MOPs from canine to canine in both arches using the ExcelleratorPT and was instructed to exchange the total of 48 aligners every 3,4,5,6, or 7 days according to her tracking performance. The patient completed treatment in 8 months and 1 week (Figure 8).

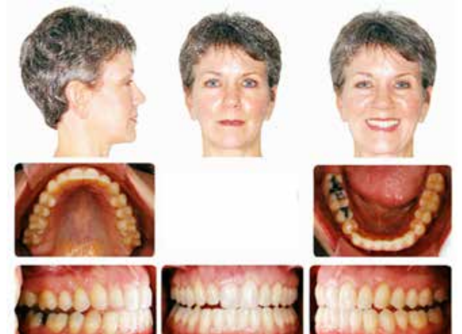

FIGURE 7: CASE 3 INTRAORAL AND FACIAL PRETREATMENT PHOTOS

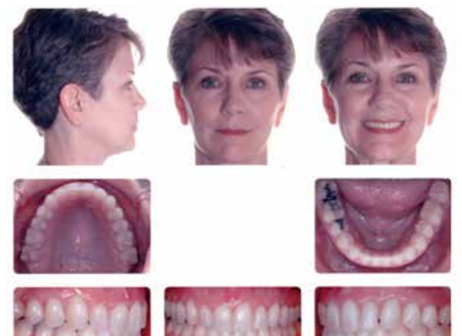

FIGURE 8: CASE 3 INTRAORAL AND FACIAL POSTTREATMENT PHOTOS

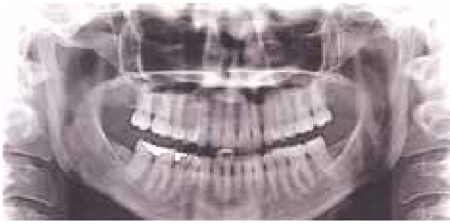

FIGURE 9: CASE 3 POSTTREATMENT PANELIPSE

Incorporating MOPs into our Invisalign practice has provided an unparalleled opportunity. MOPs have improved our practice efficiency, increased our productivity, and attracted new patient referrals from our MOPs patients. For our practice, the combination of Invisalign and MOPs is clearly our gold standard.

INVISALIGN AND PULSE VIBRATION

In my own practice, I found that a significant number of my patients do not in fact properly seat their aligners as directed. With the introduction of adjunctive pulse vibration in conjunction with aligner treatment, our practice has experienced enhanced treatment progress and results when the pulse vibration is used to help patients ensure that the aligner is seated properly. For these purposes, we have incorporated Propel's VPro5TM into our aligner treatment protocols due to its favorable price point and the fact that it requires only 5 minutes of use per day. Patient cooperation with the device has been highly consistent. The following case is an example of my experience:

CASE STUDY 4

Case 4 illustrates our experience with pulse vibration and Invisalign treatment. A 47-year-old female presented with bimaxillary moderate incisor crowding, a right posterior open bite, a steep interincisal angle with inadequate incisal guidance. The patient elected to use a pulse vibration device. The patient was compliant and used the device 5 minutes per day and exchanged the total of 53 aligners every 7 or more days according to her tracking performance. The patient completed treatment in 13 months and 2 weeks.

FIGURE 10: CASE 4 PRETREATMENT PHOTOS

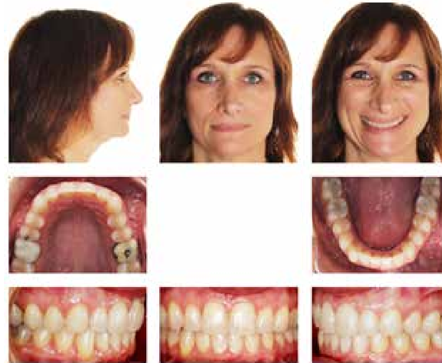

FIGURE 11: CASE 4 POSTTREATMENT PHOTOS

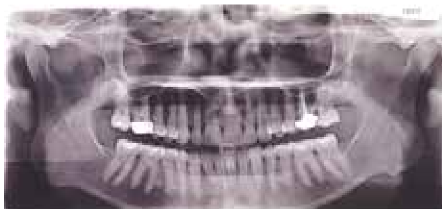

FIGURE 12: CASE 4 POSTTREATMENT PANELIPSE

CONCLUSION

The concerns of orthodontic practitioners appear to be universal: 1. More patients, 2. Increased profitability, 3. Reduced chair time (clinical efficiency) and practice stress, 4. Increased patient satisfaction and comfort, and 5. Increased patient and doctor referrals. In my personal experience, Invisalign in conjunction with modalities such as MOPs and pulse vibration devices appears to address all of these concerns. Importantly, these modalities appear to position practices in the direction toward where orthodontics as a profession appears to be gravitating. With increasing patient demand for unobtrusive treatment and less treatment time, Invisalign and MOPs appear to be the gold standard in meeting these challenges.

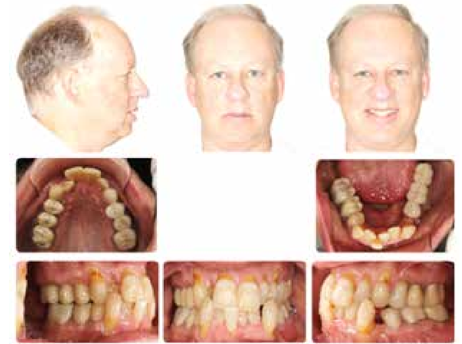

FIGURE 13: EXAMPLE OF AN INVISALIGN CASE UNDERGOING BOTH MOPS AND PULSE VIBRATION AS AN AID TO ALIGNER SEATING

This article may describe uses of osteo perforation in general and/or an ExcelleratorTM series driver specifically that have not received 510(k) - clearance or premarket approval from FDA. Propel Orthodontics markets the VPro5TM as a high-frequency vibration aligner seater. This article may describe uses of high-frequency vibration technology in general and/or the VPro5 specifically that are outside of our labeling. *Propel Orthodontics provided financial support to the author.*

Resources

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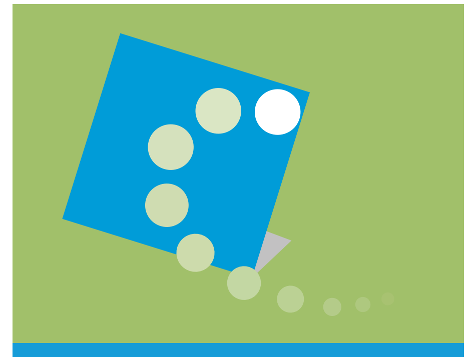

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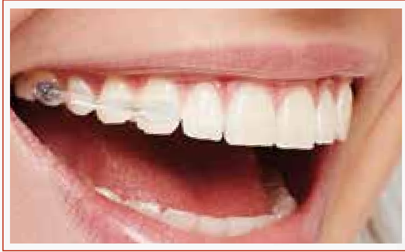

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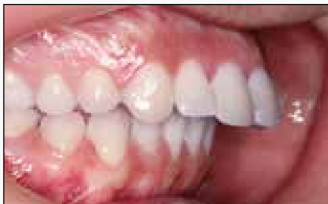
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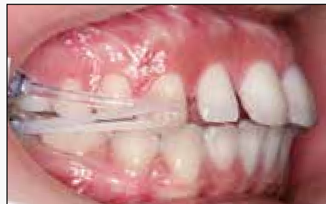
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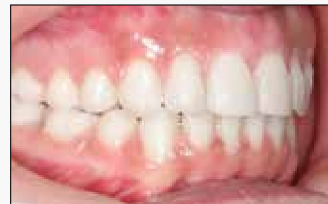
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U.S. Patent No. 7,621,743, 7,238,022 B2, 7,618,257 B2, 6,976,839 B2, and foreign patent numbers.

Meet
Derek Bock

We caught up with Dr. Derek Bock and he was generous enough to find time in his busy schedule to answer a few questions. As one of the most recognizable orthodontists on the planet, Dr. Bock will have a great deal of influence shaping the profession in the decades to come. I'd suggest you pay attention to what he has to say!

PROORTHO: HOW DID YOU MEET YOUR AWESOME WIFE? HOW DID YOU CONVINCE HER TO MARRY YOU? :)

BOCK: I absolutely fell into that one. I'm a big believer in Karma and Fate. I live my life by the golden rule and try and give more than I take. I didn't always live my life this way, but my wife Anokhi has helped me over the last 17-years pontificate the meaning of 'it all'. We met in Dental School in Boston, at Tufts University School of Dental Medicine. We were both in the same dental class, and fate brought us together in the first semester. She's been with me from the beginning of my professional journey, and I plan on her being there to the end. She is my Compass Rose and keeps me pointed in the right direction. Like many of us, I have the tendency to take on too many projects at once. She helps me organize the juggle that must ensue. Most people don't know that Anokhi was originally going to apply to orthodontic residency programs. The troubling part for me was that she is smarter than I am, and her class rank was higher than mine. I used to think, how the hell am I going to get into a program when I have to compete against her? Luckily, she fell in Love with Pediatric Dentistry in a 3rd-year externship and changed her track. She convinced me to move out to the Midwest, where she grew up, for both of us to pursue post-graduate training, under the premise we were going back east. Once again, she's smarter than I am; We've been in the Chicagoland area ever since. She also manipulated me into opening up Pedo-Ortho practices with her, something I was 100% against

coming out of residency. Like I said, she's the Compass Rose.

PROORTHO: TELL US ABOUT YOUR FAMILY - YOU'RE ALWAYS ON THE GO WITH YOUR KIDS. HOW DO YOU MAKE THE TIME FOR BALANCE?

BOCK: Anokhi and I have a completely integrated lifestyle with our practices and personal life. There is absolutely no way to compartmentalize different facets of your existence; they always bleed into each other. We've embraced the bleeding and use it as a lesson of accountability for our 4 children. It's extremely liberating to own every second of your schedule. That being said, we work very hard so that we can play even harder. We set up a master schedule a year in advance on a rolling basis. We figure out all the high and low production points in the schedule for the year. We establish 'blackout' dates where nobody, is allowed to take time away from the practice during busy times. Once the dates are established, Anokhi and I decide when and where we want to take our 6-7 weeks of vacation throughout the year. After we figure those blocks out, we fill in long weekend trips in between the longer vacations to balance out the time.

Travel and experiences are some of the most important things I can give my children. The more that I can break them out of the 'bubble' that they live in, the better. There is NOTHING I love more than spending time with my children and when it's exploring new parts of the world on vacation, even better. I want my kids to appreciate the opportunity that we can provide for them, but I will not accept entitlement. They fully understand that our lives are integrated now and that it won't always be that way. From a very young age, we've taught our children that independence is the first attribute that they need to develop. They have a deep understanding that we won't be here forever to help them and do things for them. The sooner they learn to stand on their own 2 feet the better. It's way too easy to spoil your kids; you have to go out of our way to avoid it. It will pay off in the end when they become independent global citizens.

PRORTHO: WHAT HAVE YOU FIGURED OUT ABOUT AN ORTHO-PEDO SETUP THAT MOST ORTHODONTISTS DON'T UNDERSTAND?

BOCK: I've figured out how to not think like an orthodontist when it comes to this business model. The failure I see with most orthodontists that romanticize the model is that they just want the control. They want the pediatric dentist under their thumb, to funnel patients their way. It doesn't work that way, it has to be symbiotic to be wildly successful. The orthodontic practice

is only a healthy business entity if the pediatric dental practice is a really vibrant place to be. We spend the majority of our external marketing focus and dollars on the young pediatric dental patients. We've spent years studying how young families consume both products and services within the communities that we serve. It all started by swimming upstream away from what our competitors were doing with their marketing. We used grassroot marketing efforts, to position ourselves in front of these young families as a quality-driven practice that was already part of their current lifestyle. We have to make the little ones happy, and their parents, in order to have a shot at their orthodontic business downstream. We go out of our way to make our office environment feel like another room in our patient's home. We kill them with kindness and convenience; removing as many obstacles as possible. Once the young pediatric population is happy, our only job is to keep them that way for the next 10+yrs. We rely on our pediatric dental population to drive 60% of our orthodontic new patient exams. There has to be a symbiotic culture in the office for this to be a reality. We spend a lot of time on role playing with the entire team. The secret is quietly supporting the orthodontic practice from within the pediatric dental side. The second a patient family feels that it's a sales push, they're gone. It has nothing to do with sales. It has everything to do with trust, brand strength and automatic consumption. Once you gain momentum, you just have to keep doing the right thing and produce quality results in a convenient environment.

PROORTHO: YOU RECENTLY OPENED A NEW OFFICE. WHY? HOW'S IT GOING? DO YOU RECOMMEND OPENING UP A SATELLITE?

BOCK: We opened another location almost a year ago. This will be my 3rd start-up practice since getting out of residency. The new satellite office is in an entirely different demographic than our affluent main practice location. Our main practice is located in Lake Forest, IL which possesses an average gross household income of almost $300k within a 3-mile radius of the office. The new location is in Round Lake Beach, IL which is about 20 miles away and possesses a gross household income of $50k. The new office location is in a primarily Hispanic area. Most people ask me why we brought our high end, concierge brand out to that town? It came down to the basic fact that there was no orthodontist or pediatric dentist servicing that community directly. All the practices were in neighboring towns, that made the patient population drive 15 minutes for service. The town has over 25,000 people, and they were forced to drive 15 minutes?! I saw an opportunity to give this underserved community a Pedo-Ortho experience that they've never seen before. The marketing plan of attack is different than our main practice because the population consumes products and services differently. We are drawing patients in through more mainstream outlets, such as Radio and Billboards. We are still working the guerilla warfare grassroots marketing plans that have created our brand momentum. Whenever I've started a scratch practice, I always have 'struggle amnesia' and I'm dissatisfied with its performance. We produced just over $700,000 our first year out of the space; I probably should be happy?! My biggest piece of advice for anyone contemplating opening up satellite practices is to analyze whether you can ramp up marketing in your main practice first for increased production. This is far more profitable and far less of a headache. When we analyzed our main practice, we didn't feel that we could get the patient population to drive in an additional $2-3 million dollars of

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It's extremely liberating to own every second of your schedule. That being said, we work very hard so that we can play even harder.

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revenue a year, so we branched out.

PROORTHO: YOUR PRAGMATIC ORTHODONTIST GROUP IS THE LARGEST LEGITIMATE ORTHO GROUP ON FACEBOOK BY FAR. WHY IS IT SO SUCCESSFUL? WHAT DO PEOPLE LEARN THERE?

BOCK: There are over 2800 orthodontists in that group, it's crazy to see how far it has come. It seems like just yesterday that it was only a few of us 'tooth nerds' talking about mechanics and clinical efficiencies. The success of the Pragmatic Orthodontist is multifactorial. Firstly, it's 100% orthodontic specialists and residents which help with the quality of material posted. Secondly, the molded culture is its life source. It has taken a couple of years to help guide the 'group thought' of being a safe, respected place to ask clinical orthodontic questions. Orthodontists are trained to do the exact opposite. We're groomed in residency to attack each other in morning presentations, and hold our ground in case defense. It's part of my legacy to break down this antiquated mentality and help people embrace their colleagues and treat them as PEOPLE, not competition. People often ask me why I allow Orthodontic residents into the group. It's simple; we're training these young orthodontists to think critically in a diverse environment that has common respect and professionalism. There is no more important group of individuals to mold than them! It was a ton of work for the first couple years to get a large group of Alpha Orthodontists to cooperate, but it's finally there and it is AWESOME.

PROORTHO: WHERE DO YOU SEE IT GOING? WHAT ARE SOME BENEFITS OF MEMBERSHIP?

BOCK: Let's be honest, there is a ton of power in an organized group of 2800 orthodontists. I would like to leverage the power of the group to negotiate relationships with companies that are beneficial for us as a profession. There are already numerous vendor deals arranged for the group that helps offset the increasing overhead we face in private practice. These deals only get better with greater member numbers, and with an ever increasing mental cohesion. If we can all get our brains pointed in the right direction, we have a powerful weapon against the changing orthodontic climate. It's something I'm working on with members every day.

It's crazy to see the cultural change in your office when you go from 25 aligner cases a year to 200, it's electric. The thing that I didn't see in my practice for years was the untapped limited treatment with Invisalign.

PROORTHO: YOU STARTED THE PRAGMATIC ORTHODONTIST: ELITE - WHAT IS THAT ABOUT AND WHAT IS INVOLVED?

BOCK: The Pragmatic Orthodontist: Elite is a smaller splinter group off the main Pragmatic group. For some of us, it was formed out of necessity. 75% of the elite group members have been practicing orthodontics for 10+ years. We needed a place where a certain clinical mindset had already been achieved. Most of the Elite members are the major mentors in the larger Pragmatic group. They're on the front lines helping train and guide the younger orthodontists. We needed a place where we could openly learn off each other; those already at the top of their clinical game. It's a geographically restricted group that houses some of the biggest and most influential Key Opinion Leaders (KOL's) in our profession today. It's protected by a Non-disclosure act and has become an open training ground for accelerated clinical learning. There is a small membership fee associated with the group that serves two purposes. 1) it helps offset the hired administrative help that I employ to run Both groups. 2) it makes you have some skin in the game to fully utilize all the power that is contained within the group. I require a commitment to the group for regular posts, interaction, and clinical learning. This group is not for everyone, only those willing to dedicate themselves. I have capped membership at 200 members for 2017, and 300 member's lifetime. There's a science behind group creation; a perfect titration of number and skill set.

PROORTHO: YOU'RE A MEMBER OF ORTHO EXCHANGE AND PROORTHO FE. TELL US ABOUT BEING IN ALL THESE GROUPS. WHY IN ALL OF THEM? WHAT DO YOU GET OUT OF THEM? IS IT WORTH THE TIME AND MONEY?

BOCK: Outside of the groups that I run, I only spend time in OrthoExchange and ProOrtho FE. These groups offer something unique that I am lucky to be a part of. OrthoExchange is a really young progressive group of orthodontists. The members of OrthoExchange are thirsty for knowledge and are on a constant quest for improvement and growth. There's not a day that goes by, that I don't pick up a pearl that pertains to the struggle of running a practice. ProOrtho FE is on its own planet. I've never seen such an assembly of true Orthodontic BALLERS. The members of this group are functioning so far in the future as it pertains to the global thought process that I feel small in nature. I used to think that I was unique in the way I processed the business of dentistry until I joined ProOrtho FE. Extremely humbling

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PROORTHO: WHAT DO YOU THINK ABOUT MKS AND HOW DO YOU THINK MEETINGS LIKE THAT WILL CHANGE THE PROFESSION?

BOCK: I have been fortunate to participate in the last 2 MKS events. The energy from the last meeting was crazy. I've never attended a meeting where the entire crowd was simultaneously connected and stimulated. It was the feeling of a viral facebook thread where everyone was glued to every response. I have never witnessed such a large group of progressive doctors 'drinking' in the knowledge. I can't wait for this year!

PROORTHO: YOU'VE RECENTLY GOTTEN SERIOUS ABOUT INVISALIGN. WHY? HOW HAVE YOU IMPLEMENTED? HOW IS IT GOING?

BOCK: I was the typical orthodontist when it came to Invisalign. I had no problem converting Invisalign patients into Damon Clear braces. I would only treat patients in Invisalign if I absolutely had to; 20-25 cases a year. I had carved out a really efficient clinical system using the Damon PSL system, and I saw no reason to change. I then started to see some extremely well-executed Invisalign finishes, in the Pragmatic Orthodontist, that were more efficient than what I was doing in fixed!!! How could this be?! I dedicated the last year to learning advanced level Invisalign mechanics directly from talented clinicians like Jonathan Nicozisis and Maz Moshiri. I learned to set up my clinchecks to mimic my PSL mechanics with lateral development and torque control. I've been ecstatic about the progress and results. For those of you who follow my posts online, you know I document cases extremely well. Stay tuned for a few hundred well-documented Invisalign cases, demonstrating my clinical journey.

With the advancements in technology and business models, aligner therapy will be a large portion of how we treat orthodontic cases in the future. If we don't 'own' the mechanics of moving teeth in plastic, we're going to miss out on a large portion of new orthodontic patients entering the market. The word of mouth advertising that your Invisalign patients bring is far greater than your fixed patients, especially in the Teen segment. Kids talk, and they are liking the flexibility that aligners give them with their busy schedules. It's crazy to see the cultural change in your office when you go from 25 aligner cases a year to 200, it's electric. The thing that I didn't see in my practice for years was the untapped limited treatment with Invisalign. I've had a huge increase in the 8-10 month limited adult treatment segment. This was the area of my practice with the lowest conversion rate; these adults wouldn't accept braces and the general dentist down the street was treating them in Invisalign. Orthodontists need to be better at modulating our pricing model in cases like this with Invisalign. Don't get me wrong, I still do a ton of fixed treatment. I love putting on braces, and the control of finessing the finish

PROORTHO: WHAT KEEPS YOU UP AT NIGHT?

Bock: Everything! Over the years I've learned to leave the practice problems at the practice. If I wake up in the middle of the night about the practice, it's a real problem and needs immediate attention. Everything else about the practice is inconsequential and can get addresses in due time.

The things that have been waking me up for the last few years are more about legacy. I was talking to a friend the other day about philosophical perspective and self-awareness. I told him that I believe you can only truly get backward perspective on life once you've traveled through all 7-levels of the inferno. Until you've truly made all the 'real' mistakes, you're just speaking in conjecture. I, unfortunately, have made a lot of real mistakes. I want people to remember me for what I did to help other people avoid some of those mistakes. What wakes me up almost every night is the fear that I didn't do enough to teach and share what I'm doing and what I have done. This has nothing to do with ego, I offer my mentorship as karmic repentance for mistakes made in the past. Not a single person possesses all the answers. I've dedicated the last few years of my life to sharing my work, my passion, and my thoughts in hopes of stimulating orthodontists to critically think and collaborate. I'm a 'doer', my biggest insecurity is that I haven't done enough.

I worry about the future of our profession in the current environment. There is confusion in the marketplace as to who should be performing orthodontic treatment. Is it the general dentist, the orthodontist, the pediatric dentist, a computer algorithm? This is an interesting time indeed, but my concern is for those orthodontists that don't actively embrace the change that is coming. The number of patients that will seek orthodontic services is going to exponentially increase in the coming years. What have we done as a profession to educate that patient population as to who they should see for their treatment? That scares the shit out of me, and keeps me awake at night!

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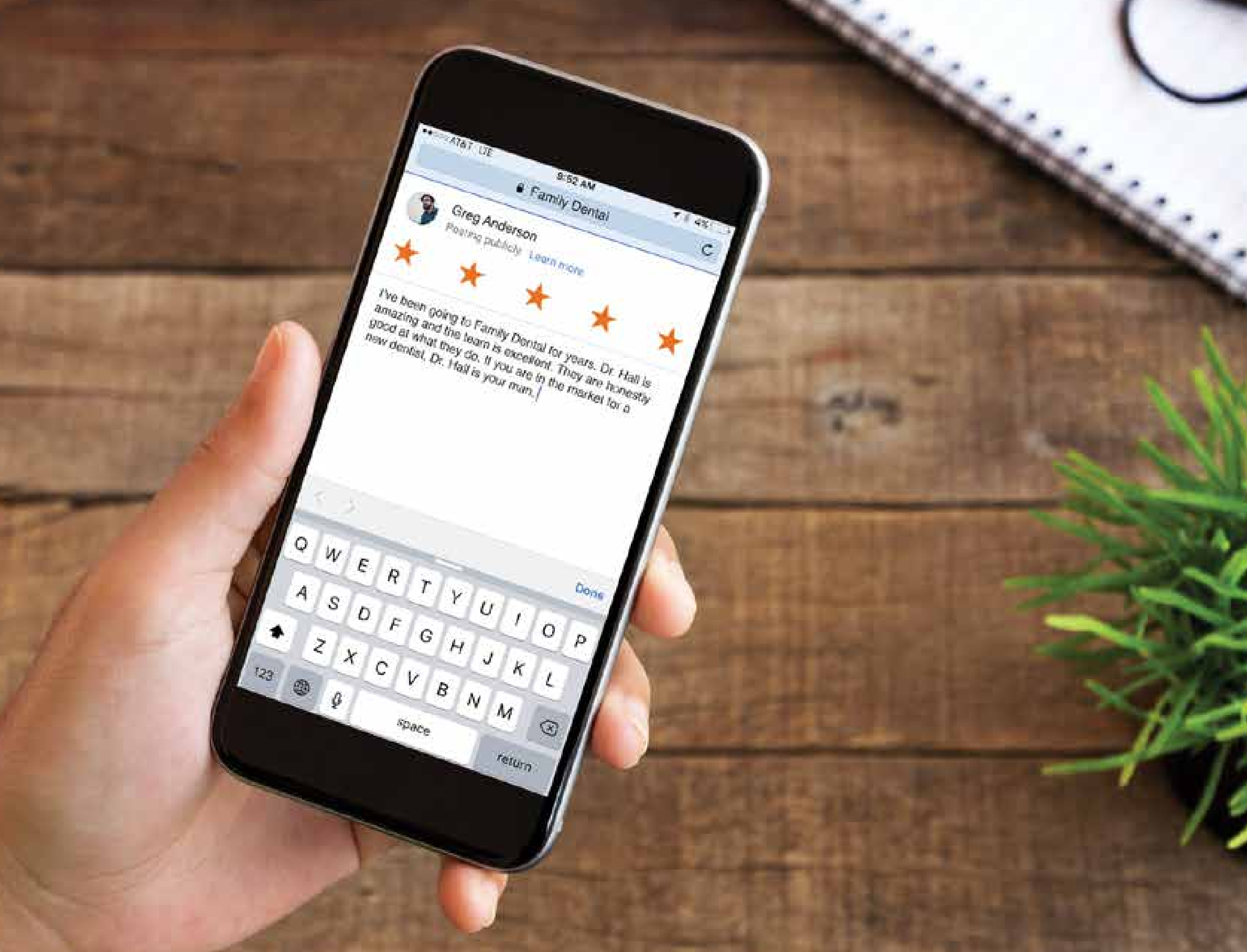

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"HOW DO I DO MORE INVISALIGN?"

By Dr. Jason Tam

This is a question heard quite often in conversations amongst orthodontists. In order to increase the amount of Invisalign treatments in their practice, many doctors spend a lot of money trying to get more patients in the door. It isn't marketing that is needed. Patients know about Invisalign and ask for it by name. Many doctors will get excited about aligners and start a bunch of cases, only to stop a short while later because treatments are not running as planned. You can develop a sustainable, long-term increase in Invisalign case counts, but you need to expand the scope of what you feel comforatable treating with Invisalign. If you're only treating mild crowding or spacing cases, it isn't too much of a stretch to do more Invisalign by moving to more difficult treatments.

HERE ARE SOME OF MY THOUGHTS:

1. The reason why we are experts with braces is because we went through 2-3 years of additional training with braces. The majority of us also have practices that have more fixed than plastic. It is through the hundreds and thousands of cases that we have discussed and had meaningful practice with. While most orthodontists feel that we should own the aligner space, we don't deserve it by default because of tooth movement. Even Elite providers of Invisalign have "only" started or completed 300 treatments lifetime. Although we like to tell the public and pat ourselves on the back because of the statuses bestowed upon us, these numbers are very low when you take into account case experience. Think about how many cases of fixed you had to do in order to feel confident and proficient? How good were you after 300 cases of fixed? In order to feel more comfortable with Invisalign, it is fortunate/unfortunate that you need do more to gain more experience.

In order to feel more comfortable with Invisalign, it is fortunate/unfortunate that you need do more to gain more experience.

2. You don't have to attend local study clubs or the Summit to learn how to use Invisalign. Use your existing treatments as learning cases. Having a ClinCheck simulation from the beginning of treatment, and being able to use this to compare actual treatment results at the end of a course of aligners can be very valuable to show you what worked, and what did not. Even better is studying the ClinCheck at each appointment to hone in on where a treatment may or may not have gone off track.

3. Bored on a Friday evening with no friends and have nothing to do? :) In the comfort of your own home, you can access the Aligntech Institute, a wonderful resource with archived lectures and treated cases. There is enough information on this site to help almost every orthodontist improve their treatment outcomes and help develop ideas on how to treat cases that you encounter.

4. With that new knowledge in mind, you'll want to increase your case count. The easiest is to provide patients with Invisalign at the same cost as metal braces, or even less (the blasphemy!). Many parents and patients come in wanting Invisalign, but choosing fixed because of cost. Look at this as an investment in your education with this treatment modality. You will absolutely take a bit of a hit in production and cash flow to start off with if you're not increasing your overall start count, but learning how to use Invisalign, developing patients who will talk about you with their friends, and establishing a reputation as the Invisalign expert in your area can be very good for the long term.

It is very interesting to see the change in the entire team when the doctor believes in Invisalign and is able to deliver results with it.

5. Many doctors will tell patients that part of the treatment will start off with braces and once specific movements are completed, Invisalign will be used. A good alternative to this might be to see what you can accomplish with Invisalign, and then use braces as a backup if needed. This is better for the patient experience and will also help you define the boundaries of what you are able to achieve with aligners.

6. Be reasonable with your progression in selecting cases with Invisalign. You wouldn't start off the first day of residency with a surgical case, severe A/P correction, or a four premolar exo case. It may be prudent to progress with cases like this:

- Mild crowding/spacing
- Moderate crowding/spacing
- Open bite
- Anterior Crossbite

- Less than half step A/P correction
- Severe spacing
- Severe crowding nonextraction
- Lower incisor exo
- Premolar/molar extraction in severely crowded cases
- Posterior crossbite

- Full step A/P correction
- Unilateral single tooth posterior crossbite
- Premolar extraction for profile where there is no crowding
- Surgical cases

It is very interesting to see the change in the entire team when the doctor believes in Invisalign and is able to deliver results with it. The TC feels more comfortable with the treatment recommendation, the staff look forward to seeing results, and those taking new patient calls will also improve their approach to addressing questions about Invisalign. This creates a snowball effect and can result in an increase in case starts. Whether we like it or not, patients are going to demand this treatment modality. The only way we can justifiably own the space and be seen as experts is to learn how to use Invisalign properly and use it more. Here's to a practice with more plastic!

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THE BUSINESS BENEFIT OF REGULAR CLINICAL PHOTOS

By Dr. Jeff Kozlowski

There has been a considerable recent discussion on Ortho 101 and ProOrtho FE about the benefits of regular clinical photography in the practice of orthodontics. At the core of this conversation is whether or not there are any business benefits to taking clinical photos. Ben made the point that if your business was not doing well then why would you spend time and money focusing on top quality photos when you could be using that time and money growing your practice. The point seemed simple enough but alas the discussion raged on about why photos were important. As someone who has taken a full set of photos for every patient at every appointment for nearly a decade, I have some insight into the benefits of clinical photography. So in light of this discussion, I thought I'd share a few ideas on how I see regular clinical photography fitting into the business of orthodontics.

Before we dive into the business benefits of clinical photography, the first thing we need to do is differentiate between excellent and acceptable quality photos. Do the clinical photos need to be excellent to accomplish the goals for our practice and patients? No, they don't! Think of it like the ABO requirements for study models. The model base needs to be a specific number of millimeters thick, the angles need to be trimmed to the exact number of degrees, and they need to be soaped to a high polished shine. All for what - to look pretty in glass cases on the wall? These "excellent" models are required by the ABO when acceptable rough cut models would suffice which is an enormous waste of time and effort in the name of "excellence". The pursuit of excellence is fine, but if the cost of pursuing it hurts your business or your patients then it's overkill. This is the curse of the orthodontist.

Top quality photos can and should be done in less than 5 minutes and if done properly can have a positive impact on your business.

If the process of taking excellent or even acceptable quality photos is excessively time-consuming for the practice and the patient then it obviously costs the practice money. However, I do believe it is possible to take excellent quality photos with a relatively minimal time impact to the practice. See my article in Orthodontic Products for how to set up your camera to take consistently good photos with ease. Top quality photos can and should be done in less than 5 minutes and if done properly can have a positive impact on your business. Here are 5 ways that taking regular clinical photos can benefit your practice.

EDUCATION - Excellent photos may be required if you are planning to put them on a 50-foot screen to lecture at the Forum or want to use them for journal articles or other research. Most orthodontists are not lecturers or researchers so other than lecturing or research, how can photos be used for education.

- Team - By having consistent photos we can train all team members about the progressive nature of orthodontics. New assistants can see how treatment is provided and develop a better understanding of clinical procedures by reviewing even a few cases from start to finish. Better training leads to better clinicians which lead to a more efficient office.
- Patients - Clinical photos can be used to educate the patient on how their participation with elastics and hygiene can shorten their treatment time and require

fewer appointments while achieving the best result. Education = Money

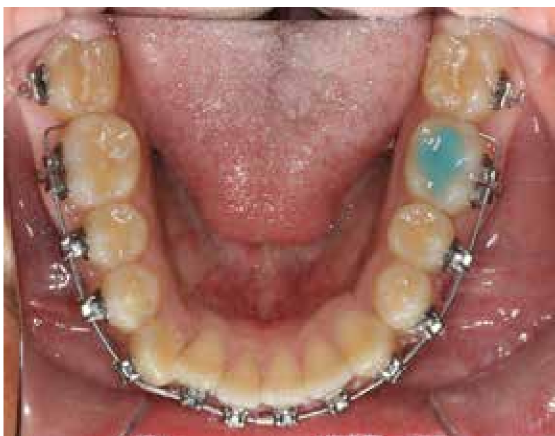
No one can remember exactly what the patient's teeth looked like at the last visit so how can you know what resulted from your decisions at that appointment?

COMMUNICATION - An extension of education, communication is an important part of the orthodontists daily life.

• PCD's - Ever get a call from a PCD wanting to discuss the progress of a case with you? Usually, the patient is "in the chair" which is code for "drop what you are doing and come answer my very important call". Many of us have practices that rely to a certain extent on maintaining good relationships with our PCD referrals. Having clinical photos from every visit saves me HUGE amounts of time by being able to pull up these photos, email the PCD and discuss the case as needed. I don't have to call the patient in for an additional visit just to see what the PCD wants me to look at before discussing the case. Time = money.

• Patients - Ever get a call to your office from a patient or parent with a clinical question? "The wire doesn't run back to my last brace" or "There is no bracket on my last tooth". What most scheduling coordinators do is respond with "Come in for an appointment and we'll check it out!" This means more appointments which means less efficiency. Having regular clinical photos allows our admin team to answer these questions just by opening the patient's imaging saving us a few appointments every day. And when the question from the patient is "How do I wear my rubber bands" we can email them a photo to show them because we take the buccal photos with the elastics in place. This saves a huge amount of time and also ensures the patients are wearing their elastics properly. Communication = Money

EFFICIENCY - I've already mentioned numerous ways that taking regular clinical photos can enhance the efficiency of your office but I'll add one more that combines the first two points. Educating yourself as to the mechanics and treatment you provide will make you a better orthodontist. Period. Many of us THINK we know exactly how our cases progress clinically throughout treatment but unless you are regularly reviewing the outcomes of your clinical decisions I'm willing to bet you are underperforming with respect to efficiency. No one can remember exactly what the patient's teeth looked like at the last visit so how can you know what resulted from your decisions at that appointment? You can't! Many orthodontists continually plod along with "retie, retie, retie" appointment after appointment without being able to compare the changes that have occurred in the name of orthodontic progress. I credit my regular use of clinical photography and regular evaluation of my mechanics and treatment progress to my improvements as a clinical orthodontist. This self-learning has led our practice to continually



LOWER OCCLUSAL SHOWING 2ND VISIT WITH WIRE CINCHED AT 6'S

RIGHT BUCCAL SHOWING ELASTICS

average 11-12 appointments to complete treatment. Efficiency = money.

I believe that regular clinical photos are such an important part of practice that they should take the place of before and after models as a standard of care in record taking.

CONSISTENCY - There are many ways that clinical photography can make your practice more consistent but let me highlight just two.

• The first 10 years of my career I practiced in a group practice where we "co-treated" every patient. Basically, this means that you saw all the patients on your schedule whether you treatment planned them or not. You may have never seen the patient before. Time is taken to review the plan and where they are in treatment. But what did the teeth look like at the last appointment? If it's tough for one orthodontist to remember exactly where the patient was in treatment at the last visit, it's impossible for more than one to carefully follow the treatment progress. So if you have more than one orthodontist treating your patients during their time in braces you should strongly consider taking regular photos. This way the doctor of the day can see exactly what the teeth looked like the last visit and know if a change in mechanics or treatment plan is required to continue making progress.

• Consistency by a reduction in errors Our clinicians enter the photos into the imaging software on our "office" days (which are "non-patient" or "non-doctor" days). This reduces the amount of team time taken out of our fully loaded patient days. But the real reason for this is to have the clinicians quickly review the intra-oral photos to ensure that everything was done as noted in the chart from the appointment. On occasion, they will catch things like doors open, ties or chains not placed properly, elastics in the wrong direction or brackets that mysteriously came loose between finishing the appointment and taking the photos. A quick visit to the office and we can set these things straight rather than allowing them to "cook" for 8-10 weeks and set the patient's treatment behind schedule. Consistency = Money

DIFFERENTIATION - Because regular clinical photos are something we've done since the inception of my practice over 8 years ago it has become part of our culture. In the new patient exam, parents are often amazed at how their child's teeth look on the photos. They comment on what they can see in the photos that they never noticed at home. Our TC's communicate to patients that we are one of the few orthodontists who take these photos at every visit to ensure that we follow the progress of treatment and finish in a timely fashion. Now I can't say that I've ever had a patient say they chose us because we take photos at every visit, but I can say that it is part of our culture of education, communication, and efficiency that people appreciate. And that has to be worth something, right? Differentiation = Money

In summary, while taking photos will not necessarily make you more money if you and your practice are starving, there are many befits to the business by taking these photos. I believe that regular clinical photos are such an important part of practice that they should take the place of before and after models as a standard of care in record taking. Heck, if the ABO were willing to review my last 100 finished cases from start to finish via clinical photos at every appointment I might actually decide to become board certified.

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WTF! MARKETING!

By Jeff Behan

If thinking about your practice marketing has you scratching your head and saying WTF, this article is for you. If on the other hand, you think you have it all figured out, it's also for you. In this case, WTF stands for "Website", "Twitter" and "Facebook" – and whether you are active on these social media platforms or not, they have shaped consumer expectations so that those who use the least words to communicate effectively wins. Less has never been more than it is today.

The fact is, even we marketing communications specialists add a tremendous amount of knowledge every year and many of the truths we held to be reliable just a short time ago have been challenged and found wanting today. Staying on top of what's new is always exciting, but my guess is most readers just need the chance to evaluate where they stand with a few of the new facts impacting effective marketing communications today.

You've probably heard me say that consumers (your potential customers) now have the attention span of a gnat. You can debate whether that's good or bad but it's hard to argue any alternative facts :-). So what do you do with this knowledge? I think it has very strong implications for your marketing and, specifically, the content of your marketing.

Whether you're designing a website, formulating a social media post, or developing a print piece, like a brochure, keep in mind that there isn't enough Ritalin out there to manage the attention deficit disorder of the consumer mind. Following are a few of the guidelines I use when evaluating marketing content, whether presented on-screen or in print.

1) IF YOU HAVE TO READ THE WHOLE THING TO GET THE VALUE FROM IT, IT WON'T DELIVER.

I've always believed that a practice brochure's primary job is to look good and to feel good to the touch. It will never be read by the vast majority of people who hold it in their hands, yet holding it in their hands is an important and legitimizing moment for the business it represents. I long for the day when brochures are no longer a necessary part of the marketing arsenal but don't believe we're there yet.

Traditional marketing tools (print or web) are set up using a series of headlines like, "Our Services", "Our Team", "Our Doctors", "What Sets Us Apart" and the like. These "headers" inform the reader of what they will find in the section that follows. Unfortunately, consumers typically don't

read the section that follows. Consider, instead, headlines that actually deliver your key message at a glance, like, "Invisible Treatment", "Our Board Certified Doctors", "Join Our Family". I call this "skim value" and it applies to every form of advertising and marketing. This approach, along with the prudent use of bullet points (not more than two sets of bullets on any spread), will greatly improve your chances of communicating what actually sets you apart. If you can't select the main point for each section and put it in the title, you probably need to spend some time working on your messaging.

Having skim value is even more important on the web where the average website visitor spends less than a minute perusing an entire site. I learned to write copy as the production director for a group of radio stations starting when I was only 17 and to this day I tend to write in thirty and sixty-second increments. This ability has served me well not only for public speaking but for the creative writing I do for the web.

2) ACTUAL PATIENTS ARE YOUR MOST POWERFUL TOOL.

For many patients, the prospect of looking better in order to feel better is what motivates their interest in orthodontic treatment. It's an aesthetic motivation, whether they are tuned into that fact or not, and if you aren't using photos of actual patients for whom you have delivered an awesome aesthetic result, you're missing a huge opportunity to set yourself apart from the competition. I'm not talking about your records photos. (It's not about showing the occlusion.) I'm talking about lifestyle photos of your patients living large with their amazing new smiles.

This means you ought to capture patient photos every year and make sure you use them. If you have the budget, it's totally worth doing a professional photo shoot. When we do these, we like to shoot around town and incorporate iconic street views and other local landmarks into the background so that prospective patients will know, without a single word, that these are not stock photos. If you don't have the budget to do a shoot (around $1,000) you can ask patients to share their own smile photos. In this time when selfies rule, most patients can share great, lifestyle photos from their phones. They may not be sufficient resolution for printing, but work well on-screen (web and/or video). If you find the idea of asking patients to share photos for you to use in marketing your practice daunting, you're not building the right kind of relationship with them. In a healthy practice, patients are thrilled that you would consider using their photos. The very act of asking them turns them into raving fans.

3) VIDEO NEEDS TO HAVE DIFFERENT FORMS FOR DIFFERENT PLATFORMS.

I'm passionate about incorporating video into your practice marketing, especially video that features your patients. But one of the new secrets to success that we've learned is the importance of having different types of videos and even different versions of your primary videos. For example, since Facebook's feed auto-plays video without the audio, as you scroll down the timeline, it's helpful for the videos you use on Facebook to work without audio. Speak to your producer about creating video content that includes the following graphics:

- Your logo (or animated logo screen)
- Your contact information (web address or web and phone)
- Text or subtitles with key messages (especially those that might inspire the viewer to click)

It's important to note that this is another area where "less is more" so shorter clips are best. And whether you are creating new videos or you have an existing video that you'd like to repurpose, consider working with your producer to create shorter clips for social media and other web viewing. You can (should) still use your longer-form

videos (those over 5 minutes) in the office on the big screen.

If you're on Twitter, you know how challenging it can be to communicate something worthwhile in only 140 characters, but it's an excellent habit to get into because it sets the standard for quick digestion.

I recommend that you always start the marketing communication process by asking three questions:

1) What action do I want the reader/viewer to take?
2) How can I make it easy for them to take that action?
3) How can I make it desirable for them to take that action?

If you answer those three questions well and you can deliver that message with a photo and 140 characters or less – or in a short video – you're well on your way to a successful marketing endeavor. You begin with the end in mind – do you want them to click a link, visit your website, schedule a consultation? Then, you make it easy and desirable for them to do just that. Many marketing initiatives fail because they miss number 2 or number 3. Others fail because they give the viewer/reader too many choices in the call to action, which often leads to inaction.

A thirty-second ad goes by pretty fast, but it actually contains the equivalent number of characters as three tweets.

4) YOU DON'T HAVE TO TELL THE WHOLE STORY TO HOOK THE LISTENER.

When creating content it's important to grab the viewer or reader's attention within the first few seconds, but even if you do that it's important to remember what you're trying to accomplish with the content you're creating. If your desire is for me to schedule a consultation, you don't have to include all of the reasons I might possibly want to schedule an appointment – I call that spilling all your candy in the lobby. It's good to save some of the good stuff for the second, third, fourth and fifth times a typical consumer needs to "see" you online before being ready to meet you in person. If you put everything out there (for example, on your website) you're breaking one of the new rules of effective marketing. Save some candy for the consult and you'll get more yesses.

The world changes fast! Keep up!
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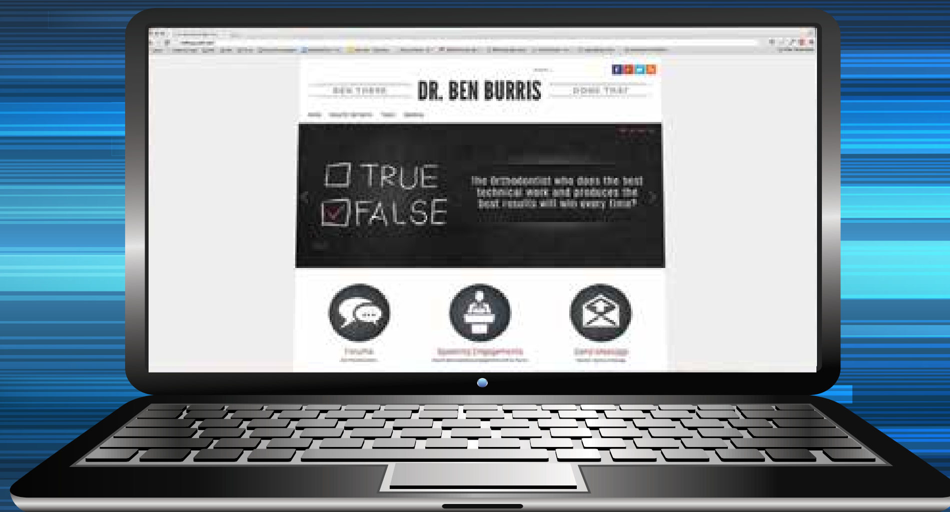

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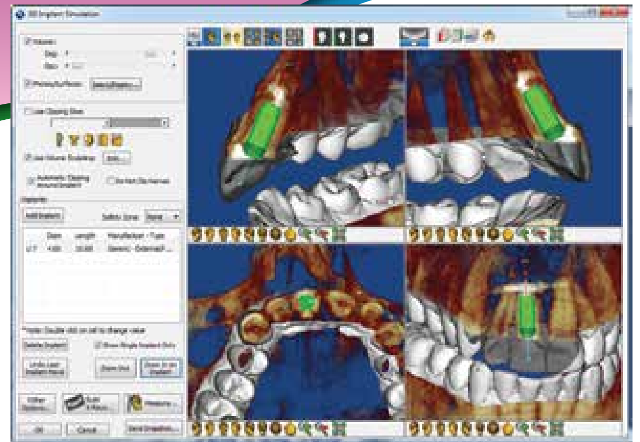

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HOW TO PROPERLY TARGET A FACEBOOK/INSTAGRAM AD

By Scott Hansen

In our practice, we get in front of our target market (TM) primarily by using Facebook and Instagram ads. Both platforms allow us to specifically define our TM and measure the ad's effectiveness quantitatively. Unfortunately, Facebook makes it easy to waste money on untargeted ads, like "Boost Post." So, when constructing a new Facebook ad, these tips should help you more clearly target your likely patients.

1. START WITH A CLEAR UNDERSTANDING OF YOUR TARGET MARKET

Understanding your TM is the easiest way to save money on any marketing activity. By not wasting resources delivering your Facebook ads to people who are not likely patients, you will save your resources to reach people who are more likely to buy.

To adequately define your target market, think about their demographic characteristics, wants, needs, desires, and fears. In my office, posted on an 8.5" X 11" paper, I have a picture of someone who represents my target mom. She happens to be a 35-year-old lady in our practice with whom we particularly enjoy working with. Surrounding her picture, I have articulated her demographic characteristics and other important information that reminds me of her emotional disposition and intellectual qualities.

If you can't clearly describe whom you are targeting, you will waste money showing your ads to unlikely patients.

2. CHOOSE "PEOPLE WHO LIVE IN THIS LOCATION"

When clicking through the campaign options, by default, Facebook selects "Everyone in this location." "Everyone" will include people who are visiting the location, but do not live in the location. Because we have geographically sensitive patients, don't waste your money showing your ads to area visitors.

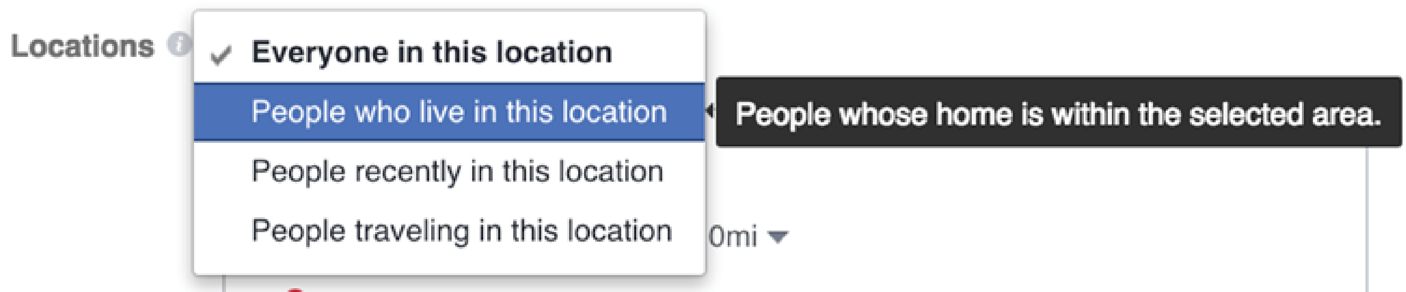
3. BE SPECIFIC WITH GEOGRAPHIC TARGETING

Geographic targeting when creating a Facebook ad is a little tricky. Because Facebook targets by circular radius only, to target efficiently, you must use both the "include" and "exclude" features. To create more efficient targeting, start by including your target area, then move outside of your target area and exclude the surrounding areas that you do not typically draw patients from.

After targeting, you are left with a geographic area that accurately represents your potential patient pool.

4. TARGET BASED ON DEMOGRAPHICS/INTERESTS

For our practice, we primarily serve conservative, upper-middle-class moms. Hence, we filter our audience for age,



CHOOSE "PEOPLE WHO LIVE IN THIS LOCATION" TO TARGET RESIDENTS INSTEAD OF VISITORS

USE THE "INCLUDE" AND "EXCLUDE" OPTIONS WHEN GEOGRAPHIC TARGETING TO BETTER TARGET YOUR AREA

gender, political preference, household income, home ownership, etc.

Using the ad filters effectively is contingent upon your understanding of your target market. If you can't clearly describe whom you are targeting, you will waste money showing your ads to unlikely patients. To give you reference, most of our ads are targeted to 5,000 people or fewer.

My philosophy is that if I can show our ads 15 times per week to our narrowly defined TM, it will far outperform showing our ads 1 time per week to a 15 times more broadly defined TM.

With careful effort, you can be sure that you are not wasting your valuable marketing resources reaching people more likely to buy dentures than braces.

5. SELECT THE BEST AD PLACEMENTS

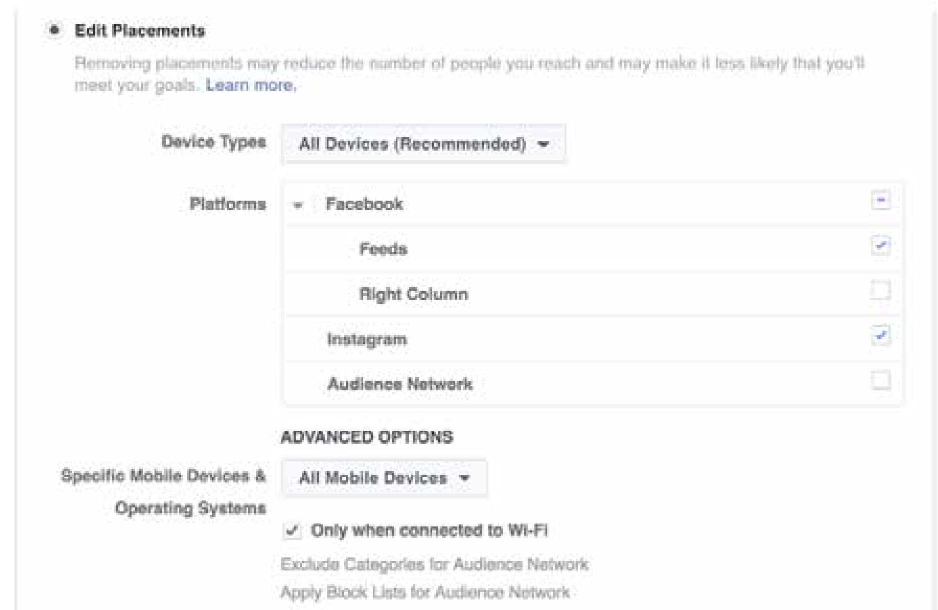
There are several different strategies for ad placement. In a traditional Facebook ad design, the user can choose to place the ads on the Facebook feed, the right-hand column, Instagram, or the audience network.

For most of us, our TM is composed of savvy moms who are efficient at navigating the internet. The audience network, which just means "wherever on the internet Facebook wants to post your ad," will produce a higher volume of clicks, but will also generate a greater number of false/accidental clicks. Think about all the times you are using an app and misclick on an ad!

For our ad setups, I use Instagram and Facebook feeds. I do not do "Right Column" ads or "Audience Network" ads because of the higher volume of junk clicks. Additionally, I only run the ads when users are connected to Wi-Fi. If the Facebook user is on Wi-Fi, they are more likely in buy-mode because they are stationary and more likely at home. If they are stationary, they are more likely to have the time to browse your site and contact your team.

Remember: The primary goal of all of our marketing is to produce a desired action.

It takes time to properly establish an effective Facebook ad campaign. However, with careful effort, you can be sure that you are not wasting your valuable marketing resources reaching people more likely to buy dentures than braces.



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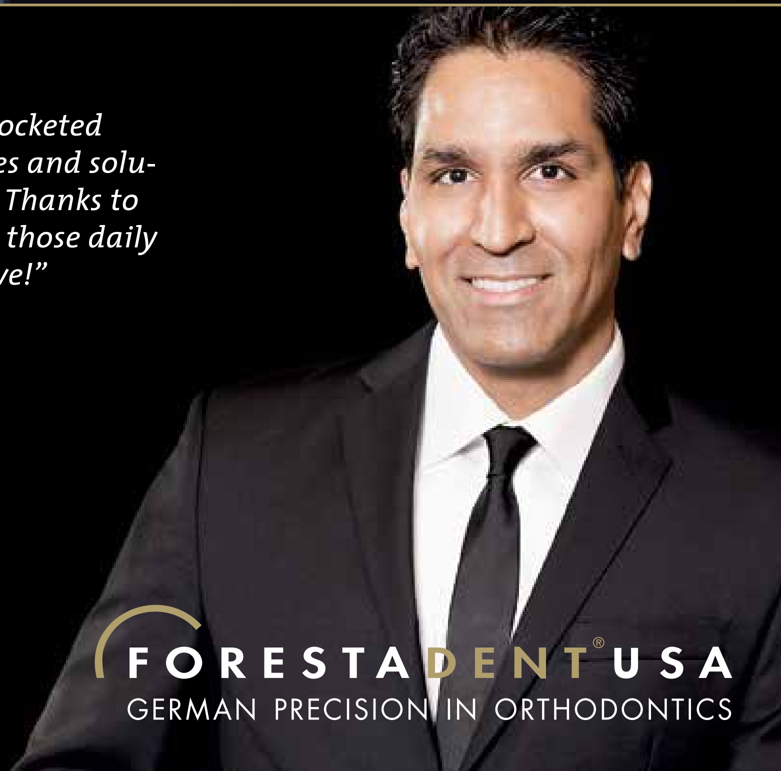

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THIS IS NOT YOUR DADDY'S ORTHO!

By Andrea Cook

"I have been doing this for 25 years and no one has died yet; restaurants don't sterilize their silverware; we don't have blood in orthodontics; the guidelines are for dental offices; this is costing a lot of money." These are some statements of resistance I have heard from orthodontists during presentations and when working with my orthodontic clients.

As Ben Burris states at the MKS meeting "This is not your daddy's ortho meeting". The same applies to our sterilization areas and instrument reprocessing protocols. Things have changed. There are more infectious diseases, compromised patients, and a higher level of education on how to prevent infection.

I understand the resistance but the reality is as a practicing orthodontist, the CDC has developed Guidelines for Infection Control in Dental Health-Care Settings in 2003 that consolidates recommendations for preventing and controlling infectious diseases and managing personnel health and safety concerns related to infection control in dental settings with which you must comply. The cost for non-compliance can be minimal until you receive an inspection from the state dental board or OSHA. The fine may be substantial but the reputation damage may be irreparable. Most of you will never receive an unannounced inspection in your career but that is not a reason for non-compliance. It is the right thing to do for you, your team, and your patients.

Along with the CDC Guidelines for Infection Control in Dental Health-Care Settings, you may have additional state regulations that require compliance.

I will address some of the most common areas of non-compliance in today's orthodontic offices based on my experiences:

1. ALL STERILIZERS MUST BE TESTED ON A WEEKLY BASIS

Correct functioning of sterilization cycles should be verified for each sterilizer by the periodic use (at least weekly) of Biological indicators (BIs) (i.e., spore tests). Test strip should be placed inside the package.

CDC guidelines, 2003

All sterilizers must be tested on a weekly basis regardless of the number of cycles ran, patients were seen, or days worked. I receive questions about satellite offices that only see a few patients or are only in that location one day a week/ month. The guidelines state "on a weekly basis" not based on a number of patients seen or other parameters.

2. RESULTS MUST BE RECORDED AND KEPT IN THE OFFICE

Results of biological monitoring should be recorded and sterilization monitoring records (i.e., mechanical, chemical, and biological) retained long enough to comply with state and local regulations.

CDC guidelines, 2003

This is one of the first documents that a state dental board or OSHA inspector will ask for during an inspection. You must have these available for the inspector. Having the results in a labeled binder in or near the sterilization area will make locating them easy for any team member.

3. INSTRUMENT RINSING

After cleaning, instruments should be rinsed with water to remove chemical or detergent residue.

CDC guidelines, 2003

There are many "no rinse" solutions on the market. These typically contain a rust inhibitor that can be eliminated during a rinse process. Based on the sterilization protocol you have in your office rust inhibitors may be necessary but must be added after the rinse process.

4. TRANSPORTING CONTAMINATED CRITICAL AND SEMICRITICAL PATIENT-CARE ITEMS

Contaminated instruments should be handled carefully to prevent exposure to sharp instruments that can cause a percutaneous injury. Instruments should be placed in an appropriate container at the point of use to prevent percutaneous injuries during transport to the instrument processing area.

CDC guidelines, 2003

Many offices chose to move to cassettes for compliance with this guideline. If you opt not to move to cassettes or do not have a sterilization protocol or

system to support the use of cassettes, you can achieve compliance by putting the instruments in a plastic tray with a locking cover at the point of use to transport them into the sterilization area.

5. STORAGE OF UNWRAPPED STERILIZED INSTRUMENTS

Semicritical instruments that are sterilized unwrapped on a tray or in a container system should be used immediately or within a short time. When sterile items are open to the air, they will eventually become contaminated. Storage, even temporary, of unwrapped semicritical instruments is discouraged because it permits exposure to dust, airborne organisms, and other unnecessary contamination before use on a patient.

CDC guidelines, 2003

Most of the instruments in an orthodontic office fall into the semicritical category. The days of storing all the instruments in a drawer or rack are gone. Storage of seldom used items should be in a closed container based on how they are used. If the instrument is used individually it should be used individually, if it is used as a group they can be packaged together for storage.

6. HANDPIECES

For processing any dental device that can be removed from the dental unit air or waterlines, neither surface disinfection nor immersion in chemical germicides is an acceptable method. Dental handpieces and other intraoral devices attached to the airlines and/or waterlines must be sterilized using heat.

CDC guidelines, 2003

This is one of the top noncompliance areas for many offices. Based on the cost of the handpieces and time to reprocess I find this done often on an end of day or week basis. Based on the Spaulding classification the high-speed handpiece is classified as a critical instrument as it can penetrate soft tissue or bone. As a critical instrument, it must be cleaned, lubed, individually packaged, and sterilized after each patient use.

7. CLINICAL CONTACT SURFACES

In the dental operatory, environmental surfaces (i.e., a surface or equipment that does not contact patients directly) can become contaminated during patient care. When these surfaces are touched, microbial agents can be transferred to instruments, other environmental surfaces, or to the nose, mouth, or eyes of workers or patients. Clinical contact surfaces can be directly contaminated from patient materials either by direct spray or spatter generated during dental procedures or by contact with DHCP's gloved hands. These surfaces can subsequently contaminate other instruments, devices, hands, or gloves.

Barrier protection of surfaces and equipment can prevent contamination of clinical contact surfaces but is particularly effective for those that are difficult to clean. Barriers include clear plastic wrap, bags, sheets, tubing, and plastic-backed paper or other materials impervious to moisture. Because such coverings can become contaminated, they should be removed and discarded between patients, while DHCP is still gloved. After removing the barrier, examine the surface to make sure it did not become soiled inadvertently. The surface needs to be cleaned and disinfected only if contamination is evident. Otherwise, after removing gloves and performing hand hygiene, DHCP should place clean barriers on these surfaces before the next patient.

If barriers are not used, surfaces should be cleaned and disinfected between patients by using an EPA-registered hospital disinfectant with an HIV, HBV claim (i.e., low-level disinfectant) or a tuberculocidal claim (i.e., intermediate-level disinfectant). Intermediate-level disinfectant should

be used when the surface is visibly contaminated.

CDC guidelines, 2003

All surface disinfectants must be EPA registered and be used according to the manufacturers' instructions on the label. All products will include a contact time in their instructions for use that must be followed. The label will state how long the surface must remain visibly wet for tuberculocidal effectiveness. There are many on the market with a 5-minute contact time. I do not feel that most orthodontic offices can accomplish this on a busy day. I recommend offices use a surface disinfectant with a 1 minute disinfection time. Two that I like are Optim1 and CaviWipes1.

Gloves must be worn when using disinfection wipes or disinfection products.

8. DENTAL HANDPIECES AND OTHER DEVICES ATTACHED TO AIR AND WATERLINES

Dental devices that are connected to the dental water system and that enter the patient's mouth (e.g., handpieces, ultrasonic scalers, or air/water syringes) should be operated to discharge water and air for a minimum of 20--30 seconds after each patient

CDC guidelines, 2003

After each use, the device must be flushed to help physically flush out patient material that might have entered the turbine and air and waterlines and be passed to the next patient. Team members can simply expel air/water into the suction tip after each use to make sure the lines are free of any material.

9. DENTAL UNIT WATER LINES

Simply using source water containing <500 CFU/mL of bacteria (e.g., tap, distilled, or sterile water) in a self-contained water system will not eliminate bacterial contamination in treatment water if biofilms in the water system are not controlled. Removal or inactivation of dental waterline biofilms requires the use of chemical germicides.

CDC guidelines, 2003

I find many offices do not follow any maintenance protocol on their dental unit waterlines to prevent biofilm formation. Chemical germicides must be used on self-contained water bottles to comply with the guidelines and prevent biofilm.

10. SINGLE USE/DISPOSABLE ITEMS

A single-use device, also called a disposable device, is designed to be used on one patient and then discarded, not reprocessed for use on another patient.

CDC guidelines, 2003

I have seen offices reusing single-use disposable items ~ disposable patient mirrors, impression trays, bracket trays, etc. Any item with a number 2 with a line through it is considered single use and must be disposed of after use. With steam sterilization, most offices can eliminate glutaraldehyde by using products that can stand up to the sterilization cycle. The purchase of these items is often less expensive than purchasing glutaraldehyde products and much less caustic in the office.

Following manufacturers' instructions for care and maintenance of all items in the office is critical to their efficacy. Many of my clinical team members follow protocols that have been developed by previous clinicians but often these protocols are not based on the current guidelines. They are simply "how we have always done it".

In March 2016 the CDC has developed a document entitled"Summary of Infection Prevention Practices in Dental Settings Basic Expectations for Safe Care and Companion Checklist". Use of this checklist will help you and your team assess compliance with the expected infection prevention practices. This checklist will identify areas of improvement within the office, sterilization protocols, and training.

There is also an emphasis on the importance of having an individual in every dental practice assigned to be the infection prevention coordinator. That individual would be responsible for developing written infection prevention policies for the practice based on the current standards. The infection prevention coordinator would also ensure that the practice has the needed equipment and supplies required for adherence to standard precaution practices and communicate with all team members to address infection prevention issues.

So, put your resistance aside and make changes in your practice that include following the guidelines and developing and implementing protocols to support a healthy work environment. These changes will help protect you, your team, and your patients.

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How to Maximize the Selling Value of Your Practice

By Charlene White

The practice transition process is stressful for both the seller and the buyer. As a consultant, my goal is for it to be a win-win experience for both parties. It is quite an accomplishment when both doctors can say a few years later, "We are colleagues and friends." With better planning and preparation, this can be accomplished.

Dr. Glenn Burkland contacted me regarding my consulting services. He said, "CHARLENE, I want you to help me prepare my practice to sell to a young doctor. I would like to get the top value, and I also want all systems in order to make it easier on them for the transition." Dr. Burkland also secured Roger Hill's services to assess the practice value and oversee the transition process. This all began a year previous to his practice being put on the market for sale.

The first consultation visit was scheduled in January 2012. My job was to evaluate all of the practice management systems and assess the staff positions. The following are excerpts from the consultation report. Overall, the practice was quite healthy. The number one concerns were poor accounting systems, high overhead, and a nonproductive office manager who earned a $50,000 annual salary plus full benefits. Roger Hill challenged us by saying that he would like to see the overhead reduced by $100,000 by the next year. In June 2012, I returned for a second consultation. At this point, the final decisions were made to replace the accountant, terminate the office manager position and work on reducing the overhead. A talented bookkeeper was hired to revamp the payroll and payables system. By the end of 2012, we felt confident that the practice was ready to sell.

UPON MY FIRST EVALUATION OF THE PRACTICE, I ASSESSED THE FOLLOWING:

1. Production was ahead of collections by 20% (Excellent).
2. The exam to start ratio was 97% (Excellent).
3. Production per day was $9,758 (Excellent).
4. Production per start was $4,865 (Excellent).
5. The recall system was 80% effective (Excellent).
6. No show rate 2.8% (Excellent).
7. Running on schedule 95% of the time.
8. Annual marketing plan was established.
9. HR systems were in place.
10. No practice budget was in place.
11. Past due patient accounts were excellent, 5%
12. Insurance past due was inaccurate due to aging error.
13. Excellent software system was in place.
14. The clinical records were not computerized.
15. Overhead was higher than average. Staff salaries 27%. Health Insurance 4.2%. (Health insurance was capped and one administrator and one clinical team member let go.) With a review of the overhead, we were able to report a $98,000 reduction in expenses projected for the next year to Roger Hill. A new CPA was hired to take over the accounting.
16. The facility was in an excellent location. Some remodel would be needed in the near future.
17. Dental and patient referrals into the practice were healthy.

BUYING A RETIRING DOCTOR'S PRACTICE WHERE THE SENIOR DOCTOR IS EXITING WITHIN 1 – 2 YEARS

TIPS FOR THE DOCTOR PURCHASING A PRACTICE:

- Image of the Practice
- Computer hardware
- Computer software
- Equipment
- Facility
- Instruments
- Invisalign Ranking
- Location
- New Production
- Reputation
- SEO Ranking
- Social media presence
- Staff Performance, Salaries & Benefits
- Treatment methods
- Website
- Overhead Percentage

In addition to the practice transition specialist evaluation, the following needs to be factored into the purchase price. If

the systems are rated as excellent, good, average, or needs improvement the selling price would go up or down.

- 60% overhead or less is excellent
- State of the art computer software and hardware = excellent
- Great staff= excellent
- 3 – 4% Budget spent on marketing = excellent
- Case acceptance 65% or better = excellent
- Great reputation=excellent
- Efficient mechanics 18-20 visits per case = excellent
- Production per day $9,000 + is excellent
- Recall Efficiency 85% + excellent
- Overruns 10% or less excellent
- Inventory budget 6 – 8% excellent
- Facility, rent 6% = excellent
- New Patient numbers strong = excellent
- 50% or more patient referral = excellent
- Staff wages percentage = 20% excellent
- Benefits 2% excellent

WHAT DO YOU DO IF THE STAFF WAGES ARE 25 – 32%?

- Are there any staff members on the team you do not want to employ?
- Can you afford to offer the same benefit package?
- Rehire each team member. Outline their hours, job duties, hourly rate, and benefits.

Net production is declining and it is reflected in the next year's collections. (Chart 1)

- Production this year indicates collections next year.
- In a declining, mature practice, often the doctor has kept the same long term staff with higher than average salaries and benefits that total 30% of income verses 20% salaries and 2% benefits (the national average).
- The young doctor has student loans and typically a loan payment for the purchase of the practice. If the selling doctor stays on the payroll for $1,200 per day, this is an additional expense that the young doctor cannot easily afford.
- Also, factor in the monthly rent payment.

INNOVATIVE TIPS FOR GRADUATING ORTHODONTIC STUDENTS

INFORMATION TO REQUEST PRIOR TO PURCHASING A PRACTICE:

1. The number of exams, records, and starts for the past three years.
2. A list of active patients, projected deband dates, and balance on the account.
3. A list of active retention patients with their deband dates.
4. A list of observation recall patients with last appointment date.
5. A list of active patients who are still in braces and paid out.
6. A copy of the patient contract and financial policies.
7. Current aging report and total contract amount due for patients and insurance.
8. A profit and loss statement from the last three years.
9. A list of staff member's names, salaries, and benefit packages and last W-2s.
10. A list of referring doctors names and the number of patients referred by each doctor for the past year.

OTHER AREAS YOU SHOULD EVALUATE ARE:

1. Is the practice computerized? Would you have to change the software systems?
2. Is the current staff happy? Turnover rate?
3. Demographics and competition.
4. Economy of the area.
5. Décor and age of the equipment and x-ray equipment.
6. Quality of treatment and reputation.
7. Treatment modality.

ROGER HILL – THE MCGILL AND HILL GROUP

With respect to selecting a transition firm/consultant, we would recommend the following guidelines and parameters. While there is no exact set of qualifications for a transition firm or consultant, the following characteristics and qualifications are important.

The **number of years' experience** for practice transitions specifically related to orthodontic practices will be an important, if not a critical factor. You will also want to check on the experience in terms of the types of transition activities specific to your need. As a practical guideline, we would recommend that the transition firm/consultant have a minimum of 10 years' experience in the transition of orthodontic practices since they have a number of unique characteristics and requirements.

As an example, a person who is a CPA may, or may not, have experience in practice transitions, to say nothing of transitions for orthodontic practices. Look for **special designations or certifications** from nationally recognized organizations such as the American

Net Production	Net Collections
$800,000 Production 2011	$800,000 Production 2011
$700,000 Production 2012	$800,000 Collections 2012
$650,000 Production 2013	$700,000 Production 2013
$500,000 Production 2014	$650,000 Collections 2014

CHART 1

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 ↑

	Excellent	Good	Average	Needs Improvement
Overhead Percentage (Factor in if you are going to pay the senior doctor to stay on the payroll and your monthly loans in regards to cash flow)	55% or less	57%	59.9%	65 +%
Location				
Computer Software				
Computer Hardware (Will you need to purchase either of these right away)				
Staffing talent, skills				
Staff HR Systems				
Staff Salaries	18%	20%	22%	25+%
Benefits	2%	2%	2%	5%
Treatment Overruns	10%	15%	20%	20%
Case Acceptance	75%	65%	55%	50%
clinical Supply Cost	5%	6%	8%	9%
Production per Day	$9,000	$6,000	$4,000	$3,500
New Patient Exams to previous year	up 10%	up 5%	flat	declining
Recall Efficiency	85%	70%	55%	45%
Marketing Budget	4%	3%	2%	1%
Facility Rent	6%	8%	6-8%	9+%
Patient Family and Friend Reference	80%	60%	40%	30%
Delinquency - Patient	3%	5%	5%	10%
Delinquency - Insurance	3%	5%	5%	10%
Total A/R Due to the Practice	65%	55%	45%	< 45%

Average Last 3 Years Collections	$859,000
Excellent Sale Price	80% Excellent $687,200
Good Sale Price	70% Good $601,300
Average Sale Price	60% Average $515,400
Needs Improvement Sale Price	50% Needs Improvement $429,500

Society of Appraisers, NACVA, or others. These designations or certifications bring additional expertise to your unique needs. Individuals with these types of qualifications and certifications are more likely to help you achieve your goals and objectives. Some lenders require the valuator have these qualifications.

We would also recommend that you **check references.** Any firm or individual should be able to provide an extensive list of doctors with whom they have worked in any number of capacities and or assignments related to practice transition activities. Along those lines, you will also want to check on their **experience with a variety of types of assignments** including partnerships, full sales (100%), and mergers, as well as acting as an agent/broker if that is appropriate to your need. This would include learning about their protocol for finding and qualifying purchaser candidates, as well as how they maintain confidentiality.

Turning to a different perspective, you may want to consider whether your needs will be better served if you choose to **work with a transition firm whose work will be integrated with the specific services that will be needed**. Almost all transition activities will ultimately need to be served by both (1) financial services (valuation, cash flow projections, income distribution formulae [in the case of a partnership], tax efficiencies and similar considerations), as well as (2) legal representation and services. To the extent you do not need to seek these types of services from different professionals, your needs will be better served because the work of both these areas will be integrated on your behalf.

In an allied sense, you may also want to consider a firm with a **wide spectrum of additional services** beyond financial and legal. For example, you may want to shelter some of the gain from the sale. If so, it will be helpful to work with a firm that has pension plan design/

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administration capabilities, investment advisory services and accounting in order to address these related, but important considerations.

Consider just this one example. If you sell your practice, own the facility, and choose to lease the facility, you may want to contribute the building to a Family Limited Partnership (FLP), and reap the tax benefits for you and the next generation in your family. If so, a wide spectrum firm can not only provide these additional services, but also integrate them with the other components of your plan.

Orthodontic practice transitions have some unique aspects and requirements. Make sure the firm or consultant with whom you work is thoroughly aware of these unique characteristics and how they will affect the transition:

The receivables in orthodontic practice fall into three groups: contracts receivable, accounts receivable and prepaid treatment. The accounting and tax treatment for each of these categories is different and will have a significant impact on both the value, and after-tax gain from the sale.

With respect to the valuation of orthodontic practices, the single most common misconception is that practices generally sell for a static, fixed percentage such as 80.0% (or some other percentage) of a year's revenue. This is a prescription for problems on the part of either the seller, the purchaser, or both. An example or two might help illustrate this.

Assume there are two practices each of which has revenue of $1.0 million per year. One practice has three "vintage" chairs and units in an open bay while the other practice has six chairs and units in an open bay with everything up to date. If practices are valued at 80.0%, they have an equal value of $800,000, but clearly this defies common sense.

Likewise, if the practices have the same income but substantially different overhead rates they should have a different value. Accordingly, the appropriate valuation protocol is to first establish the value of the intangible assets and add to this the value of supplies, fixed assets and receivables. The sum of these two components divided by the revenue the practice will then yield the correct percentage for that practice at that moment in time.

In order to provide a sense of scale with respect to the variation in the value of orthodontic practices, one nationally known firm reports that the value of orthodontic practices in their database is as follows:

Average Fair Market Value: 78.08%
First standard deviation: 58.03% to 98.12%.

With this type range in the value of orthodontic practices, it is important to carefully analyze the data related to that practice and establish the value accurately. With a transaction of this size and importance, to do less is to do a disservice to both doctors.

It may be of interest to know several **overhead parameters**. We mention these because the profitability of the practice is a major driver of value. All things held constant, the higher the profitability, the higher the value.

With this in mind, most orthodontic practices have the following overhead parameters:

Salaries and wages (W-2 wages only, not including family members or associate doctors): **18.0% to 22.0% of revenue; occupancy expenses 5.0% to 7.0% of revenue; and dental supplies/lab 8.0% to 16.0% of revenue**. The variation in this latter range is occasioned by the presence of self-ligating brackets and Invisalign. Either or both of these will increase the supplies/lab costs.

Another common misconception is that once the valuation study has been completed, the financial outcomes for each of the doctors is known. As it happens, there is little that is further from the truth. In order to know the financial outcome for each of the doctors involved, it is necessary to construct a multi-year set of cash flow projections that illustrate the outcome after overhead, tax on gain from the sale (for the senior doctor), the cost of purchasing part or all of the practice (for the younger doctor), estimated income taxes, anticipated capital expenditures and interest/ depreciation benefits. These multiyear (after-tax) cash flow projections are the critical piece of transition planning. To move forward without them is to invite hardship.

With partnerships there are several other critical considerations of which you should be aware:

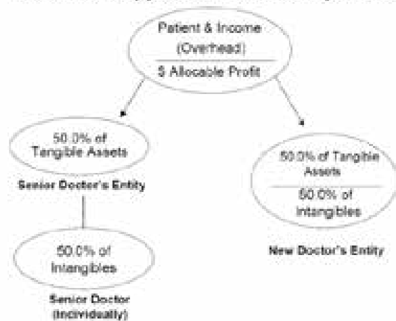
The first of these is **trigger point** quantification. That is, establishing the amount of growth in the top line revenue at which the senior doctor can sell a fractional interest without seeing any meaningful reduction in his or her earnings and, at the same time, the new partner sees an increase in his or her financial benefit. It is possible to quantify a trigger point. This not only provides a goal, but a significant amount of reassurance that the doctors are not beginning the buy-in too early, or waiting longer than needed.

When a fractional interest is sold there are two goals that need to be simultaneously achieved. One goal is for the purchase of the fractional interest to be affordable for the younger doctor. The other goal is to make certain the sale of the interest amount is tax efficient and fair for the senior doctor. The tax structure in the Internal Revenue Code has a built-in push-pull that makes simultaneously achieving these goals difficult. This consideration is typically referred to as **financial structure**.

There are two alternative structures by which these goals may be served. In the first of these, the new partner buys into the current entity. If the practice is

incorporated the doctors have ownership of a common entity. **This structure is a modified stock sale.**

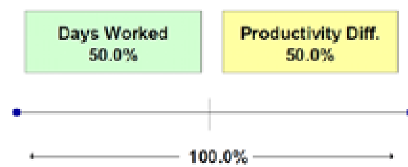
The other structure is completely different. In this structure, the new partner forms his or her own entity which then purchases the fractional interest. Once ownership is in the respective entities, the entities will enter into a partnership. When diagrammed, the structure looks like a triangle with the doctor's entities at the bottom corners of the triangle and the partnership of the entities at the top. **This structure is called an asset sale structure.**



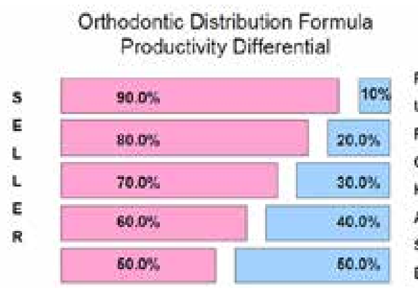
Because of the different tax implications, the financial outcomes resulting from these alternative financial structures can be significantly different. Best results will be achieved by forecasting the after-tax cash flow utilizing both structures to determine which one is the most beneficial. To do otherwise, invites disappointment in what may have otherwise been a successful partnership and will maximize the benefit for the doctors.

In partnerships, the protocol by which the profits are allocated (**Income Distribution Formula**) will have a critical impact on your earnings. Allocation of profits in a partnership, particularly in the early years, should not be allocated solely on the basis of ownership percentages, nor days worked. To use either of these parameters (solely) is going to have a deleterious effect on the earnings of the senior doctor. Instead, the Income Distribution Formula will need to be responsive to both days worked as well as the contribution of each doctor with respect to referring sources and generating new patients (in a sense, their individual "productivity").

Normally, orthodontic practices employ a two-tiered Income Distribution Formula for the first few years of the partnership. The diagram below illustrates a typical two-tiered distribution formula where 50.0% of profit is allocable based on days worked while, while 50.0% of the profit is allocable based on the productivity differential. Among other things, the productivity differential accounts for the fact that the senior doctor will continue to be responsible for more of the new patients of the practice in the early years of the partnership with the respective contributions of each doctor shifting over a period of years. The venue for testing out the multi-tiered distribution formula is the after-tax cash flow projections discussed below.



The diagram below illustrates the Productivity Differential component (only) of the diagram above.



DR. GLENN BURKLAND: THE SELLING DOCTOR'S POINT OF VIEW

There comes a time for every orthodontist to think about leaving the world of orthodontics to pursue other interests.

It is possible that one is in good health and there exists a desire to have other activities to pursue that were not easily followed while working full-time. One might also be worn out with the stress of dealing with problem and demanding patients and staff, the marketing to the public and other referral sources.

There is not an exact age when one should retire. Some people "live to work" because it is there "personae" whereas others "work to live." Eventually, we all realize that age and its effects on the body will limit what we are able to pursue because of physical demands.

There are many ways to retire. They include bringing in a partner with the plan to sell the practice to this individual. One can also sell the practice directly to an individual or to an entity like a corporation.

Once a decision to leave the "world of orthodontics" we have to select the "best" way to go about this process.

With respect to the value of orthodontic practices, information from our database indicates that the average sales price is 78.08% of a year's revenue. Perhaps more meaningful, the first standard deviation ranges from 58.03% to 98.12%, or a range of approximately 40%.

One of the most common misconceptions is to apply a static percentage (such as 78%) as the assumed value of a practice.

This is because the value of a practice varies widely depending upon any number of factors including but not limited to: growth rates, profitability, location, the amount of equipment and its age, the amount of contracts receivable, the amount of prepaid care, the number of referring sources and dependence upon a small cadre within the group of referring doctors and related factors.

It is only through a careful study of each of these that the value of practice can be accurately established.

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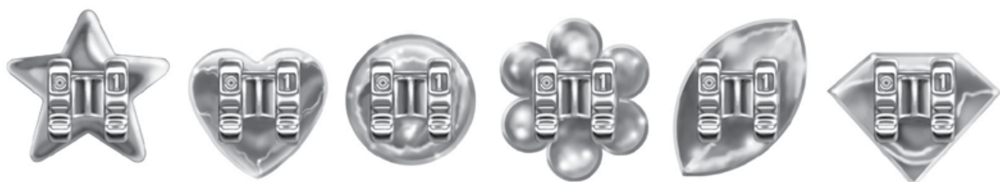

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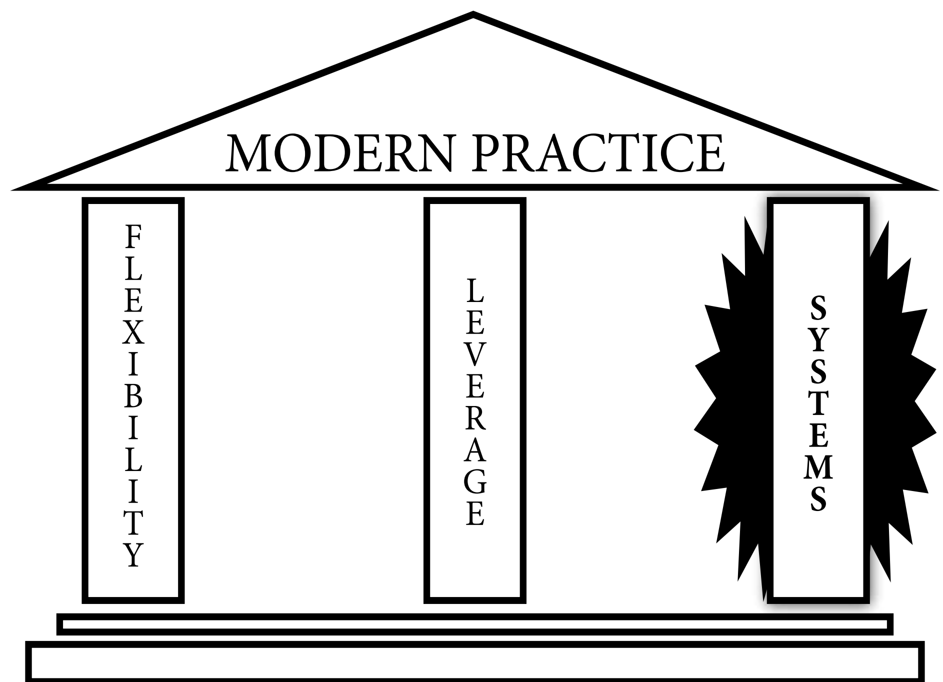
THREE PILLARS of THE MODERN PRACTICE, PART 3: You Can't Beat the SYSTEMS

By Dr. Jamie Reynolds

One of the most common questions orthodontists ask today is 'I already have a high conversion rate, so how else can I grow?' Read on and I will share data we have collected from over 75,000 starts and over $300,000,000 in orthodontic production to support thinking about how implementing some logical, data-based systems is fundamental to the growth and well-being of your practice . Most of you have spent a lot of time dialing in your clinical management systems to where they are virtually on autopilot, but a lot of you (myself included) have neglected your commercial and operational systems. Systems touch everything, from the obvious areas of collections and scheduling to things as seemingly trivial as phone call management.Great systems are data-driven and revolve around your customer's needs. Great systems are consistent patient-to-patient, repeatable, and sustainable.



PART 1: SCHEDULING AND KEEPING NEW PATIENT EXAMS

Let's start with a simple one: your phones. Many of you are not paying close enough attention to the most common obstacle to getting patients to visit your office. We spend hours and dollars focusing on our consult conversion rate and miss the big leaks we have before the patient ever even shows up.This is an all-too-often overlooked aspect of office management, but one that can create some quick wins.

WHEN & HOW YOU ANSWER THE PHONE

Many offices out there still don't take live calls at lunchtime and any off days like Fridays. But how much are you losing by doing that? OrthoFi's system records the time of day a new patient exam is created, so we measured the volume of appointments created by offices who had full hours throughout the week to see what the mix could be. We found that approximately 29% of New Patient Exams (it's 34% in our office) were scheduled during working day lunch hours or on a Friday. You may think that callers will hear the recorded message and call back after lunch, but they're more likely calling the next office they find until they get a live person. Even if you're not seeing patients and don't have your scheduling team in, someone needs to answer the phones! If you have cloud or remote access and you leverage call-forwarding technology, you can

extend your hours without too much heartache…or you could just pay someone to answer phones during lunch and/or on Fridays, as the data clearly shows having phone coverage easily pays for itself. Not to mention the improved customer service.

Tracking Kept Exam Percentage (Kept Exams/Scheduled Exams) is an easy albeit indirect performance indicator that gives insight into the customer service you're providing on the new patient call. Keeping Kept Exam Percent above 90% is a good goal to connect to high-quality interactions with your phone team. If the patient calls and gets a very warm feeling about your office, it is logical to assume they will be more likely to keep the exam. If they book an exam but were ultimately turned off by your phone team, a no-show is more likely.

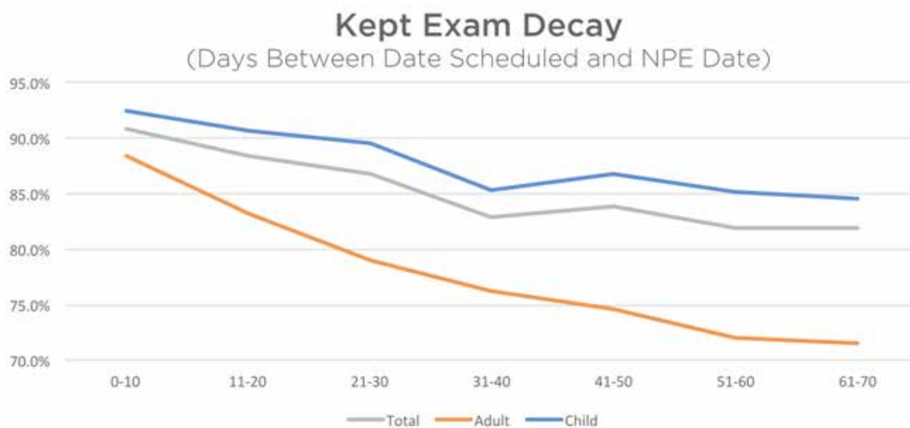
HOW QUICKLY YOU GET NEW PATIENTS IN

Many people brag about their waitlist for exams, but is your waitlist helping your ego and actually hurting your practice?

On graph 1, the Y-axis is the kept exam percentage, meaning that they scheduled an exam and actually showed up. And, on the X-axis is the number of days the exam was scheduled from the date the exam was booked. For example, if the patient calls to book on a Monday, how many days until they are able to schedule an exam? The orange line is for adults, the gray line is the average, and the blue line is for kids.

System-wide, even if patients book for later the same day, almost 10% of all patients don't show up for the exam they booked. To address that, we began overbooking our TC in prime time and late afternoon slots and hired a records tech to help with x-rays and pictures when the TC is overwhelmed. So when booking your exams, you may want to think like an airline and overbook a little to anticipate a 10% or greater no-show rate.

Beyond overall no-show rate, you can see that after day 1, there is a steady decay in kept exam rate. Adults fade faster than kids, and by three weeks there is over a 20% chance adults will not keep their scheduled exam. Adult demand is more spontaneous, more want driven vs need driven, so you have to get them in while they're hot. Kids, on the other hand, tend to stay reasonably flat with only a percent or so drop over the first three weeks. Parents understand their children will need braces and they plan and save accordingly. But after three weeks, kept child exams also drop off steeply. The moral here is that if you are going to treat adults, you want to get them in as quickly as possible. For all patients, you don't want to have a wait list longer than three weeks. Anything more than that and the data suggests you are losing patients. Once we realized the impact of these statistics, we knew that in order to open up our schedule, we needed to shrink our exam length from 60 minutes – a pretty common industry standard – to 45 minutes. That's not to say we give our patients less doctor time. It's more about getting the information and insurance verification done before the patient arrives to the office. With great online forms and good process, it's possible to have over 85% of your exams provide you with health history and insurance before they arrive for the exam. If you could thin your wait list and fill that extra exam space four days per week even a conservative 40 weeks a year and convert half of those you would generate 80 extra starts per year. At an average fee of $5,000 per start, 80 extra starts totals $400,000 of additional production. If after all that you still have a heavy waitlist, you likely should consider increasing your capacity with



GRAPH 1

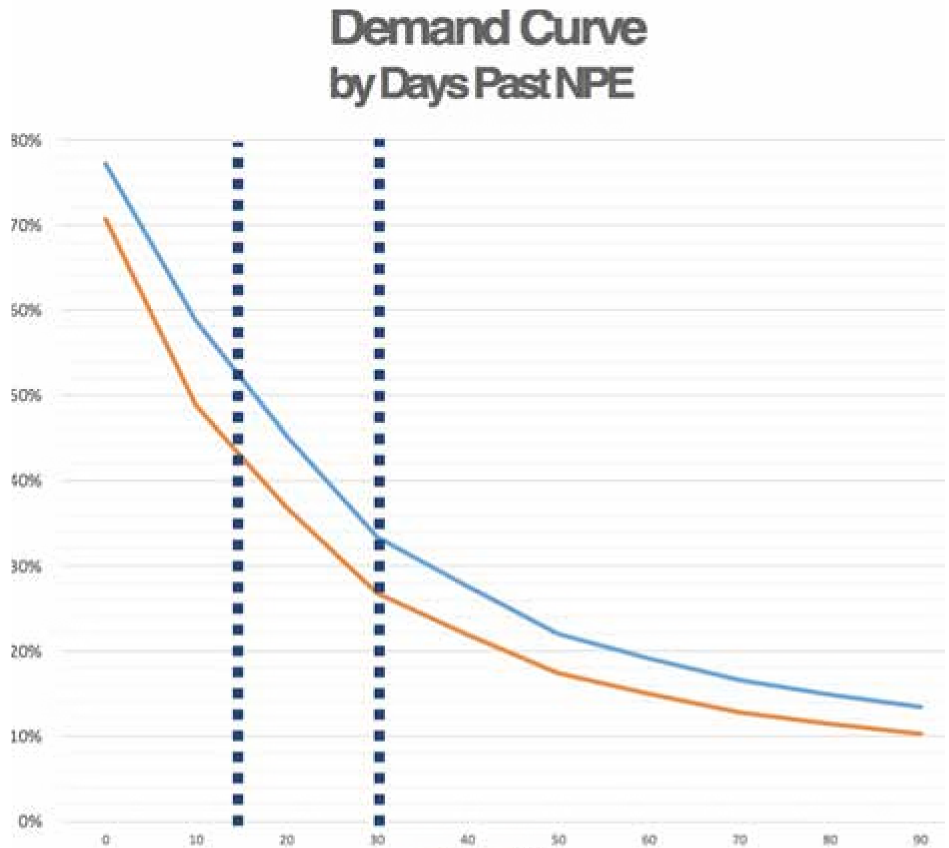
another TC or doctor in the practice, depending on your individual and practice goals.

PART 2: PENDING MANAGEMENT– SEIZE THE DAY…EVERY DAY

As I have written in previous articles, Same Day Contracts are important. Like really important. Our data shows a linear correlation between same day contracts and Treatment Recommended Conversion (TRC). From a benchmarking perspective, the highest Same Day Contracts across 140 OrthoFi practices is 75%.That's not my practice by the way, but we're working on it. As hard as we try, however, not everyone will start the same day. Many people really do need to go home and talk to dad, think about it, get dental work done, etc.

That said, time is money with pending patients, mainly because people today are highly distracted. Once a person leaves the office and becomes 'pending', you are competing with all manner of other distractions and expenses on top of your direct competition, which diminishes their likelihood of starting treatment in your office.

We have irrefutable data about what happens when treatment is recommended and the patient leaves the office without starting treatment (classifying the patient as 'pending'). Let's take a look at graph 2.



GRAPH 2

This graph shows the TRC on the Y-axis and number of days from the exam recommend on the X-axis. The orange line is adults and the blue line is kids. The reason why Same Day Contracts are so important is because as soon as prospects walk out the door, the chance of you converting them falls off a proverbial cliff. The likelihood of converting the patient drops 20% the moment they leave and decays by 35% for children and 45% for adults over the first two weeks. A lot of offices do their follow-ups in batches every other week. If you're one of these, you are likely cutting your chances of converting the patient by almost half. Yes, that reads 'half'.

Following a treatment recommend consult that won't sign today, it's important that the TC take control of the conversation by setting the table with, "I'd like to set a time to follow-up with you and answer any last questions you may have. I can be available to you on [Tuesday] or [Wednesday]. Which would you prefer?" This not only sets the expectation that you will be following up with a presumptive choice (A or B vs. Yes or No) but also makes the patient understand that your TC's time is valuable.

Then, you have to make sure you have solid and consistent systems around your follow-up management to ensure every patient gets the same experience. How do big businesses manage follow up? With CRM (Customer Relationship Management) systems, like SalesForce®, and automated drip marketing. These systems allow you to set the standard follow-up cadence you want to adopt,

prompt you when it's time for a touch for that customer, and even send automated drip messages at designated times. Instead of having to remember to PULL that pending report and make calls when you think about it or have time (losing opportunities each day in between), the system PUSHES reminders to you when it's time for that particular opportunity. Here is a sample of a follow-up sequence we use in our office. There is, of course, a fine line between excellent follow-up and being pushy, so be careful not to cross the line. And remember, the sequence stops if the patient starts or doesn't want any more follow up:

1. If the patient doesn't sign today and they don't schedule the start while in the office, the TC offers to 'make themselves available' as described above. If a call isn't scheduled, the follow-up sequence kicks off.
2. 24-hours – follow-up call. If leaving a message, be sure to set expectations by saying 'If I don't hear back from you, I'll follow-up in a couple days'. This will make your next touch point more expected and less pushy.
3. 3 days (72 hrs) – text message
4. 1 week – 1st email + Phone Call
5. 2 weeks – text message
6. 4 weeks – 2nd email
7. 6 weeks – text message w/ promo tease
8. 8 weeks – 'LAST CHANCE' email w/ limited-time whitening promo or something similar

PART 3: A NEW FINANCIAL MANAGEMENT PARADIGM

During the recession, times were not so good in metro Detroit where I practice. From an orthodontist's perspective, doing things 'like we have always done' would've been a recipe for bankruptcy. In order to keep our doors open, we were forced to cross our fingers and become extremely flexible both with our down payment and with monthly payments. This required us to extend payment terms beyond the estimated treatment time. What we learned along the way shaped the way we offer financing in our office and ultimately some of how we modeled OrthoFi.

With the foundation of OrthoFi, we set out to test these principles across all markets and proved that the legacy gold standards are outdated.

The industry gold standard for collections has historically been 3% past 30 delinquency and 1-1.5% default. Some pundits have propagated the notion that extending payment terms beyond treatment time is bad, and that 50% of 'non-A' patient won't pay, are not profitable, and should not be sought as patients. In fact, we were called 'dangerous' and told that our financial principles were 'a recipe for disaster'.

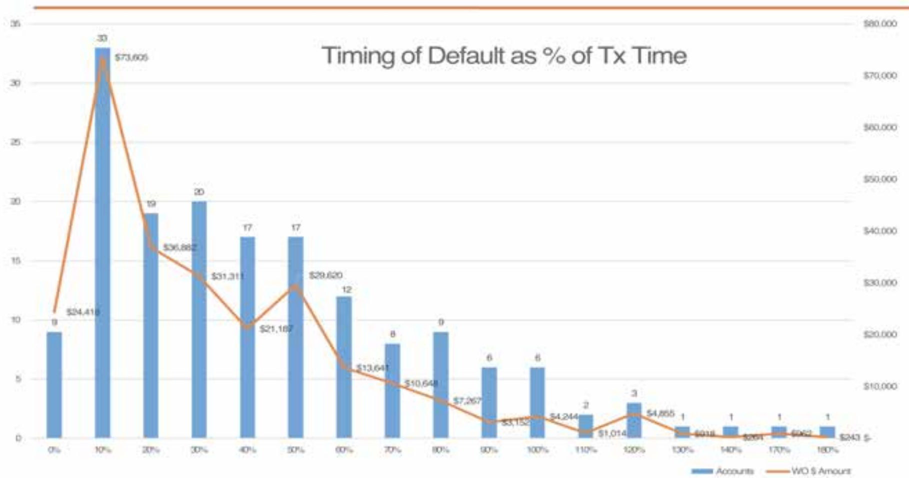
However, we've had a very different experience. We've seen rapid growth and a solid collection percentage. With the foundation of OrthoFi, we set out to test these principles across all markets and proved that the legacy gold standards above are outdated. In fact, in order to experience growth in the new orthodontic market, a new gold standard of financial principles must be considered:

PRINCIPLE 1: Offering a wide range of flexible terms doesn't have to compromise collection rate:
In today's market and economic environment, flexibility around your payment options is a must-have. Giving truly open choice and allowing people to be in control of their own terms stimulates practice growth. But many of you have asked me: how does that flexibility fare on the back end in terms of securing payment? OrthoFi currently manages over 40,000 individual payment plans and over $125,000,000 in patient receivables. Of that production total, 9,274 of those plans have been paid off or have reached term and should have been paid ($37,800,000 in production). The data shows the percentage of default still remains very low despite what would previously be considered 'risky' financial principles (Chart 1):

Complete Plan Collection Summary

# Default Accts	% Default Accts	$ Default	Default Rate ($)
165	1.8%	$264K	0.7%

CHART 1



GRAPH 3

For this discussion, we are considering amounts beyond 120 days as projected default. The industry average is around 1.5%, and the gold standard has historically been 1%. To clarify, 'default' is not synonymous with 'has paid nothing'. Also, 'default' does not define when in their payment plans the patient stopped paying as depicted in graph 3:

Graph 3 describes at what point along the payment plan the patient stops paying. The Y-axis shows the number of default plans and the X-axis shows at what percentage of the estimated treatment time the payment plan became in default. The orange line depicts the dollar amount written off at each stage of treatment. For example, if the original estimated treatment time was 18 months and they stopped paying for 9 months, the default would appear in the 50% bar above.

As you can see, almost all default – a staggering 95% – occurs WITHIN treatment time and NOT after. So the idea of limiting payment time to treatment time does not buy you much in the way of added security. It only limits your appeal. On average, $2,400 per patient was collected even when they eventually defaulted. Assuming a $5,000 average fee and a 50% operating margin, even default cases nearly break even, meaning that the average default case scenario isn't a true loss. You just didn't MAKE money on those exceptional few.

PRINCIPLE 2: If managed properly, higher risk plans/patients are still profitable:

Of the nearly 40,000 active plans, 10,833 are for terms longer than 25 months ($60,800,000 in production). At first glance, their default rate is higher than shorter payment terms. However, when you consider the interest income gained from these plans, the total default is substantially decreased.

# Default Accts	% Default Accts	$ Default	Default Rate ($)
418	3.8%	$1.6M	2.7%
	- Interest Earned = $786K		
	Net Default Impact = $814K		1.3%

CHART 2

Chart 2 shows $1.6M gross default, which is 2.7% of the total production for that group. However, remember that OrthoFi applies a low-interest rate for extended plans, designed to offset the incremental risk and splits the interest income with the practice. So when you add back the $786K interest that was earned by practices for those plans, the net default is cut nearly in half to $814K. This yields a 1.3% default for the extended plans, which gets us within the average industry default range, even for these most aggressive plans. So that's hardly significant enough 'risk' to avoid treating these patients. Besides, these 'riskier' patients are most likely incremental to the volume you're doing now, which means you're yielding a much higher Variable Contribution Margin on those cases. More on that in another column. When blended across all payment plans, the default percentage we see is still 0.7%, well below the previous gold standard and inclusive of the new 'risky' extended plans. So when managed properly, not only will your overall collection rate not decline, it may likely improve.

Everyone wants to grow, but not everyone is ready to grow. The data clearly shows that being accessible, persistent and flexible with patients can and will get you more starts.

CHART 3

WHAT IS PROPER MANAGEMENT?

Most offices batch their collection processes to where they make their calls on the 1st and 15th as they have time, but that batch process is not optimal for results. The key is to make sure every account is touched proactively from the very start on day ZERO of their delinquency and done consistently. In fact, the longer you wait to make the first touch increases the risk of passing 30 days when everything gets exponentially more difficult and uncomfortable. Once a patient is more than a month's payment in arrears, getting things back on track is harder. Chart 3 shows the 22-step protocol we have behind our collections, by days past due for each account. Every patient is able to choose their preferred date to withdraw payment for their convenience, which means we need follow-up action every day. Managed this way, it's possible to have 99.2% of your AR balance be current or within 10 days.

TURN ON THE SYSTEMS, TURN ON THE PRACTICE

As orthodontists, we prefer to focus on clinical treatment and our pet systems behind that. But your business systems also need some love.Everyone wants to grow, but not everyone is ready to grow. The data clearly shows that being accessible, persistent and flexible with patients can and will get you more starts. But you need great systems to seize the day every day and maximize your opportunities in a way that's sustainable.

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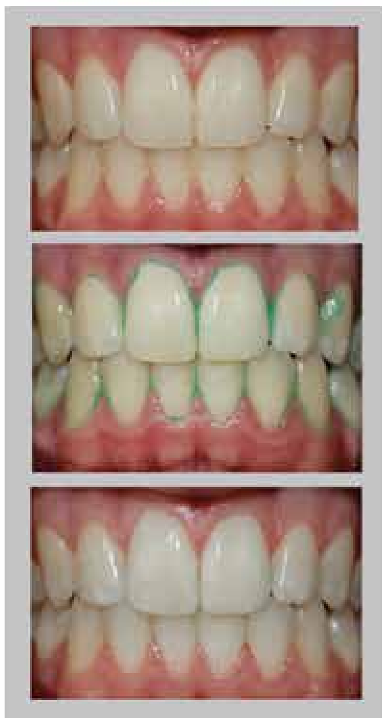

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BEN THERE DR. BEN BURRIS DONE THAT

THE FUTURE OF CLEAR ALIGNERS

By Dr. Ben Burris

We live in a very interesting time. The advent of SmileDirectClub has changed the game forever, but this is just the beginning and there will be a resulting chain reaction that is perpetuated for years to come. For example, by originally using Clear Correct for some of their aligner production and then moving on to work with Invisalign, SmileDirectClub has created a source of aligners and technology for others who want to imitate SmileDirectClub. Clear Correct certainly won't sit on their hands! There are rumors that 3M will release a clear aligner product at the 2017 AAO Annual Session. There were rumors that Ormco would release one at the Annual Session as well – but I have it on good authority that Ormco will not… yet. A SmileDirectClub imitator, Orthly, has recently come on the market and I'm sure it is just the first of many, many startups trying to capture the market that SmileDirectClub's success has unveiled. There is also an orthodontist created/owned company with hopes of playing at a high level in this space called Simply Fast Smiles. Even the "old man" of clear aligners, Invisalign, is changing things up massively by taking a substantial stake in SmileDirectClub, changing the way they do the Doctor Locator and offering special partnering opportunities and increased rebates for ultra-users of their product. Exciting times to say the least! So, who will win this battle to dominate the clear aligner marketplace?

Exciting times to say the least! So, who will win this battle to dominate the clear aligner marketplace?

EVERYONE. WINS. (OR AT LEAST EVERYONE HAS THE OPPORTUNITY TO WIN)

1. Customers/consumers/patients will win because orthodontic care – at least some version of straightening if not

comprehensive care (yet) – will become available to the masses, most of whom are locked out of orthodontic treatment by the traditional model.

2. Companies producing aligners will win because there is a demand that needs to be filled and that is good for their business. There is plenty of business for everyone. A rising tide raises all ships – and the amount of the market reaped by each company will probably be directly proportionate to their current brand recognition. In this way the rich (Invisalign and SmileDirectClub) will get richer but the other, lesser known brands will do just fine as well. Oh, and competition is a good thing!

3. Orthodontists who understand what is going on, what patients want, how to give it to them and how to reduce overhead and increase volume to harness the lower price point will win massively. Orthodontists who understand how to Modulate Service to Fit Price will find this exciting time very fulfilling and extremely rewarding.

SO WHO HAS THE POTENTIAL TO LOSE?

Orthodontists who don't understand what is going on or who insist that "you can't do that" because anything outside of their experience is bad. Unfortunately this is a very large percentage of our peers since Orthodontists Are Like Taxi Drivers for the most part and they are Mad at Invisalign for taking a stake in SmileDirectClub and for the other, recent changes.

Orthodontists who forget that some fishing lures are made to catch fish and others are made to catch fishermen… Just because a product or a business model is attractive to orthodontists doesn't mean it will be attractive to patients/ customers.

Orthodontists who think that they can compete with SmileDirectClub while still providing what they consider "quality orthodontics". I've had many, many orthodontists say that they think we should compete with SmileDirectClub by doing "better work" and doing attachments and IPR because "that is what patients want". Nothing could be further from the truth from where I'm sitting. This is confirmation bias in action and it's dangerous.

Orthodontists who are more interested in control or "doing things the right way" than in success. Things like white labeling Invisalign aligners to sell under a new brand will be problematic because one is paying full fare for the Invisalign brand and doubling up costs by trying to create a new brand. Or companies who think that they will win by touting "quality" orthodontists, "quality" treatment or "quality" outcomes to the consumers who are interested in SmileDirectClub. I'm not saying that providers or companies shouldn't do their best for each and every patient/consumer, I'm saying that upping the ante on customer expectations in this realm, with this demographic, with this delivery system is a very bad move. I'd be willing to bet that I've done as much or more doctor directed, remote orthodontic treatment as anyone on the planet so I am not speculating here. I'm speaking from experience.

"It's time to wake up and realize that things are changing. Also, please realize that it could be much worse! There is such a massive, untapped pool of customers/ patients out there who want orthodontics that we can easily make up for price/profit reduction on any given case by increasing our workload.

Orthodontists who don't understand that competition and lowering prices in orthodontics is a good thing for 99.9999999 percent of the population and those who refuse to up their production to make up for the loss of revenue/profit on any given case.

Orthodontists who forget that some fishing lures are made to catch fish and others are made to catch fishermen… Just because a product or a business model is attractive to orthodontists doesn't mean it will be attractive to patients/customers.

SO WHAT DOES ALL THIS MEAN? WHAT WILL THE MARKETPLACE LOOK LIKE IN 2, 5 OR 10 YEARS?

Who knows? Bill Gates famously said that,

> *"We always overestimate the change that will occur in the next two years and underestimate the change that will occur in the next ten. Don't let yourself be lulled into inaction."*

I suspect that the market will be flooded by a litany of new aligner brands, all backed by big bucks and all screaming for the attention of this massive, newly discovered client/patient pool. The overall impact will be a fantastic explosion in access to care and desire creation on the consumer end. In the short term (and probably in the long term as well) the two best-known clear aligner names (Invisalign and SmileDirectClub) will dominate because of their head start, brand awareness, logistics, capacity and finances, but there will be plenty of business for the others as well.

In traditional offices, we will see a significant decrease in the fees for traditional orthodontic treatment – especially in the more metropolitan areas at first – and this is a good thing despite what we orthodontists think about it. We orthodontists want lower pricing in all other areas of the American economy but we want the prices we charge for what we are selling to remain artificially high? This is totally illogical but all orthodontists agree that this is how it should be – however, democracy has no dominion over truth! It's time to wake up and realize that things are changing. Also, please realize that it could be much worse! There is such a massive, untapped pool of customers/patients out there who want orthodontics that we can easily make up for price/profit reduction on any given case by increasing our workload. What if that weren't the case?

What's that? You don't like the idea of having to work for your money? Well then, my orthodontic brothers and sisters, you have a long road ahead of you…

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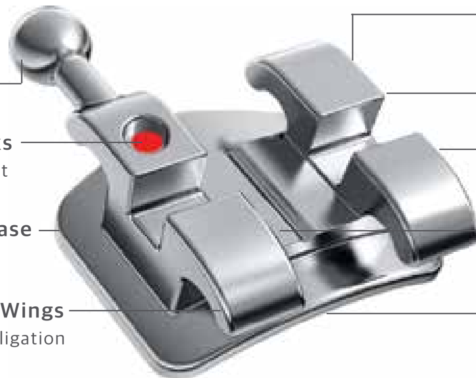

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