The Progressive Orthodontist

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Q3 2017

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– BY DR. COURTNEY DUNN

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EDITOR'S NOTE

Orthodontics is at a turning point in our history. Given all that has happened recently didn't think it possible but the rate of change is continuing to increase. I get the sense that there will big happenings in the orthodontic space in the next 6 months. I know of several DTC aligner companies that are on the rise and SmileDirectClub is getting ever more aggressive as their footprint grows. I anticipate knee-jerk backlash from the dental establishment now that they know DTC aligners are here to stay and I'm sure it will play out in state dental boards across the country. The opposition by orthodontists to this new delivery model has a lot more to do with protecting turf than with consumer wellbeing. Let's at least be honest about that. I'm afraid that the dental establishment will have to learn the hard way that you can't stop the tide of change. There are numerous examples of this change from analog to digital models and you'd do yourself credit to look into and understand how things play out. Orthodontics is not unique or special and what happened in other service industries, in other medical industries, will happen in our space. You'd be much better to use your time and effort to figure out how to thrive in the new landscape than to rage against the rising sun.

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The Progressive Orthodontist magazine and study group are your educational resources for new trends, progressive insights and best practices for building a successful orthodontic practice in 2017 and beyond.

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A MESSAGE FROM OUR AAO AFFAIRS EDITOR

Just as quickly as the orthodontic world is changing for both consumers as well as practitioners, the change is also sweeping across organized orthodontics.

As new chair of the Council on Communications (COC) at the AAO, I can honestly say that there is more change at the AAO leadership level now than ever before.

I have been involved with the AAO for over 6 years now, and for most of those years, many vocal AAO members have been demanding change. Well folks, it's here. I promise you.

There are big shake-ups at the very top. For example, the AAO is in search of a new Executive Director. DeWayne McCamish will serve as interim Executive Director, and I cannot speak more highly of this man. He is a voice of reason and has worked tirelessly to lead the type of change that we need as a profession. I have zero doubt that with him at the helm, we are bound to succeed.

The COC also has 3 new members, and they bring diverse backgrounds and voice to our Council. Our council is looking to keep our costs down by performing certain functions in-house that were previously outsourced to big firms. We will now look at outside vendors on a project-by-project basis, and look to hire the most qualified vendors for these specialized tasks. Much like we are specialists ourselves and we only do what we are trained to do, we will use this same school of thought in choosing the outside vendors with whom we work with.

You will also notice more fiscally responsible expenditures of Consumer Advocacy Program (CAP) money. In the past we focused on very expensive mediums, such as TV and print ads. Now we will turn our attention to the online, digital realm of marketing. By doing this, we can reach more consumers and spread our message more effectively.

Stay tuned for more updates as the revamped COC will be meeting in June to strategize for the fiscal year. We are loud, we are hungry, and we are eager to serve our membership better and bolder than ever before. Thank you for all of your input and for your voice. I promise you that you have been heard, and the best is yet to come.

Your Peer and Friend,

Anil J. Idiculla

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CLAUDIA EISENHUTH

Claudia Eisenhuth is studying economics and mathematics at the College of Saint Benedict and will graduate in 2017. She was selected to be an entrepreneur scholar and is applying to graduate programs this summer. Claudia writes with the intent of bringing behavioral economics and neuroscience into the applied realm of clinics, where these principles can be utilized.

LANDY CHASE

Landy Chase is the world's foremost authority on orthodontic case acceptance and has written four books on the subject which to date have sold over 5,000 copies. He specializes exclusively in improving conversion performance. For more information, or to buy his books, visit his company's website at www.orthoyes.com.

DR. JENNIFER EISENHUTH

Jennifer Eisenhuth DDS, MS is a board-certified orthodontist who began college intending to be a civil engineer. After her undergraduate studies were complete, she came to her senses, entering dental school at the University of Minnesota and upon graduation, began her orthodontic residency at the University of Minnesota, earning both a certificate of orthodontics and a Master's of Oral Biology. After a failed associateship, she borrowed $60,000 from a friend and started her own practice, paying this friend back within a few months. Since then she has started, bought and sold several practices in the Twin Cities metro area and will continue to do so as long as the fun remains. Her orthodontic practice won the "Best workplace 2014" by Minnesota Business Monthly Magazine and she was recently acknowledged by the University of Minnesota as a top entrepreneur.

DR. COURTNEY DUNN

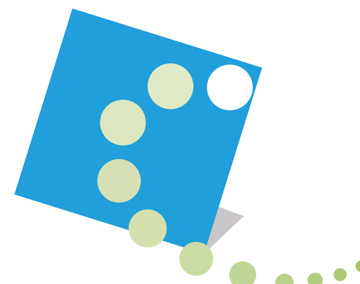
Dr. Courtney Dunn graduated from the University of Michigan Dental and Orthodontic programs in 2001 and 2004. She received the Milo Hellman award for her research and has presented at many local and national meetings. She is a diplomate of the American Board of Orthodontics, holds leadership positions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

DR. NEAL KRAVITZ

Neal D. Kravitz, D.M.D., M.S., is a Diplomate of the American Board of Orthodontics, member of the Edward Angle Society North Atlantic component, and clinical faculty at Washington Hospital Center. Dr. Kravitz is a graduate of Columbia University and received his D.M.D., from the University of Pennsylvania. He maintains three thriving orthodontic practices and one pediatric practice in Northern Virginia. Dr. Kravitz is a prolific writer and a passionate editor for numerous journals. He lectures internationally on treatment planning, practice management, ethics, and biomechanics, quickly building a reputation as one of the country's most dynamic speakers.

DR. ERIC PETERSON

Dr. Eric Peterson is an alumnus of Saint Louis University's graduate orthodontic program. He currently has a private practice in Flagstaff, Arizona, and is also involved with Winslow Indian Health Care Center's dental department as their clinical orthodontist/lecturer for their AEGD program. His love for his family, life and all things outdoors keeps him busy. He speaks fluent Spanish, loves to travel the world, and has a strange love for long distance trail running. He says that trail running draws so many parallels to life, and that you really learn a lot about yourself when you think your at your limit, but your not.



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DR. SERGEY BERENSHTEYN

Dr. Sergey Berenshteyn, a board certified specialist in Orthodontics and Dentofacial Orthopedics, member of both the American Dental Association and the American Board of Orthodontics, resides in Guilderland, NY with his wife Biana – a Family Practice PA, and their two children Emma and Joseph. Dr. Berenshteyn's goal is to have every patient leave with all the confidence that a beautiful new smile offers.

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.

DR. NONA NAGHAVI

Dr. Nona Naghavi graduated from University of Toronto school of Dentistry in 2004 and completed her Orthodontic Specialty training at Jacksonville University in 2011. She lives and practices in South Florida.

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DR. DWIGHT FREY

Dr. Dwight Frey graduated cum laude from the University of Michigan and Northwestern University Dental School. He completed a GPR program at the University of Colorado Health Science Center before obtaining his orthodontic degree from Children's National Medical Center in Washington DC. Dr. Frey has previously been a member of the Invisalign Innovation Leadership Panel, a contributing author to the Dentaurum TAD Clinical Reference Guide, and currently lectures nationally on the topic of esthetics in orthodontics. Dr. Frey enjoys teaching and creating beautiful smiles at his practices in the Western Chicago Suburbs of Naperville and Algonquin IL. In his free time, Dr. Frey prefers to be knee deep in snow on skis in the mountains, golfing with friends, or spending time with his lovely wife and three children.

CHRIS BENTSON

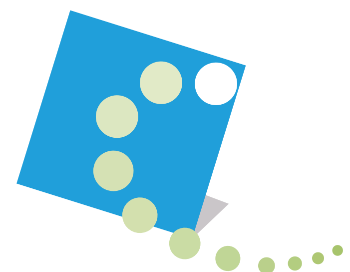
Chris Bentson is a partner of Bentson Clark & Copple, LLC and serves as Editor--in--Chief of the Bentson Clark reSource. Bentson Clark & Copple exclusively provides services to orthodontists, and the reSource is an extension of the company's commitment to provide valuable business information to orthodontists 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).

Chris personally visits each client office and 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.

DR. MO KORAYEM

Dr. Mo Korayem is a 2003 graduate of the University of Saskatchewan College of Dentistry in Saskatchewan, Canada. He served as a Dental Officer with the Canadian Forces for several years before returning to grad school at the University of Alberta where he completed his orthodontic residency and MSC-degree in 2011. He currently maintains a private practice in Airdrie, Alberta, Canada.



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Handbags, Shoes and the Orthodontic Market

By Chris Bentson

My gut and experience tells me that most of you think you attract the upper mid-market consumer to your practice. Many make the leap and would characterize your practice to others as a "luxury brand". We've written and presented a fair amount of information on the importance of understanding your market position (value, mid-market, luxury) and as Ben has often written, modulating your fee and expenses to the segment of consumers you are wanting to attract is important. We can all learn something from the experience the upper-mid market and luxury retail sector is moving through, a recent acquisition of a high-end handbag and shoe company serves as a good case study.

I remember buying my wife a pair of Kate Spade shoes from Nieman Marcus back in the early '90s. We didn't have much money back then so $200 bucks for a pair of shoes seemed extravagant. My wife is not a high fashion girl, but she loved those shoes and knew what the brand meant: high-end, I'm special, these are unique, not many of my girlfriends own a pair of these. So I read with some interest a story in the Wall Street Journal recently titled "Coach Goes Younger In Nabbing Kate Spade". Coach Inc., agreed to acquire rival Kate Spade & Co. for $2.4 billion, as the handbag and accessories maker seeks to tap younger consumers amid slower growth in the handbag market.

Four comments grabbed my attention as I read the story of this acquisition:

1.) Handbag sales are lagging as women have traded down to smaller, less expensive purses, and aggressive discounting both in stores and online has pressured profits (sounds eerily like our orthodontic market).

2.) Kate Spade has the highest penetration among millennials said Coach CEO Victor Luis. Millennials offer a market that is substantial in terms of size and allows us to recruit younger customers. Millennial's account for about two-thirds of Kate Spade's shoppers. Wow. We've been talking about millennials a lot in our writing and presentations. Their force in the high-end market is starting to be flexed and seen in many businesses. I also just read that millenials are crawling out of their parent's basements and buying new homes in numbers not seen for a decade. They are smaller homes, 2,400 square feet, but they are not renting they are buying. Millenials are the largest generation since the boomers and will be the mother's of your future patients. We all need to understand how they buy, and acknowledge they make purchases differently than Boomers, Gen X, and Gen Y consumers.

3.) The North American handbag market has slowed to about 2% annual growth from as much as 15% growth six years ago. (Growth is hard, around 4% is the average growth last two years in orthodontics). Coach has responded by targeting a slightly older and wealthier client with higher-priced bags. Sounds like the growth strategy that is being implemented by many practices; focusing on well healed adult patients as the primary practice growth driver. The leading patient growth population is adults in the data we are seeing and is predominantly being driven by Invisalign according to data from Gaidge, Inc.

4.) The high-end market will see more consolidation (there's that dental buzzword of our day). Significantly, Neil Sanders, managing director of the research firm Global-Data Retail says: "If you want growth in North America, you will have to

make an acquisition, because the market is saturated." (Sounds like high end orthodontic condition to me). Coach already made a pass at Burberry Group, PLC but was rebuffed. They have also been rumored to be looking at Jimmy Choo but that deal may be too rich on the heals of the Kate Spade purchase.

"Whether you are a handbag or shoe aficionado, the orthodontic market has some lessons to learn from the Coach acquisition of Kate Spade."

The take-aways and similarities to the high-end orthodontic market are plentiful in my opinion. We are seeing older, high-end orthodontic practices struggling to grow and not understanding the millennial consumer as well as their younger competitors. We are seeing the millennial consumer growing in their ranks and believe they represent the future of the high-end orthodontic space. However, millenials do not hold institutions or traditional places to do business in high regard or esteem just because they exist; the millennial consumer wants personalization, a cool-factor, and to be communicated with differently vs. yesterdays high-end consumer. We are also in a slow growing economy with low single digit orthodontic growth over the last eight years or so. Growth by acquisition is a way of expanding an orthodontic practice's footprint; and often brings much faster positive results to orthodontists vs. trying to grow organically in their current "stores". Lastly, regardless of your geography, acquiring within your same market position is important. We don't see high-end or luxury type practices purchasing value driven or insurance practices; stick to your knitting.

Whether you are a handbag or shoe aficionado, the orthodontic market has some lessons to learn from the Coach acquisition of Kate Spade. Are you you speaking to the needs and wants of millennial shoppers or have you adopted the strategy of seeking a "slightly older and wealthier orthodontic consumer"? Not a bad strategy, but one that needs to be coupled with changes in your practice that speaks to the growing segment of millennial consumer who buy differently and won't choose you just because you have a twenty plus year run as "the place to get orthodontics" in your drawing area. Perhaps too, there is an acquisition you should be considering? Growth by expanding your footprint is a strategy we are seeing that hedges practice owners against the average growth trend in the specialty and a slow growing economy. Change is hard, the right change is harder – but growth is often the result.

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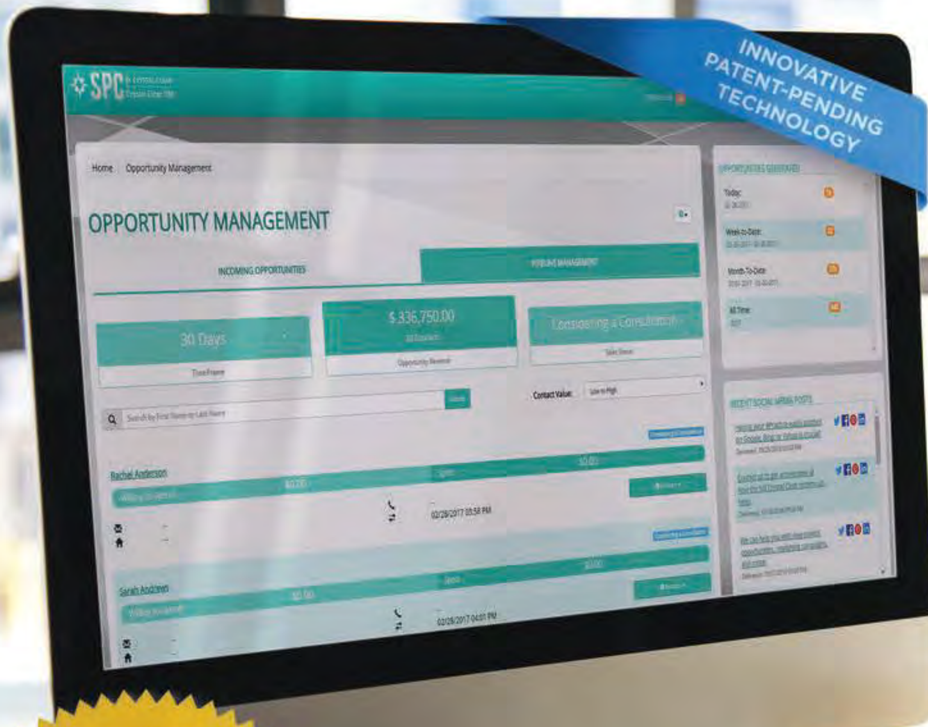

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HOW TO MEASURE YOUR CONVERSION RATE

-and how not to

By Landy Chase

To arrive at a monthly practice conversion rate, it is a common procedure for orthodontic practices to take the total number of visitors for the month, compare that figure to the number of patients that were started, and call the resulting percentage the month's conversion rate.

The top number here has value to the extent that it tells you how well your marketing is working, but for purposes of measuring your skill in converting patients, this formula, as I see it, is virtually worthless.

THE PROBLEM WITH INCLUDING OBS CASES

There's a reason I feel that way. I realize that many people within orthodontics tell you to include OBS cases in your monthly numbers, but that approach doesn't make sense to me, and it never has. In fact, I suspect the main reason this is done this way is because nobody seems to know what else to do with these people before they become patients, they need to be accounted for somewhere, and so they show up here, in your conversion numbers.

But they aren't ready to start treatment. So there has to be a better way.

My purpose here, as in other areas of my work within case acceptance, will be to apply some business logic to this issue and do three things: define what matters when measuring case acceptance, account for the fact that some visitors are not yet ready for treatment when they visit your practice, and incorporate delayed-start or "pending" cases in your numbers by framing them as a measurement of your ability to persuade visitors to start.

First, let's define what our focus is. When it comes to case acceptance, the question of success is simple and singular: how effective are you – mainly, you and your Treatment Coordinator - at persuading visitors who are ready to begin treatment to do so? (It's called "case acceptance" for a reason). If you want answers to your conversion challenges, this is the only question on the table, and the more closely your measurement data adheres to this question, the more useful the data that is produced to answer it.

This is why visitors who go into observation are not a part of the answer. Yes, OBS and other non-ready visitors are the lifeblood of the future of your practice, and you and your team should have a process in place for managing those opportunities to closure. In a moment we will also discuss how, and when, they do become a part of your conversion rate calculation.

But they do not belong here. And when you muddy the case-acceptance water by including unconvertable cases in the effort to convert, you unfairly penalize yourself, and especially your TC, by including people in the measurement who cannot start and whose only role here is to negatively skew your numbers. Put another way, with OBS cases included, variations in your monthly conversion rate may well be a reflection of how many small children happened to come in each month, and little else. This information is therefore not very useful.

So, if they don't belong in your conversion numbers, what do we do with the OBS cases? These patients represent the future lifeblood of your practice, and they are a critical area of the practice to monitor and manage. However, they are, for conversion purposes, a non-issue until they are ready to start. This group should, therefore, be separated and managed as a separate 'silo' of your business until such time as they are convertible, i.e. ready for treatment.

Then, at the time that your OBS cases are finally ready for treatment, fees are presented. This act – presenting recommendations, fees and payment options – is the litmus test, the proper way to incorporate this group of people into your conversion numbers. Once fees are presented, the former OBS case is "live" and the conversion opportunity is "in play"; it is now a factor in your conversion rate. Now, and only now, does the case go into the practice's and the TC's conversion numbers.

So think of OBS as a 'holding tank' for future conversion opportunities – ones that get fed into your conversion process when the patient is actually ready for treatment and can say "yes" or "no" to what you are recommending. Until that time, they serve no useful purpose in calculating your conversion rate.

THE BACK-END: HOW TO INCORPORATE PENDING CASES INTO YOUR NUMBERS

The other issue in conversion measurement is how to incorporate the fact that families don't always make a prompt decision on the day that fees are presented. How does a practice incorporate the issue of pending starts into a measurable number each month?

Here again, I will draw on my past experience in the corporate world, since, as in many other ways, the conversion process that your practice experiences closely mirrors the sales cycle of a typical business.

> *"That is what you can control, and that is what matters, for that is where improvements can be made."*

If we continue our adherence to the idea that your conversion rate is a reflection of the skill of your team, there is going to be a window of time – albeit a short one - following the meeting in which those skills are a key decision influencer. Put another way, after a certain period of time – I suggest 30 days from the day fees were presented - any influence that you and your TC had on the family's decision process will have completely evaporated. (Case in point: how much do you remember about meetings you had a month ago?) Patients that start after that period of influence has passed do so thanks to a combination of good luck, good timing, and a fair wind. Yes, it does happen, and they are always welcome – in the business world we would call this a "bluebird" start – but they don't happen because of what you and your TC did in the consultation meeting. As such, these starts should be measured differently. Remember, we want to know how effective we are at persuading visitors to start treatment at our practice, not just how many people started treatment.

How do we do this? I suggest segregating your new-patient starts into two sub-categories: those that started within 30 days of the fee presentation meeting, and those who started after the 30-day influence window closed. This second group can be called House Starts; they are not included in your team's conversion effort measurement. Yes, this is good business; however it is business that was not generated as a result of your consultation process, so it is treated as a separate source of new cases – the "bluebird" starts.

By combining the two categories together, you can see what you are attempting to see now with your current measurement effort: what percentage of people start treatment at your practice. By looking at them separately, however, you can also see how effective your new-patient consultations are in motivating visitors to start treatment.

That is what you can control, and that is what matters, for that is where improvements can be made.

One caveat: for the September-to-January annual time period, make a special exception for your TC to account for the flexible-account/FSA/HSA families that begin visiting around that time and start in January.

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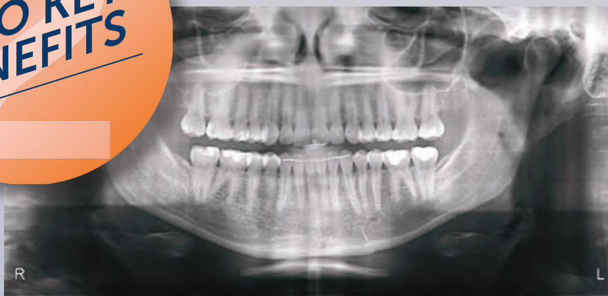

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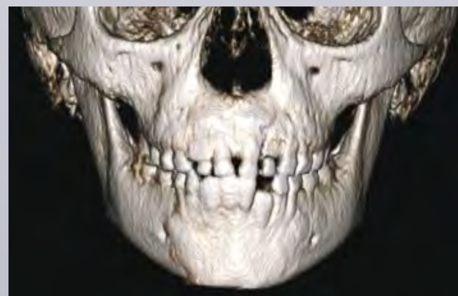

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WHY I CARE ABOUT MINDSET

By Dr. Courtney Dunn

It's a common complaint that there is inadequate business training in dental school and we all realize that fact as we try to open a practice or transition in to something existing. But, when we think about our lack of expertise, the things that come to mind deal more in the realm of accounting, contracts, marketing and law. In addition, we sometimes long for training in general contracting, information technology and computer science! With intensive self-study, the day to day aspect of running a business well can be learned. I highly recommend this, and I encourage you to look outside of the dental arena. This way you can learn a lot about general business related concepts and see how they can apply to your practice. Despite what you may think, many of these concepts are not only applicable, but are better than what a "typical" dental practice does. But, the single most important thing I have realized is that mindset makes all the difference.

"If you don't have the proper mindset, your goals won't be set to maximize your fullest potential."

What is mindset? It's simple and complicated all at the same time. Although goals are a part of mindset, it's just one part of the puzzle. If you don't have the proper mindset, your goals won't be set to maximize your fullest potential. So here are a few tips to learn how to adjust your mindset for business:

"What kind of self-talk will propel you to grow your practice to new heights? Constant positive self-talk and affirming statements to staff will have a lasting effect. You will begin to believe that you can do whatever you set your mind to."

POSITIVITY

This one is particularly difficult for me. As a younger doc, I opened two offices from scratch and spent many of my early years practicing in the Great Recession. As an unestablished practice in a particularly hard hit area, it was very hard to maintain a positive outlook. My brother nicknamed me "Dr. Doom" because I was constantly moaning and groaning about my hardships and struggles. This attitude was probably just as destructive to building my practice as the housing market crash and the unemployment numbers. A positive mindset changes you and more importantly changes everyone around you. Think about it. What kind of self-talk will propel you to grow your practice to new heights? Constant positive self-talk and affirming statements to staff will have a lasting effect. You will begin to believe that you can do whatever you set your mind to.

ABUNDANCE

What would your outlook be if you considered there to be only a finite number of patients in your area? And they have a finite amount of money to spend on dentistry and a finite number of times they are willing to see you etc. These self-imposed limitations will make your soul heavy and will crush your ambition. Your mind will instantly turn colleagues in to competitors. It can also cause you to become bitter and angry over minutia. Consider this scenario: How would you market yourself if you thought there was a limited number of people wanting dentistry? Now what would you do if you saw limitless patients? The abundance mindset seems to be a very difficult one for dentists to learn because we are competitive by nature. But, if you adapt, you will see the world in a different light. Each patient "lost" is not a crushing blow, but just part of the natural flow of things and that person will be replaced by another and then another. By adopting an abundance mindset, people will see the difference in you and will be attracted to your outlook and thus will bring abundance.

CHANGE YOUR CHOICE

"By adopting an abundance mindset, people will see the difference in you and will be attracted to your outlook and thus will bring abundance."

DETERMINATION

Being determined and holding an intense belief that you can do is key in mindset. You have to remember that mindset is like a self-fulfilling prophecy. If you think something isn't possible, then it will never be possible for you.

For example, if you think it isn't possible to relocate your practice, you will never relocate. If you think that patients will never come to you for a certain procedure, they won't. But if you use your positive thinking and follow through with determination, great things will happen in your practice. But, intense follow though is the key. Your goals must be met with relentless hard work to make them happen.

BE UNCONVENTIONAL

Why do you do the things you do in practice? Have you ever really thought about it? Many inefficiencies in offices are based on long standing traditions in that particular office or because everybody does it that way. It's difficult to break the mold in a relatively conservative profession, but different is good and can be a key to success. Because you've never done something that way before, or the new way might cause a little craziness are not legitimate reasons not to change. Explore the systems in your practice and make sure they are in place for a bigger reason than that's always the way we've done it.

"Why do you do the things you do in practice?"

I hope that I've given you a few things to think about. Mindset is difficult to define and even more challenging to change, but I promise that if you change your mindset you will change your life.

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A Life Orthodontic

By Dr. Marc Ackerman

"Damn Mom, I've got my headgear on!"
Sixteen Candles, 1984

The iconic John Hughes films of the 1980's captured the spirit of teenage angst and the themes of coming of age during that period. Braces are a teenage rite of passage and make an appearance in almost all of these movies. In Sixteen Candles, Anthony Michael Hall's character wakes up startled in the back of a Rolls-Royce convertible and before he opens his eyes he utters the unforgettable line, "Damn Mom, I've got my headgear on!" Would any teen strap on their headgear after a night of partying and adventure? Probably not. I'd say that the joke cuts two ways; it was a dig on the nerdy stereotype and it was also a dig on the orthodontist for prescribing such a silly looking, old fashioned device in the big 80's.

Fast forward to my orthodontic residency a decade later in the 1990's. I will change the name of the program to protect the innocent. At Beastman, we learned about the "best" appliance for Class II division 1 correction. Let's call it the Beastmaster which consisted of a headgear, bite plate, and lip bumper. As if the headgear wasn't fashion forward enough, the lip bumper added a primitive look as shown in the National Geographic article on the Ubangi tribe in Africa. I think that I provided this ensemble to at least ten or so kids during those two years. I graduated thinking that I was ready for suburban practice albeit as though it were 1950!

I left residency and went into practice in Bryn Mawr, an exclusive suburb of Philadelphia. It became really clear, really fast that the appliance systems we were taught in residency were nonstarters with a socially and technologically advanced patient base. Early on, a mother of a prospective patient noticed an old 1970's styrofoam head with a cervical headgear on the shelf in my consult room. The mom exclaimed, "I had to wear one of those when I was a kid, you can't still be using those torture devices?" I don't recall what witty retort came out of my mouth but I do remember taking that display item to the dumpster at the end of that day. Patients want less hardware, less discomfort, less time, and certainly no impact on their social standing with peers.

Perception is reality. Orthodontics in popular culture is still portrayed the way it was in Sixteen Candles 33 years ago. Anyone see the 2010 Katy Perry video for Last Friday Night? Nuff said. Orthodontists are not doing the specialty any favors by using cumbersome, antiquated, or socially unacceptable appliances in 2017.

Wouldn't you rather see a Hollywood star take off a set of Invisalign in a Super Bowl ad?

So why do orthodontists keep giving the creators of pop culture more fodder for orthodontic parody? I am not sure but I'm looking into it. Until the next issue, enjoy your life orthodontic...

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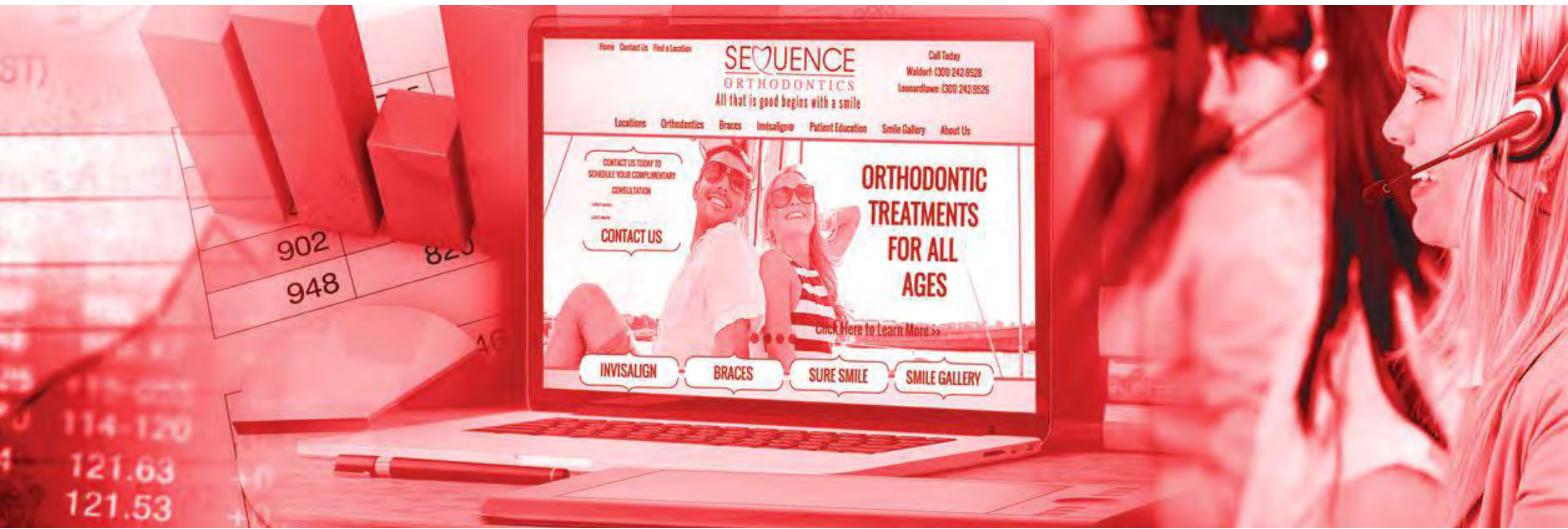

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Based on recent excitement among orthodontists, some think the profession is doomed. Nothing could be further from the truth. While it's vital to explore what is coming in the future it's also important to understand that orthodontists all over North America are doing better now than ever before. How are some orthodontists thriving while others struggle? Mindset is the key. In this issue we visit with two massively successful orthodontists in the hope that their example will inspire others. Enjoy.

Featuring Dr. Jennifer Eisenhuth and Dr. Kyle Fagala

Interview with Dr. Jennifer Eisenhuth

Jennifer Eisenhuth DDS, MS is a board-certified orthodontist who began college intending to be a civil engineer. After her undergraduate studies were complete, she came to her senses, entering dental school at the University of Minnesota and upon graduation, began her orthodontic residency at the University of Minnesota, earning both a certificate of orthodontics and a Master's of Oral Biology. After a failed associateship, she borrowed $60,000 from a friend and started her own practice, paying this friend back within a few months. Since then she has started, bought and sold several practices in the Twin Cities metro area and will continue to do so as long as the fun remains. Her orthodontic practice won the "Best workplace 2014" by Minnesota Business Monthly Magazine and she was recently acknowledged by the University of Minnesota as a top entrepreneur.

PROORTHO: WHAT TECHNOLOGIES OR SERVICES ARE INTERESTING TO YOU LATELY?

EISENHUTH: The ability to scan and print a model within our office is intriguing on many scales---anywhere from using the model for an appliance, or having a historical scan to be used to replace a lost retainer. I like the idea of an in-office 3D printer for this to avoid having yet another company charging me per head for this service. As these printers become even more streamlined and adept, I foresee needing multiple in-office printers to keep up with the demand.

PROORTHO: WHAT'S YOUR PRIMARY FOCUS FOR 2017?

EISENHUTH: My primary focus for 2017 is to rebuild my leadership team. An effective, positive leadership team allows my days to run smoothly and creates such a remarkable environment that work seems more like fun rather than a job. My largest referral source are current patients, and with a solid leadership team, our customer service will be more consistent to maintain these referrals.

PROORTHO: WHAT DO YOU SEE HAPPENING IN ORTHODONTICS IN THE NEXT 2, 5 AND 10 YEARS?

EISENHUTH: Orthodontics today will seem like the ice age in a decade. I see more and more people using improved technology to either avoid doctor visits altogether, or minimizing visits where feasible. Remote orthodontics will become a norm.

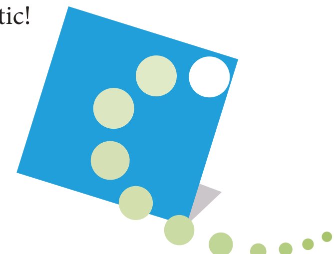
"I think its important that my kids pursue their passion, whether it be dentistry or marine biology. I fully believe in the saying "Do what you love, love what you do."

PROORTHO: WILL YOU ENCOURAGE YOUR KIDS TO GO INTO DENTISTRY/ORTHODONTICS IF THEY SHOW AN INTEREST?

EISENHUTH: Definitely. I think its important that my kids pursue their passion, whether it be dentistry or marine biology. I fully believe in the saying "Do what you love, love what you do."

PROORTHO: WHAT ADVICE DO YOU HAVE FOR ORTHODONTIC RESIDENTS?

EISENHUTH: Hope you're a fan of plastic!



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Interview with 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.

"I started two cold start practices in the span of 3 years, so I'm very excited to finally start paying off some debt!"

PROORTHO: WHAT TECHNOLOGIES OR SERVICES ARE INTERESTING TO YOU LATELY?

FAGALA: I'm always looking for new digital tools that will make my practice run smoother and more efficiently.

I've spoken about the app Slack several times already, but I believe it's the best option for connecting your team digitally. It's an amalgam of text, e-mail, and chat and it's also free to start, with reasonable fees down the line. You can also keep clinical, admin, marketing, and water cooler conversations separate, which is nice.

I'm a big proponent of Lifeline from Dentma. It helps automate the no-sale process for your TC and gives them the ability to text patients from within their e-mail. The program pays for itself if you start one additional patient a month, and we've easily eclipsed that each month since we started Lifeline last July.

Online chat has somehow become a controversial topic, but we love OrthoChats. I do not get paid to say this, but the value is absolutely there if you have good organic traffic to your website. We get over 20 leads a month and over 200 service chats a month. Plus, the team is excellent and honest, especially the owner Scott.

The only thing I bought at this year's AAO was a subscription to EasyRx. We haven't implemented it yet, but it helps manage and track all your orthodontic lab prescriptions. It also has a module for one-step preparation of .stl files which will be a huge feature for offices that have 3D printers.

I would be remiss if I didn't mention my company Neon Canvas. I believe we are building the best websites in the orthodontic space and have an excellent team dedicated to growing orthodontists' digital footprint through SEO and social media marketing. I'm currently in the process of rebuilding my website and can't wait to show it off in a few months.

PROORTHO: WHAT'S YOUR PRIMARY FOCUS FOR 2017?

FAGALA: I am focused on tightening up our systems while continuing to provide the best possible patient care. I started two cold start practices in the span of 3 years, so I'm very excited to finally start paying off some debt! Lastly, and most importantly, I want to focus on spending more quality time with my family and I'd like to lose 15 pounds.

PROORTHO: WHAT DO YOU SEE HAPPENING IN ORTHODONTICS IN THE NEXT 2, 5 AND 10 YEARS?

FAGALA: Wow. Where to begin?

I definitely see intraoral scanning and 3D printing changing our industry. It won't be long until we are digitally planning tooth movement and printing clear aligners in-house. We'll also be able to print labial and lingual brackets on IDB jigs. Of course, how cost-effective and efficient these systems are will determine how relevant they become, and how soon.

Another given is the impact that corporate dentistry will continue to have on our profession. Fewer and fewer dentists will refer patients outside their networks while more and more orthodontists will both sell to and start to work for DSOs.

Direct-to-consumer offerings like SDC may potentially bring down the perceived value of orthodontic treatment, causing fees to drop, at least as it pertains to clear aligners. I tend to think that the combination of SDC and DSOs will cause for a reduction in the average case fee across the country. In response, orthodontists will need to find ways to reduce overhead by spending less on supplies and (somewhat ironically) technology, while sharing space (and patients) with other specialists.

"It's extremely important to know how to straighten teeth and align bites, but it's the other aspects of running a practice that will make or break you. Be sure to thank every single doctor who dedicates his or her time to invest in your education - even the doctors you disagree with."

PROORTHO: WILL YOU ENCOURAGE YOUR KIDS TO GO INTO DENTISTRY/ORTHODONTICS IF THEY SHOW AN INTEREST?

FAGALA: I absolutely would. Despite the changes our profession is going through, I'm ultimately an optimist who still sees orthodontics as one of the best professions out there. Time will tell if the speciality of orthodontics weathers the storm, but even if it doesn't look and feel like it used to, people will continue to want straight teeth in increasing numbers. I do believe that orthodontists who are patient-focused and who market themselves well will continue to be successful for a long time.

PROORTHO: WHAT ADVICE DO YOU HAVE FOR ORTHODONTIC RESIDENTS?

FAGALA: Join as many Facebook Groups as you can and start learning about business, marketing, HR, and all the topics you won't learn very much about in residency. It's extremely important to know how to straighten teeth and align bites, but it's the other aspects of running a practice that will make or break you. That being said, there is plenty to learn during residency. Be sure to thank every single doctor who dedicates his or her time to invest in your education - even the doctors you disagree with. Remain humble, be generous, and never lose your desire to learn and grow once you graduate.

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Kyle Fagala, DDS, MDS
Owner Saddle Creek Orthodontics

"I've never known a TC (myself included) who didn't need **a little extra help** on the follow up."

Anna Fagala, Office Manager
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The Creation of a Team
After of the Destruction of a Team

By Dr. Jennifer Eisenhuth

Twenty-sixteen was not a kind year for my team. Circumstances largely beyond my control threw our team into a tailspin. Within a few months, I had a scheduling coordinator move to Seattle, a treatment coordinator not return from maternity leave, and another TC move to Kansas City. My clinical lead stepped into a TC role, which was great, but then left my clinic without a lead. We discovered that my financial lead had neglected to charge patients --*several patients*-- for their treatment, so we had to let her go. To top it off, my other receptionist who has been with me for 17 years announced that she hopes to retire in 2017. Things are looking seriously grim from the top.

I believe in the value of sharpening the team saw and we hold weekly lead meetings to teach our leads how to maintain the integrity of our culture and trickle down information in a tribal-leadership type of manner. We've held these meetings for years and they have evolved into being one of the favorite hours of my week. And now? It's pretty tough to hold a leadership meeting when I am the only lead remaining. It would be a leadership meeting of one. One. Just me. The original lead responsible for creating a team and ultimately developing our leadership team as well.

So here I stand, with all of this talent in front of me, trying to determine how to find people to fit into this rapidly changing puzzle of my team. And what a ride it has been so far. We hired an assistant who left after a few weeks, telling us that orthodontics sucked. Sucked? Ouch. We hired a woman who couldn't see the computer screen without tipping her head way back as though she needed CPR. We hired a team member who packs a gun. A gun! Seriously?! We had to change our office manual to read "This clinic does not allow guns on the premises for any reason." And she left because apparently, she really needed to carry that gun. We hired a team member who rushed out every afternoon because her second job was answering calls all night from men who had, hmmmm, questions they needed help with. And those callers paid her better than any orthodontic clinic ever could.

So after the fiascos of late, and in my leadership meeting of one, tthis is what I have come up with when looking at the creation of my future fantastic team.

And I know that this new team of mine is going to be just as phenomenal because there is no alternative. It is my responsibility to create this and I am up for the challenge. In my creation, these are the irrefutable traits that I search for in hiring new team members:

A GOOD HEART.

I cannot stress this enough and that is why it is number one on the list. I can work with anything except someone who doesn't have a good heart. I can train you, I can mold you and I can help you evolve into a strong treatment coordinator, an incredible clinical assistant or the most amazing scheduling coordinator ever. But it all starts with a good person with a good heart and it will grow from there. If you don't walk in the door with one, I'm only going to bang my head against the wall trying to mold you. I hired an assistant once who would go out with the team for lunch, ask the cashier for a cup for water and then fill that cup with soda. Essentially, she was cheating the restaurant out of the revenue for a soda, time after time, while representing us by wearing a shirt with our logo on it. And once I heard this story? I was out. I can't teach someone to be good and honest. I can only ask you to leave if you show me that you are not.

LOVE ME.

Or at least like me a little. Or maybe even pretend that you like me and hide that skepticism under a rock. I realize I am difficult. I realize that I'm asking you to think outside of your box or move in a direction that doesn't feel comfortable, but let's go with the knowledge that I take care of those who take care of me. Demonstrate that you have my back when a difficult parent asks a difficult question or a PCD asks any question at all. Support who you work for and support your team and we will always support you. Until you stop. And if you stop, if you hang us out to dry or not care how we appear to our patients, I have no choice but to ask you to leave. I don't care if you are the best assistant to walk the floor of my office. If you don't have my back, you're useless to me and I can't keep you around. How do I know this? Because I've kept the haters in the office because it seemed easier to deal with them than to train someone else. Huge mistake. These people suck the life out of the culture of a team and don't deserve to be a part of it.

"And if you don't want to do it? Get out of my way because I'm about to knock you over on my way to running an ad for your replacement."

LOVE WHAT WE DO.

Love it. Own it. Breathe it. I realize we aren't saving lives or curing heart disease, but this job of ours is pretty awesome and making people happy can't be anything but fantastic. We take something unattractive that doesn't work like it should and make it better. There should be joy in this. There should be confetti and balloons and celebratory music. There should be some realization that while we don't save a life, we can definitely change a life for the better and that's at least worth a healthy nod of approval. And do I need your approval? Absolutely. Did you read number 2? Post something on facebook about how exhausting your job is and how you can't wait for the weekend isn't endearing yourself to me. I don't imagine this job of yours is going to be exhausting you for too much longer.

REALIZE THAT TOGETHER, WE CAN MOVE MOUNTAINS.

Because I truly believe that we can. We can take an average conversion rate and blow it through the roof. We can review an expected accounts receivable report and shave it down a few more fractions-of-a-percentage. We can take a scowling parent and have them laughing by the end of the appointment. Yes, we can put on another set of braces even though we are running late and there is no light at the end of the tunnel. Let's do it! And if you don't want to do it? Get out of my way because I'm about to knock you over on my way to running an ad for your replacement.

CHECK THAT NEGATIVE ATTITUDE AT THE DOOR.

Or better yet, bury it in your backyard. It's exhausting and it drains the whole damn team. I'm thankful when I hold an interview with someone who complains about their previous employer. That is a gift. Thank them for their time and mark their resume with a big NO using a sharpie. However, I have been fooled with a poor attitude wrapped in a great one far too much. I'll hire someone who has pep, energy and smiles and yet somehow, will walk into the office on her third week with a thundercloud that never seems to leave. We had a new receptionist who, after learning that she had to clean the kitchen area on a weekly basis told the team "I wasn't hired to be a janitor." She didn't last the week. I don't know if it is their homelife or the way they were raised or just a general "my-life-sucks" frame of mind, but whatever the source, I haven't been able to overcome this trait when I find it in a team member. I need the positivity. I need my team to be cheerleaders for those times that I am not. Their enthusiasm drives my own and allows the days to run more smoothly for us all.

I've made hiring mistakes. Several. We probably all have. But don't beat yourself up if you've made one (or two, or ten), because ultimately, your team is a work in progress. And you will make some pretty incredible hires as well. It is these misjudgments that allow us to determine what traits we need to find in successful team members. Plus, these very mistakes will give you something to laugh about later. I promise. In 2018, I'll be laughing about this. Right?

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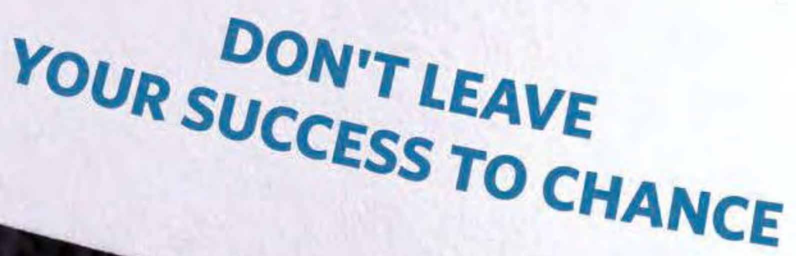

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CLEARED FOR TREATMENT!

By Dr. Sergey Berenshteyn

Over the last few years, I have spent a lot of time thinking about how we practice orthodontics, how we treat the parents of our patients, and how we treat the patients themselves. The treatment goals we set for the patient, the demands we make of them, and the obstacles to treatment we put in front of them.

Frankly, I have boiled my practice down to a very simple and predictable system. I ask the patient for their motivation for seeking treatment, I conduct a quick clinical exam to make sure that I can deliver, and then I get the patient started. Records and usually same day bonding if time permits. Recently, as my practice has grown, I've run into a new issue: Doctors who want to obtain a dental clearance prior to initiation of orthodontic treatment.

We've all had the faculty in residency who won't even look at a patient until they've been cleared by their general dentist, periodontist, Rabbi, priest... whatever, you get the point. Sometimes, I wonder how they even survived in private practice. I mean who knows, maybe they didn't.

> *"There are very few indications for an actual clearance prior to initiation of orthodontic treatment."*

I personally do not send any patients for a dental clearance unless it is absolutely necessary. Not only do I think this is unnecessary, but I also feel that it is a disservice to the patient.

Just

How so do you ask? Am I really that greedy that I just want to get the contract signed and the braces on? I mean really, what's the rush. After all, isn't it better for everyone if they go see their GP one more time before they start?

> *"Every patient that walks in the door, usually walks in for a specific reason and it is our job, to find out what that reason is and do our best to deliver."*

My answer to this is simple, no, it's not better. It's an obstacle. There are very few indications for an actual clearance prior to initiation of orthodontic treatment. What are those indications, well to me it's simple, if you see massive problems, don't start. What are massive problems? You will have to judge for yourself, I really can't cover every single scenario.

Most patients look the same, and that means that they have generalized plaque accumulation with areas of bleeding on probing. Is that stain or caries on their occlusal surface? Don't know… let he GP figure it out. Do they have inter-proximal caries? Don't know, my pan is not diagnostic enough. What was that, me admitting that I don't have records which are adequate for identification of inter-proximal caries? That's right, I admit it, I can't diagnose inter-proximal caries from my pan, so I don't!

Every patient that walks in the door, usually walks in for a specific reason and it is our job, to find out what that reason is and do our best to deliver. It may have taken someone years to save enough money to walk into our office, it may have taken someone years to get the courage needed to commit to orthodontic treatment. We need to help them get the care they want.

I want you to imagine a person walking into a regular dental office, a patient that hasn't been seen in years. Now this person has LOTS of work that needs to be done, BUT the patient can't or won't address everything at once. Will the GP dismiss them from the practice? Or will they do their best to address the areas that they can work on? What if the patient has caries but can't afford a crown, will the GP send them out the door, or will they do a MODBL pin amalgam to help the patient. To me the answer is obvious, the dentist will treat the patient to the best of their ability in order to leave the patient better off than they found them. How about an oral surgeon who was referred a patient for implant placement. Will the oral surgeon send the patient out the door if he/she sees poor oral hygiene? No, they won't, they will place the implant and instruct the patient to return to GP for continuation of care.

The same should apply to orthodontist. Our patient are generally not in pain. Our patients

start

generally don't come to us because they had to, they come because they want to. When they walk into our office, they are motivated, their parents are motivated and we are motivated to give them a great experience. Everyone is a captivated audience.

> *"Caries progression doesn't accelerate because of your fixed orthodontic appliances, in fact, it may be easier to clean/floss certain areas now."*

So what happens if you missed caries? Not a big deal, the dentist will have you remove the wire and the patient will return for the care they need. But couldn't we have saved the patient that step? No, no you couldn't have. Had you sent the patient out the door with a referral letter, they may have simply never gone to the GP and may have never returned to you. Look at that, now the patient goes on without the needed dental care and without the ortho treatment that they wanted.

Won't the GP be upset that you put the braces on without consulting with him first? No, no he won't be. He will be glad that you thought of him and that you motivated the patient to have their dental needs addressed. For all you know, it may have been years since the GP even saw that patient. You may be the single reason the the patient came in. It's a win-win.

Won't the patient be upset that you put the braces on and now all this dental work needs to be done? Nope, they will be happy that their treatment is moving forward and they will be very enthusiastic about their progress.

What if the patient never goes to the GP for that routine dental exam/ prophy? Caries progression doesn't accelerate because of your fixed orthodontic appliances, in fact, it may be easier to clean/floss certain areas now. Also, you have an opportunity to harass (Educate) the patient about their oral hygiene, demand improvement, give referrals, and truly motivate them to have their dental needs addressed.

Let's not forget that in many cases it's not even possible to address inter-proximal caries due to severe crowding. In fact, it's often a reason why patients are referred to our office. Wait, what? Put on braces with active caries? See that, no contra-indication.

Sure, some of you may be saying that I'm twisting ideas in order to justify putting the braces on as soon as possible, but I sincerely believe that it is in the best interest of the patient. If we educate our patients, get their orthodontic treatment started, and refer them to their GP for routine dental exams, I have no doubt that it will build stronger referral networks and patient trust.

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RULES OF THE ROAD:
PAYING FOR TRAINING AND TRAVEL

By Tim Twigg and Rebecca Boartfield

It can rarely be argued that continuing education is a bad thing. When employees are given the opportunity to learn and grow, everybody wins. Employees expand their knowledge and, in turn, bring that back to the business and apply it to their everyday work duties. In fact, you could say that continuing education is a necessary and important aspect in any well-run business.

We find that employers often want the benefits of continuing education (CE) but do not want to pay for it—which unfortunately can become a costly mistake. To the surprise of many, CE comes under federal regulations and, in some cases, state wage and hour regulations. Governments decided long ago that employers cannot reap the rewards of CE without putting out some cost in some circumstances.

While it's true CE may have a cost to employers, that's no reason to eliminate it from your business model. First, continuing education helps employees be more productive and successful in their job. Second, compared to the cost of staff turnover, investing in CE is significantly less expensive.

Correctly handling the many facets of continuing education is important. In fact, the failure to do so can lead to significant Labor Board penalties and fines. This article is intended to provide you with the latest, and most up-to-date, information regarding continuing education. CE is broken down into three areas: 1) Seminar/training/workshop time 2) Travel time 3) Expenses.

SEMINAR/TRAINING/WORKSHOP TIME

Most employers mistakenly believe that paying for all the expenses associated with a CE event will suffice, but that's not the case. The federal and state governments are most concerned with the time getting to/from and attending CE by employees and ensuring proper compensation for that time because under many conditions CE events are considered time worked.

Attendance at seminars, training programs, or workshops must be counted as hours worked when any one of the following is applicable:

- The CE happens during an employee's normal work schedule.

- Attendance is required by the employer outside the normal work schedule.
- The course is directly-related to the employee's current job (i.e. the training will assist the employee in performing his or her job duties more effectively in contrast to training the employee for another position).
-The employee performs productive work during the training.

If any one of the above is true, then the time spent attending the CE event must be compensated by the employer. In the world of CE, very little falls outside those criteria, so it's reasonable to conclude that the time associated with CE events almost always have to be compensated by the employer.

Sometimes the employer will present a CE event to staff and say something like, "I think this looks like a great seminar and would be helpful to your job and great if you attended, but it's entirely up to you." In saying this, the employer believes that this program is not required by him/her, that if the employee attends then it is "voluntary" and, if all other criteria are met, then no compensation is required. "Not so" says the government. A CE event is not voluntary if "an employee is given to understand or led to believe that they are expected to attend or continuance of employment or present working conditions would be adversely affected by nonattendance."

By indicating a desire for the employee to attend the event, employees could easily misconstrue the employer and think they will be negatively judged or affected if they don't attend. Thus, the CE event is no longer voluntary. Be mindful of the messages you send to employees regarding CE events if you aren't willing to foot the bill, or don't want to run afoul with the Department of Labor.

What about employees with licenses or certifications established as conditions of employment due to their position within the business? The positions that require licensure or certification usually have continuing education credit requirements that are issued by the state that has provided the license or certification. When this is the case, the license or certification becomes the exception to the criteria listed above about the CE being "directly-related to the current job." This is because maintaining that license or certification helps the employee obtain a job with any employer not just the current employer.

This designation does not, in and of itself, relieve the employer from compensation requirements that may still be applicable. The licensure or certification only exempts one criterion, not all of them. Therefore, in order to be free and clear of compensation, the CE event must also be fully voluntary, outside regular work hours, and not include any productive work.

TRAVEL TIME TO AND FROM A CE EVENT

When a CE event must be counted as time worked and compensated, then travel time must also be factored in when it is applicable. Travel time can be broken down into two categories: 1) drive time 2) passenger time.

As a general rule, physically driving to a CE event is considered work time, regardless of when those drive time hours occur, with few exceptions.

Passenger travel on any common carrier (airplane, bus, train, etc.) is treated a bit differently and is only counted as time worked when the travel time cuts across normal work hours. Normal work hours count on both regular workdays and days that are normally off. For example, if your employee works Monday through Thursday from 7:30am to 5:30pm, then 7:30 to 5:30 is his/her normal work hours. These normal work hours are applicable every day of the week even though they are not normally scheduled to work on Fridays, Saturdays, or Sundays. As a result, all passenger travel time during those hours must be compensated.

Passenger travel time that falls outside the employee's normal work hours need not be compensated provided no duties

are otherwise performed during that time.

If you're a business that varies your hours throughout the week, you might be asking yourself what you do if your staff members work different hours every day. The best rule of thumb is to apply the most common employment compliance standard – pick the schedule most generous to the employee. In other words, if you have a staff member that works 8 hours a day on most days and one 4 hour day, you wouldn't pick the 4 hour day as the normal work hours standard. You should pick the 8 hour days because it is the most beneficial to your staff.

"Although there are some compensation responsibilities that are required of you, don't short change your business for the sake of saving a few dollars."

TRAVEL AND CE EXPENSES

Expenses such as course fees, mileage reimbursement, meals, airfare, hotel, etc. are negotiable and are not required to be paid by the employer. There are three exceptions:

1.) If the total cost of the expenses incurred by the employee reduces their earnings for that pay period to below minimum wage, then some or all of the expenses have to be paid by the employer to bring the employee's wages at or above minimum wage.

2.) If the employee earns minimum wage, then they can never be required to pay any expenses.

3.) If the employer has a policy or practice of paying employee's expenses, job related or otherwise, the employer must continue to comply and treat employees equally with respect to such policy and practice (such policies or practices can be cancelled or changed by providing written advance notice to all affected employees.)

NOTE: State regulations may vary and may be more stringent. Be sure you check your state's regulations to ensure compliance.

OVERTIME CONSIDERATIONS

Federal overtime regulations require that overtime be paid when an employee works more than 40 hours in a week, and several states require that overtime be paid after working a certain number of hours per day in addition to the federal regulations. The total number of hours worked is the sum of regular working hours, plus hours spent attending CE events and, in some situations, travel time to and from that event. Be sure you compensate at time and one half for all overtime hours.

DIFFERENT CAPACITY WORK RATE (DCWR)

When employees engage in dissimilar type of work than they would be doing during a normal workday, they may be paid a different rate of pay than their normal pay. Seminar time and travel time may count as dissimilar work. To use this different rate, it must equal or exceed the minimum wage requirements, and all overtime hours must paid based on a "weighted average." You should establish the different rate in writing prior to the employee attending a CE event.

CONCLUSION

If you want a well-run business with quality, well-educated staff, then CE is just a cost of doing business. Although there are some compensation responsibilities that are required of you, don't short change your business for the sake of saving a few dollars. Be conscientious about the regulations and balance that with the needs of your business in a smart and economical manner. Your employees will be thankful and your business will thrive as a result.

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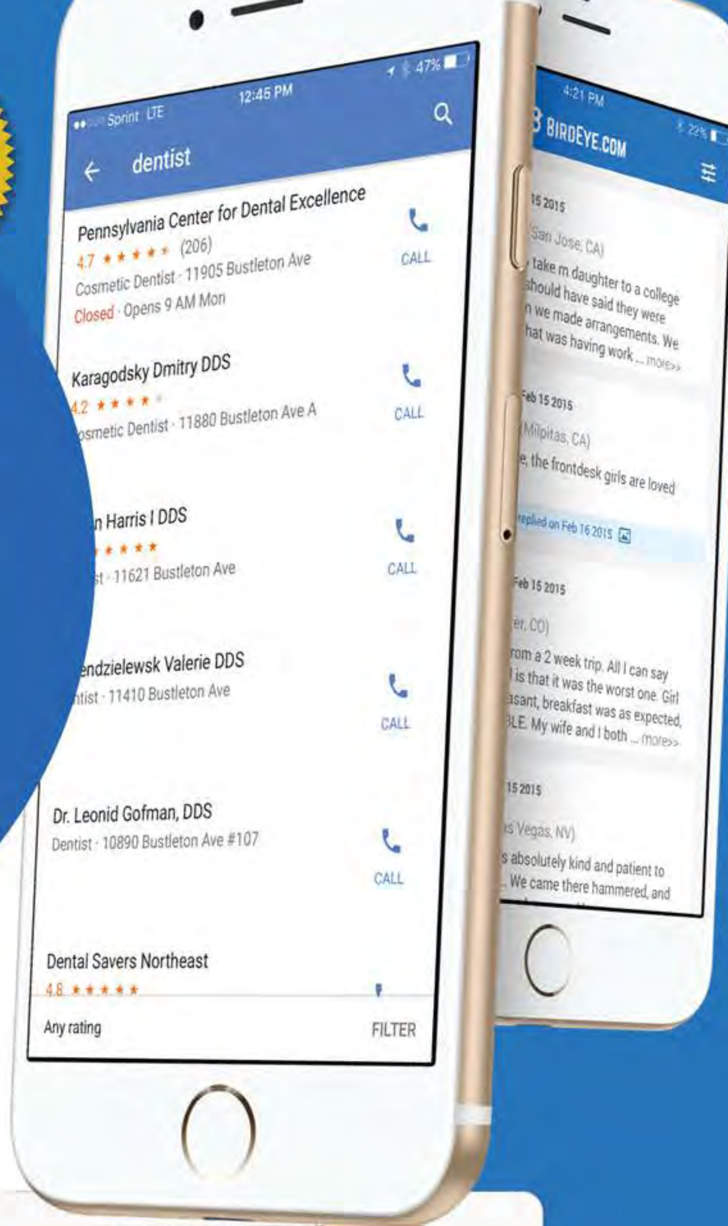

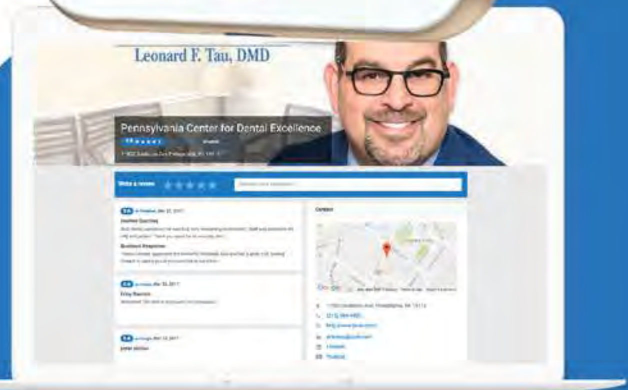

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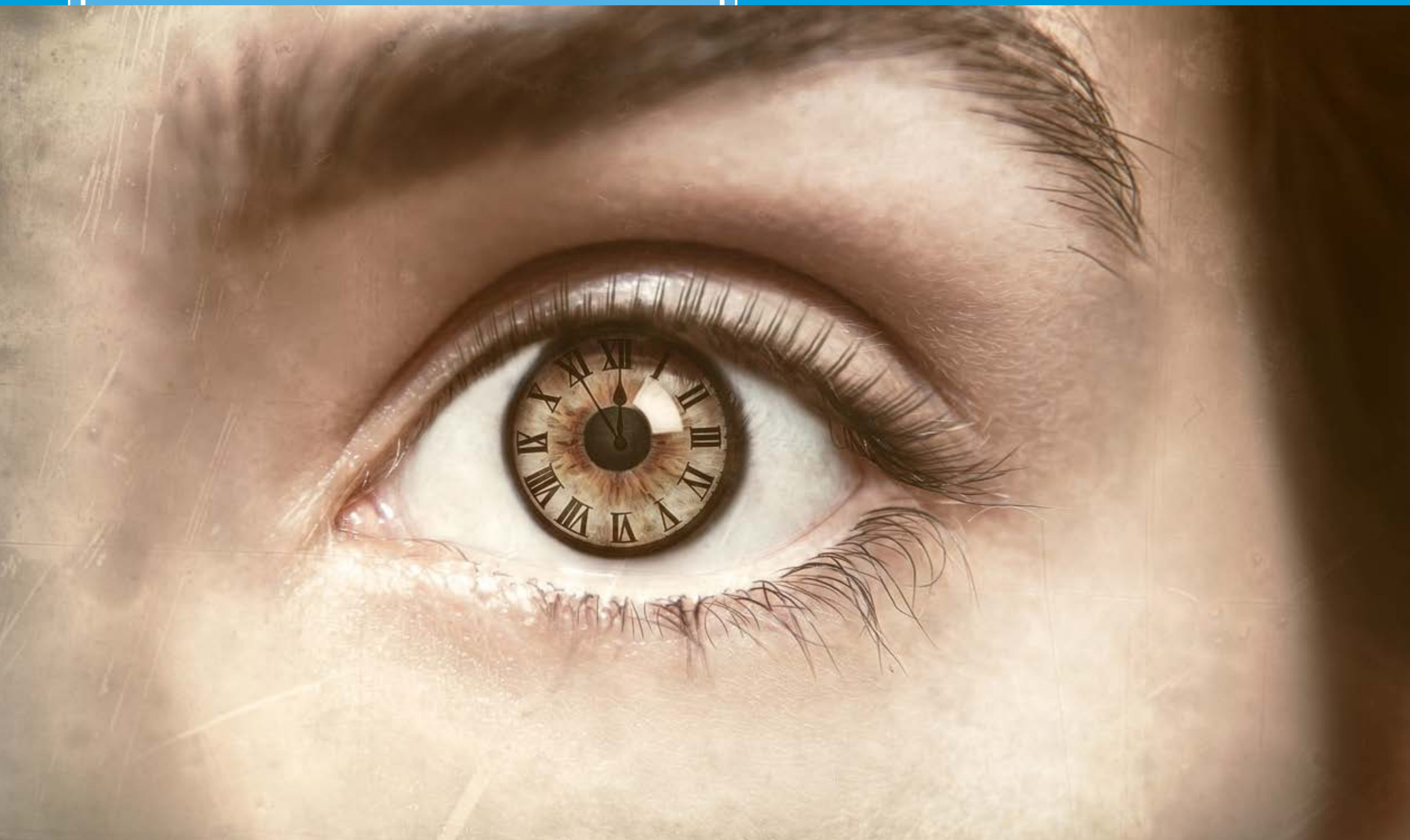
LIFE'S PENDULUM - FINDING YOUR BALANCE

By Dr. Eric Peterson

Wednesday morning. Ahhhhhhh… the fresh morning air, soft red dirt, and beautiful red rock buttes of Sedona. I love this place! I wrapped up a little trail run this morning with my 11-year-old Labrador; man, this dog is still kickin' it! Last year I could take him on 15-mile runs, but I think he is slowing down a bit now. Nonetheless, he loves it, and he's my most faithful mid-week trail-running buddy. Understandably, my other friends are usually working. Sedona is one of my favorite running retreats when the weather is less than prime in my hometown of Flagstaff (my other favorite is the Grand Canyon). Last Friday it was 82 degrees; yesterday it snowed. And yes, it is May here too! As we sometimes say in these parts…WTF!?!?! (Welcome To Flagstaff ;)).

It truly is a blessing for me to be able to take advantage of one of life's most priceless commodities: Time. We all live busy lives, and oftentimes, time itself is not on our side. Many of us have spouses, kids, and family responsibilities. Work tugs at us at all times of the day, not just when we are at the office. Most of us are also probably involved in extra-curricular activities, community organizations and church functions. The list is a mile long. I get it.

Many of us – if not most – are still whittling away at debt, while perhaps trying to secure enough for a rainy day. "Free" time might not be in the equation quite yet. And then there's the concept of retirement, which often sounds elusive or impossible. There can be so much to do and so much on our minds, that at times we feel bogged down by life itself. It can feel daunting, and can sometimes rob us of peace and happiness. We have all been there. But I must say, that as the miles ticked by this Wednesday morning in Sedona, I wasn't feeling a whole lot of sadness or stress. In fact, quite the opposite: I was in heaven! I'm in the middle of the week-and-a-half off that I have each month. Time to play, and to write this article before my kids get home from school!



Now, please, let me cover some important points. No, I'm not entering retirement, as some of my friends tease me about. No, I'm not a 'heavy-hitter' in the world of orthodontics and making the big bucks. Yes, I had to work my ass off early on in my career to have some time off now. No, I'm not independently wealthy. Yes, I had a lot of debt (at one point my combined debts was over $1M, including student loans, practice loans, and a mortgage). And no, we don't have a huge practice. Someone looking from the outside may think we do, since there are three doctors in the office, but I promise you, that is not the case at all. One orthodontist could handle the practice since it's generally open 16 days a month, but we have three because it supports our work-life balance.

"Each decision we make, especially as it relates to work, earning, spending and debt, affects how we spend this thing called Time. And interestingly enough, we all have about the same amount of time."

My business partner, Dr. Rob Caskey, works 4 days a month and has done so since I joined the practice over 11 years ago. Those 4 days are worked alongside his daughter (and my other partner), Dr. Emily Peppers. We don't need two orthodontists for those days, but they really enjoy working together, and they have fun with it. Then, Dr. Peppers works 4 more days by herself, for a total of 8 days. I work 8 days a month in my Flagstaff office, and 4 days out of town for an Indian Health Care group. That leaves me with about a week-and-a-half off each month to enjoy other aspects of life. Our partnership and friendships work out great and provides us with the life and work-balance we desire (the intricacies of a successful partnership are a separate topic in and of itself).

So how did the three of us, who are all at very different points in our lives, get to where we are today with so much "free" time outside of the office? How did we find this life-work balance? Those are fairly complex questions with a lot of answers, but I'll take a stab at it.

Essentially we worked hard, tried to make good decisions, live well within our means, and perhaps most importantly, we defined what was important to us and went after it.

"Each person should define what's important to them and stay true to it. That's the best recipe for happiness, in my experience."

Think about it. What is important to you? Are you living the life you want to live, or at least working to get there? If you could envision a perfect month of your life, what would it be? Are you making decisions that support your life vision, or are you making decisions that hinder it? Each decision we make, especially as it relates to work, earning, spending and debt, affects how we spend this thing called Time. And interestingly enough, we all have about the same amount of time. What are we doing with it?

To the three of us—who all love being orthodontists and taking care of our patients, staff and practice—time to do other things is important. All three of us love to travel, spend extra time with our families, and spend time outside. Dr. Peppers and her family have been to numerous countries on 6 continents in the last 5 years. Dr. Caskey loves to go heli-skiing in Canada for a week each year. He remarked that he would rather spend his money skiing than driving a nicer car (and no offense to either of my partners, but many high school kids drive nicer cars than they do. In fact, Dr. Peppers rides a bike to work half the year). Both of them would rather spend their discretionary income on life's adventures instead of cars or other material things. At some point, if you are spending lots of money, you either have to work more, or something has to give. If we wanted bigger houses, nicer cars, or to live at—or close—to our means, we'd be trading those things for time. And we'd obviously have to work more to pay for those things.

Now, I realize that what's important to me or my partners isn't necessarily important to others. Other people may prefer to spend their extra time in the office, caring for more patients, and perhaps making more money. For some, orthodontics is their life. And that's great! Each person should define what's important to them and stay true to it. That's the best recipe for happiness, in my experience.

I don't define my life by my profession. I am an orthodontist, but I'm also a husband, a father, an ultra-trail runner, outdoor enthusiast, and world traveler. I love being able to spend some extra time with my wife. I also love to pick my kids up from school on occasion and take them to get an after-school treat. Those are all things that are important to me. So, I've tried to make decisions that enhance that possibility and give me time to do everything I want to do.

Did I take a long-term pay cut when we brought in Dr. Peppers? Yep! But at that point in my life I had paid down some debt, and I was working more than I wanted to. And when you pay down some of your debt, it is a very liberating feeling: you've got one less weight on your shoulders. The trick is to not go back into excessive debt by buying more things, which would obviously require more money and more time at work. For me, time became more important than money. Now, I didn't always have the luxury of that decision, but when I did, I made it happen. I didn't worry that I didn't make as much as some of my other orthodontist friends, or have a house as big as theirs, or whatnot. To me, having more time with my family, more time to travel, more time to enjoy the other things this life has to offer was more important than the money I gave up.

"For me, time became more important than money."

All of our pendulums swing at different rates between work and life outside work, and even within our own lives the balance may have to favor work over life outside work for awhile. But it's important to realize that the decisions we make relative to spending, debt, and living within our means will certainly dictate the direction that pendulum is heading, and at what speed. Think about the work-life balance you want in your perfect month and make decisions that will get you there. Don't worry about what others are doing or what other people have. Live the life you want to live, and you'll never regret how you spent that irreplaceable commodity…Time.

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Vertical Maxillary Excess - This happens when the smile is set too low relative to the lips and too much of the upper teeth and gums are visible. This can be corrected and an amazing smile can be created with the help of your dentist, and an orthodontist. Sometimes an oral surgeon is needed to assist in treatment.

SAP & VIP:

MAKING SMILES GREAT AGAIN!!

By Dr. Dwight Frey

There has been a lot of recent interest in our profession in SAP bracket positioning and for good reason. Cosmetics is the central reason most of our patients undergo orthodontic treatment and increasing incisal display in patients who are insufficient does provide significant, sometimes dramatic improvement in smile esthetics. As someone who has used this technique routinely over the last 24 months, I can tell you that patients do notice and appreciate the visual improvement in their smiles. The purpose of this article is to make the case for using SAP bracket positioning and bring some clarity to a concept whose time has finally come. I will also introduce a new convention for discussing Vertical Incisal Position (VIP) and describe how VIP and SAP are intimately related.

As a profession, we have spent the last hundred years debating the AP mechanics of bite correction. We have spent much of the last 20 years debating transverse expansion, PSL mechanics, and the immutability of the alveolus. Now, it seems with SAP we have rediscovered the third dimension, the vertical dimension. I say rediscovered because, smile arc and anterior vertical display is not a new concept. Dr. Marc Ackerman and Dr. David Sarver first brought these ideas to the profession more than 15 years ago. However, at the time, we were preoccupied with the PSL and expansion debates and while many acknowledged the need to avoid flattening the smile arc and recognized the esthetic value in improving incisor display, most practitioners were left without a systematic way to implement these changes in daily practice until recently. Over the past several years, Dr. Tom Pitts and Ortho Classic have produced a volume of articles, lectures, and written protocols on the use and implementation of SAP that are a great resource. So, now that PSL's and dentoalveolar expansion have gained broad acceptance and market penetration, we finally have the collective bandwidth and resources to digest another paradigm shift in treatment planning and mechanics. So, let's begin.

"If we ignore the impact of incisal display on smile esthetics, are we going to look back on these patients 20 years from now with the same disappointment we have for some headgear and extraction profiles?"

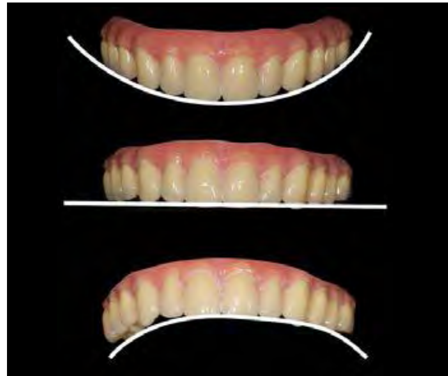
After evaluating posed smiles for some time in my office, I realized that as a profession, we did not have a good way to describe the vertical position of the maxillary incisors. At least not a useful one. We have many ways of describing the AP relationship of the bite, but our descriptions of the cosmetic position of the maxillary incisors are limited. We use cumbersome phrases like non-consonant smile arc, insufficient incisor display or excessive gingival display, but none of these are clinically useful in accurately describing the vertical position of the incisors - one of the most important positions in smile esthetics! As the oldest specialty in the history of health care, how did we go all these years without a descriptive method to detail the vertical position of the maxillary incisors?

Why is this important? Well, in my practice for example, more than 60% of my patients present with insufficient display of the upper incisors. Many only show two-thirds of their incisors on posed smile and some only half. Without attention to mechanically increasing their incisal display during treatment, their smiles will only get worse with gravity and time. How are these patients going to look in 10, 20, or 30 years? Don't our patients come to us specifically to improve their smiles. If we ignore the impact of incisal

display on smile esthetics, are we going to look back on these smiles 20 years from now with the same disappointment that we now have for some headgear and extraction profiles – wondering how much better they would have looked if only we had adjusted our mechanics a bit? I believe we are in the business of improving smiles, not just alignment and function, but cosmetics as well. The time has come for SAP!

"Why is this important? Well, more than 60% of my patients present with insufficient display...Many only show two-thirds and some only half!"

What is Smile Arc? Smile Arc is essentially a goal esthetic position for the incisal edges of the maxillary teeth. It's presence, or not, is determined by the Curve of Spee, the Occlusal Plane Angle,

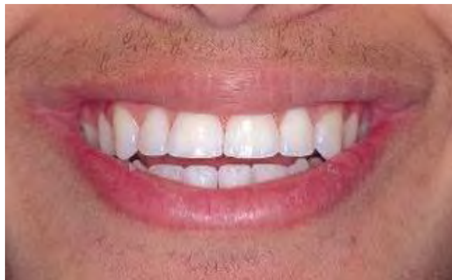


and the Vertical Incisor Position.

In Orthodontics, we routinely level the Curve of Spee, and we sometimes modify the Occlusal Plane Angle, but the component of Smile Arc that we influence most and has the greatest impact on the appearance of the smile are changes in the Vertical Incisor Position. So, to aid in the assessment of increasing display and creating beautiful smile arc consonance, I created a new convention to describe the vertical position of the upper incisors. I call it VIP. Why? Because it is a Very Important Position!

Here's how it works. The VIP classification system is simple. Patients who have insufficient incisor display are described as in the "Black" Zone. Patients who have excessive gingival display are in the "Red" Zone. And patients who have ideal full display of the central incisors are in the "Green" Zone. The gingival margin of the upper central incisor and the inferior border of the upper lip are the referents. Patients are evaluated face-to-face during a clinical exam with a full, posed smile. Once the color zone is established, a millimeter measurement

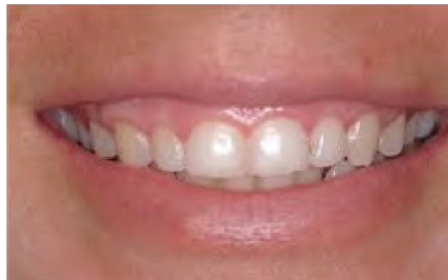
VERTICAL INCISOR POSITION - VIP



BLACK ZONE

Gingival Margin above the inferior border of the Upper Lip

Color Description can be followed with a judgement of how many millimeter above i.e. Black 2



RED ZONE

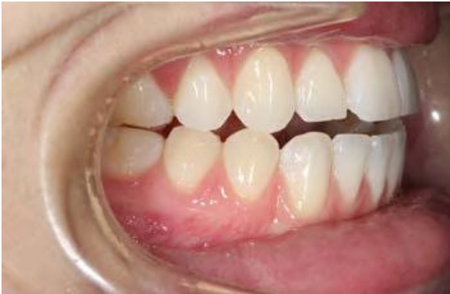
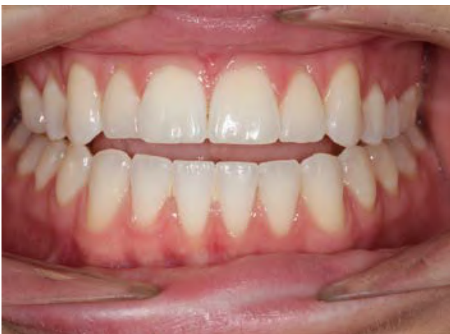
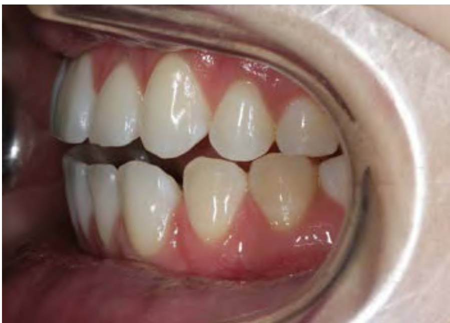
Gingival Margin below the inferior border of the Upper Lip

Color Description can be followed with a judgement of how many millimeter above i.e. Red 3

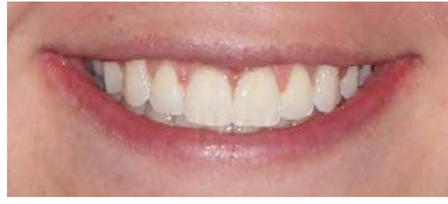
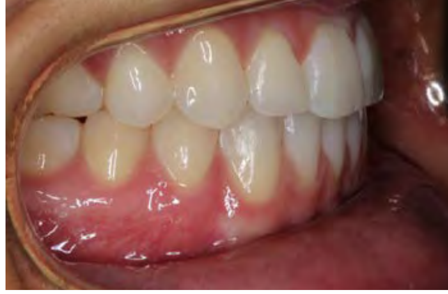
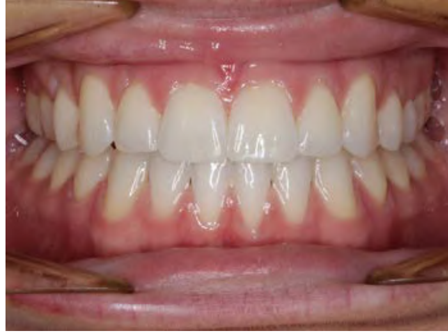
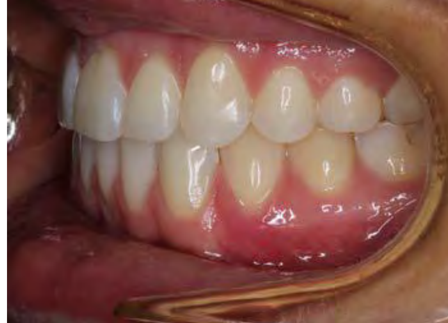
GREEN ZONE

Gingival Margin at the inferior border of the Upper Lip

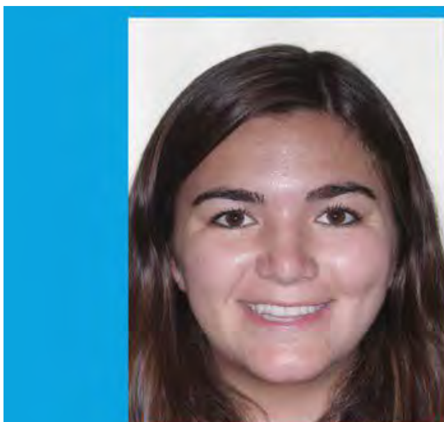
Color description does not need to be followed with a judgement in millimeters.

PATIENT A INITIAL

PATIENT A 11.5 MONTHS



Initial – VIP B4

11.5 Months – VIP Green

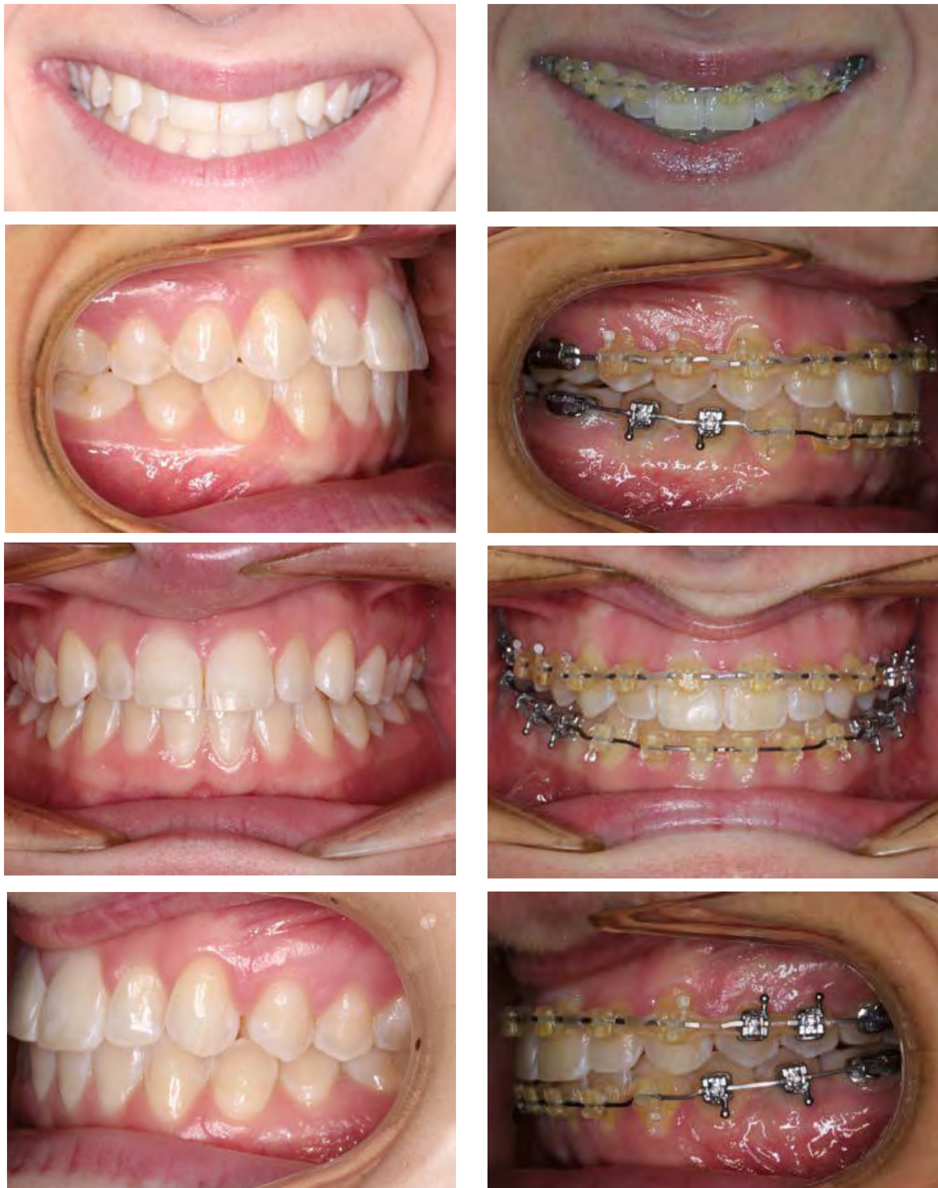
is attached to designate how far the maxillary gingival margin is from the goal position. In my experience, attempts to assess this dynamic cosmetic position from a cephalometric radiograph (such as FA point to upper resting lip positon) are at times, dramatically inconsistent with the clinical evaluation of VIP.

To illustrate how this works, let's look at a couple of case examples. Patient A and Patient B, both in their early twenties, presented to my office several years after previous orthodontic treatment. While both patients had very different occlusions, both were very similar in that they were previously treated cosmetic failures with significantly deficient incisor display (See how awkward that sounds). Patient A had a 3mm anterior open bite, class III bite relationship on the right and class II on the left, and no overjet.

Patient B had a couple of small spaces due to a Bolton Discrepancy and an angulation issue on #9, but otherwise had a normal class I occlusion with normal overbite and overjet. Although both patients were diagnosed with a VIP of Black 4/5, I would soon learn each needed to be treated with very different mechanics to achieve full incisor display.

Patient A had 3mm anterior open bite and her upper arch had a significant reverse smile arc. As a result, her anterior teeth did not touch and the lower teeth were not interfering with vertical extrusion.

Therefore, simple SAP positioning along with some anterior vertical elastics were enough to bring down her maxillary incisors 4-5mm with little effort. She was an A+ patient and her case was completed in 11.5 months with a Green VIP, normal overbite and overjet and a consonant smile arc. She and her parents are thrilled.



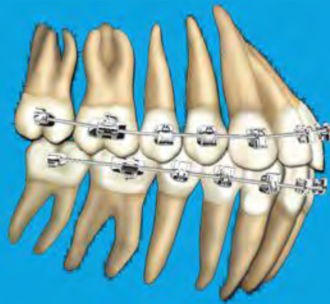
PATIENT B INITIAL

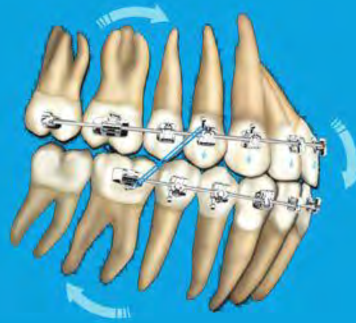
PATIENT B 12.5 MONTHS

Patient B presented only wanting a retainer to close the space between her centrals. When I pointed out that she only showed about half of her front teeth when she smiles, she said that fact had always bothered her and she felt her smile always looked "boyish". When I told her that new techniques in orthodontics could improve the amount of tooth she showed when smiling, she became very excited about retreatment and walked out with full braces that same day! This was my watershed moment with vertical incisor display!

Other than the appearance of her smile, Patient B had a reasonably good orthodontic outcome from her previous treatment. Her overbite and overjet were normal and she had a stable, class I occlusion. Increasing her incisal display, however, would take more than just SAP positioning. Her bracket placement required a greater differential in bracket height from posterior to anterior than normal SAP, often called Modified SAP positioning.

Smile arc enhancement in this manner also requires modified treatment mechanics to produce significant upper anterior extrusion and simultaneous lower posterior extrusion. The combination produces a clockwise rotation of the occlusal plane and increases the lower vertical facial height. Patient B is now 55 weeks into treatment. Her VIP is now Black 1, and her smile arc and canted arch have dramatically improved. Interestingly, due to the increase in her vertical facial height, her masseter muscles have atrophied. Her face now appears longer and thinner and she describes the appearance of her smile as much more feminine. In short, she is a raving fan!





One of the interesting things I've learned about insufficient incisor display is that most patients are unaware of it and unable to verbalize their dissatisfaction with it. No one likes the impact it has on their smile. Most do not realize that we as orthodontists can effect change in their vertical display. However, when you point out their display to them on their own photos in consultation, they all want to improve it. Why? Because full incisor display always looks better, to everyone, and patients want us to improve their smiles.

Expectations of the orthodontic consumer have never been higher. Patients want uncompromised outcomes with little to no inconvenience and short treatment times. We can meet and exceed these expectations by making the cosmetic appearance of their smiles our priority. It just takes adjustment in bracket placement and learning some new mechanics. Incorporating SAP and VIP into my practice along with "active early" mechanics and 3D control have helped me produce better results in a shorter amount of time with fewer appointments. I know these techniques can do the same for you. Together, we can make America's Smiles Great Again! Let's get started!

"Expectations of the orthodontic consumer have never been higher. Patients want uncompromised outcomes with little to no inconvenience and short treatment times."

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Meet Ana Castilla

We are excited to have Ana Castilla as our cover doctor. Dr. Castilla represents all that is right with the orthodontic specality. We love her brains, style and shoes, and we know that you will too.

PROORTHO: YOU RECENTLY WENT TO SPAIN, THE "MOTHERLAND" AS YOU CALLED IT. TELL US ABOUT THAT AND HOW CULTURE AND LANGUAGE PLAY A ROLE IN YOUR PRACTICE.

CASTILLA: I consider myself blessed to be bilingual. However, I didn't always feel that way. I was born in Ecuador but grew up in New York City from the age of 3. Spanish was the first language I learned as a toddler, but once I went to school I didn't want to speak it. I wanted to speak only English. Who knows why? I probably just wanted to fit in. My mom had other plans for me though and she was not having it. She enrolled me in bilingual classes all the way through the 8th grade. Thanks to that and my love of reading, I actually speak Spanish pretty well.

As far as my practice, I think that being bilingual has been crucial to the success of my practice, which is in a city that is over 20% Hispanic. I think that's oversimplifying it though. Anybody can learn another language. I believe that the true blessing is that I'm multi-cultural. I'm multi-cultural through my own heritage, from growing up in New York City, and from living in multiple places throughout the United States. I know about the Eagles and about Juan Gabriel. It allows me to connect with a large number of people and orthodontics is about relationships. It's funny because, in the United States, I often get asked, "Where are you from?" but when I go to other countries, they know I'm American Even in Spain, many responded to me in English even after speaking to them in Spanish!

PROORTHO: TELL US ABOUT YOUR SHOE COLLECTION. WE HEAR IT'S AWESOME.

CASTILLA: My shoe collection is not as large as most people would think, so it always baffles me to hear that I'm known for my shoes. I think it's because I'm so passionate about shoes in general (I even wear a gold shoe around my neck!), and because I love the shoes I do own, so much. Many people think it's just a "girl thing" and perhaps it is for many women. After all, shoes give you something pretty to look at when you look down, and they don't judge you. They fit even if you've gained five pounds. However, I think shoes are much more than that. They are and have been historically, an expression of culture, status, and art. For the longest, I thought I was the only one who believed this, but then I saw a magnificent exhibition on shoes at the Victoria and Albert Museum in London that perfectly showcased the cultural and historical significance of shoes, and I knew I wasn't alone.

"When I was a kid, my mom told me that I needed to go to college if I didn't want to be poor, so I made sure I got myself into college."

PROORTHO: HOW DID YOU GET INTO ORTHODONTICS?

CASTILLA: This is the million dollar question, and not so much because it is the question people ask me the most, but more so because some days I don't even know how I got into Orthodontics. I always tell people that I didn't find Orthodontics. Orthodontics found me. I grew up without any professional mentors or role models so I definitely wasn't one of those kids that knew they wanted to be an orthodontist when they grew up. When I was a kid, my mom told me that I needed to go to college if I didn't want to be poor, so I made sure I got myself into college. When I got there, I didn't know what to major in. I chose engineering only because I was good at math and science and because when I was growing up, my mom always told me I had a father (who I didn't grow up with) in Ecuador that was an engineer. I actually worked as a manufacturing engineer for 3 years before landing in dental school.

When I got to dental school I was like that kid that makes it to the national championship game and is star-struck to be there. At the time, I couldn't believe I had gotten myself into dental school. I was just so happy to be there. Many students talked about specializing and I considered oral surgery for about 5 minutes, but if I'm honest with myself, I don't think that I thought specializing was for me. Like I was reaching "too high" or something. I was still just focusing on being able to have a good job and not be broke. It's a crazy mentality looking back at it. It wasn't until I got out and worked as a general dentist that

I gained the life experience to know what I truly wanted and the confidence to say it out loud and go after it.

When I was a general dentist in Texas, I started meeting with several orthodontists because I was doing many implant cases that required adjunctive orthodontic treatment. Every time I walked into an orthodontist's office, the energy was so positive. Everybody looked happy! I loved that. I wanted to make that kind of difference in peoples lives as well. Then I realized that the orthodontists were engineering little machines into peoples' mouths and I was sold. 5 years after being a general dentist, I gave up my six-figure income job and moved to Oregon for orthoresidency. Best thing I ever did. Hard, but best thing.

PROORTHO: YOUR HUSBAND IS A DENTIST, RIGHT? TELL US ABOUT HIM AND YOUR RELATIONSHIP, AND THE BENEFITS AND COMPLICATIONS THAT COME FROM BEING MARRIED TO A DENTIST.

CASTILLA: My husband and I are attached at the hip. To the point where I will go to an orthodontic meeting by myself and everyone will ask, "Where's Eddy?!" This is so cheesy to say, but we are in fact, each other's best friends. The irony is that we are completely different people. He's an amazing cook, while I struggle to boil water properly. He's a social butterfly, and I'm a workaholic. I think a large part of what holds our relationship together is that we have very similar life stories. This includes the fact that we're both dentists. I'm so passionate about orthodontics and what I do for a living that I don't know how I would relate to a husband that is a baseball coach. Even though Eddy is not an orthodontist, he understands my world completely.

I haven't really experienced too many complications from being married to a dentist, other than general dentists always asking me where my husband is working.

Eddy does not have his own practice and works for a corporate dental group. We've talked about bringing him on board to work with me, but that is a territory we would have to tread carefully on.

PROORTHO: WHAT IS YOUR FAVORITE PART OF YOUR DAY AT WORK?

CASTILLA: I don't have a chronological favorite part of the day, like, "Wow, I really love the beginning of the day when we do our morning huddle". I'm a goal-oriented person so my favorite part of any day at work is seeing the fruition of a project I've been working hard on. This could be anything from seeing an impacted canine finally come in, to making a fearful little girl smile, to meeting our production goals.

PROORTHO: WHAT IS YOUR MARKETING POSITION? WHY DO PEOPLE COME TO YOU INSTEAD OF OTHER ORTHODONTISTS IN YOUR AREA?

CASTILLA: My team! Duh! Aside from that, I think people come to our office for 3 main reasons. One, we listen to them carefully about what they want. Secondly, we work hard to overcome the obstacles they may have to starting treatment. And believe me, we get super creative sometimes. I suppose the second reason is just a result of the first reason. Finally, we make it easy for our patients to reach out to us and get to know us. We're accessible and approachable. We communicate with people how they want to communicate. This may be via online chat, Facebook Messenger, text, email, phone, etc. In today's age of technology, the sky is the limit. We have done New Patient consults via Skype because Mom couldn't make it to the appointment. We have scheduled New Patient Exams via Facebook Messenger. We have addressed orthodontic emergencies over text. I just scheduled a New Patient Exam over text last night while I was bumming out on my couch! I strongly believe in giving the patient what they want for their smile or lifestyle and not getting in the way of it. I see myself as a Smile Facilitator of sorts. I'm also lucky to have an amazing team and we have worked hard at creating a culture that allows us to really get to know our patients and their families, even in the face of rapid growth. When you read the reviews for our office, no one ever says, "Dr. Castilla's ceramic brackets are on point!" Instead, you will read "no matter how busy they get, they always know my children's names" or "they really listen to what you say, and I know because 2 days later I will get a post-card where they ask me about what we talked about at my last visit". Some people have told me that it's because I'm a woman. I don't believe that for one second. Listening is something anyone can do.

PROORTHO: BEEN TO ANY GOOD MEETINGS LATELY?

CASTILLA: I've been to many dental and orthodontic meetings in my career. None have had so much direct effect on my practice as the MKS and FE meetings. When I first purchased my practice, I buried myself in everything clinical because I knew nothing else. But getting perfectly aligned marginal ridges was not going to help my practice grow. I'm very grateful to be able to meet with some of the best minds in the orthodontic industry today. And it's not just about getting some good ideas from people. It's about State of Mind. State of Mind is everything.

"Getting a beautiful smile should not interrupt people's lives."

PROORTHO: WHAT'S YOUR PLAN FOR THE FUTURE? WHERE DO YOU SEE YOURSELF AND THE PROFESSION IN 2, 5,10 YEARS?

CASTILLA: As far as my plans, I have a little bit of difficulty answering this question because I'm not much of a long-term planner. Instead, I make short-term plans and leave myself open for the possibilities. Ten years ago, if you had told me I was going to be an Orthodontist practicing in Salem, Oregon I would of laughed my head off. In the next two years, I see myself really honing in our Invisalign/clear aligner presence since- at least in my mind - it is clearly (no pun intended) where the future of orthodontics is heading. Additionally, I want to continue incorporating technology and systems to address the various lifestyles and needs of our patients and to make the delivery of orthodontic treatment more efficient. I'm thinking longer recalls, remote consultations, shorter appointments, etc. Getting a beautiful smile should not interrupt people's lives. The challenge is to do this without loosing the connections and relationships we build with our patients and without sacrificing quality. In 5 years, the concept of what it means to get orthodontic treatment will be very much changed. The comprehensive, "ideal smile" case will always exist, but there will be many other types of orthodontic treatments- all catered to the needs and wants of the individual patient. I am referring to cosmetic improvement, taking care of minor relapse, only addressing the "Social Six", etc. As orthodontists, we need to always recommend what is best for the patient, but not at the expense of not taking care of their immediate needs and wants. In 10 years? Who knows? I don't think the traditional orthodontic office model will go away entirely, but I think there will be a more even distribution of orthodontic office models and the traditional model will no longer dominate. I think we will have the traditional model, the multi-specialty (non-corporate) model, the corporate model, the aligners-only model, the direct-to-consumer model, and some other models that we haven't even thought of yet. As more and more people gain access to orthodontic treatment, we will find that one model cannot possibly work. It just can't. People are different. They have different values, different finances, and different lifestyles. That is why most of us will have to adapt and pick a model (or two) that will serve the group of people we want to serve. It's a good thing.

PROORTHO: WHAT ADVICE WOULD YOU GIVE TO ORTHODONTIC RESIDENTS?

CASTILLA: Get out of the clinic! Learn what you have to learn to know how to move teeth but don't let that be your only focus. When you get out, great orthodontic treatment alone will not make you successful. You will need to be a great leader because you won't be able to do it on your own. You will also need to think like a business person. Read business and leadership books. Hire a consultant. Visit offices. Hiring a consultant was a game changer for me.

You are treating people, not teeth. Orthodontics is about relationships. Talk to patients and parents about something other than teeth. Don't be a total nerd. Be normal. Get out in the community. If being charming and social doesn't come naturally to you, start practicing now.

Don't be afraid to think outside of the box. You'll be surprised how well people receive new ideas. It keeps your practice fresh and keeps you malleable, which is important in the fast-changing business world.

"I would have joined a study group sooner, and I would have hired a consultant sooner."

PROORTHO: IF YOU COULD DO IT ALL OVER AGAIN, WOULD YOU DO IT THE SAME? IF NOT, WHAT WOULD YOU CHANGE?

CASTILLA: There are two things I would do differently for sure since purchasing my practice. I would have joined a study group sooner, and I would have hired a consultant sooner. When I purchased my practice, I hadn't the slightest idea of what I was in for and I struggled a lot in the beginning. I thought, that just being a good orthodontist was enough. I didn't understand the concept of systems, overhead, pricing, marketing strategies, etc. None of it. What was working for the old doc was not working for me and I needed help in finding my own way.

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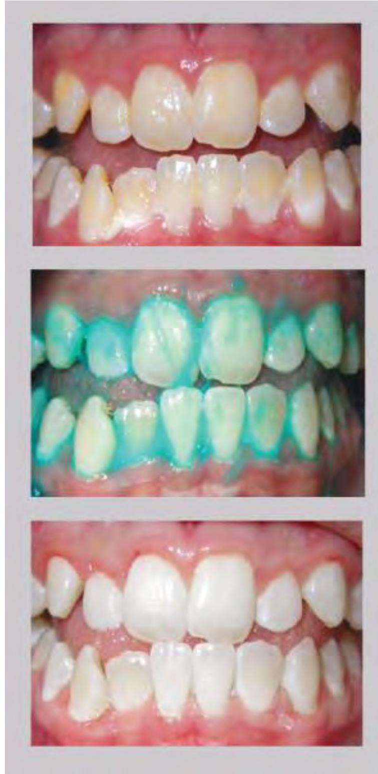

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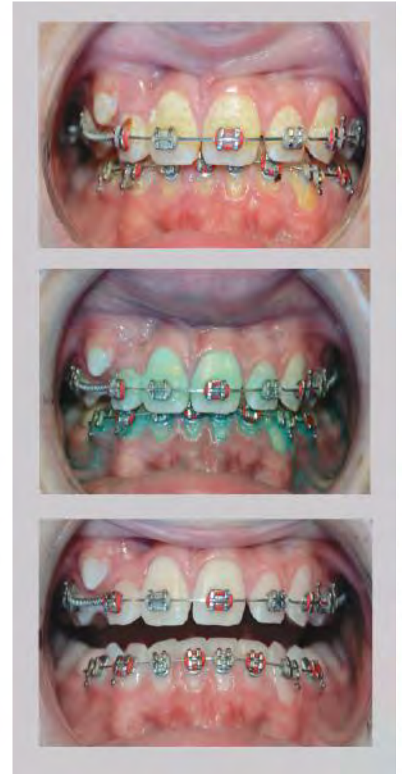

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TAKING THE LEAD IN THE BUYER'S JOURNEY

By Angela Weber

We might not be entirely conscious of it, but whenever we buy something, our minds progress through a thought process. It starts with some sort of identified need or problem. Say you're in an airport and you're hungry. You know you want something to satisfy that need. Maybe a candy bar at a newsstand would do it. Maybe a slice of pizza would be better. You consider your options based on a number of factors, and then you make your decision.

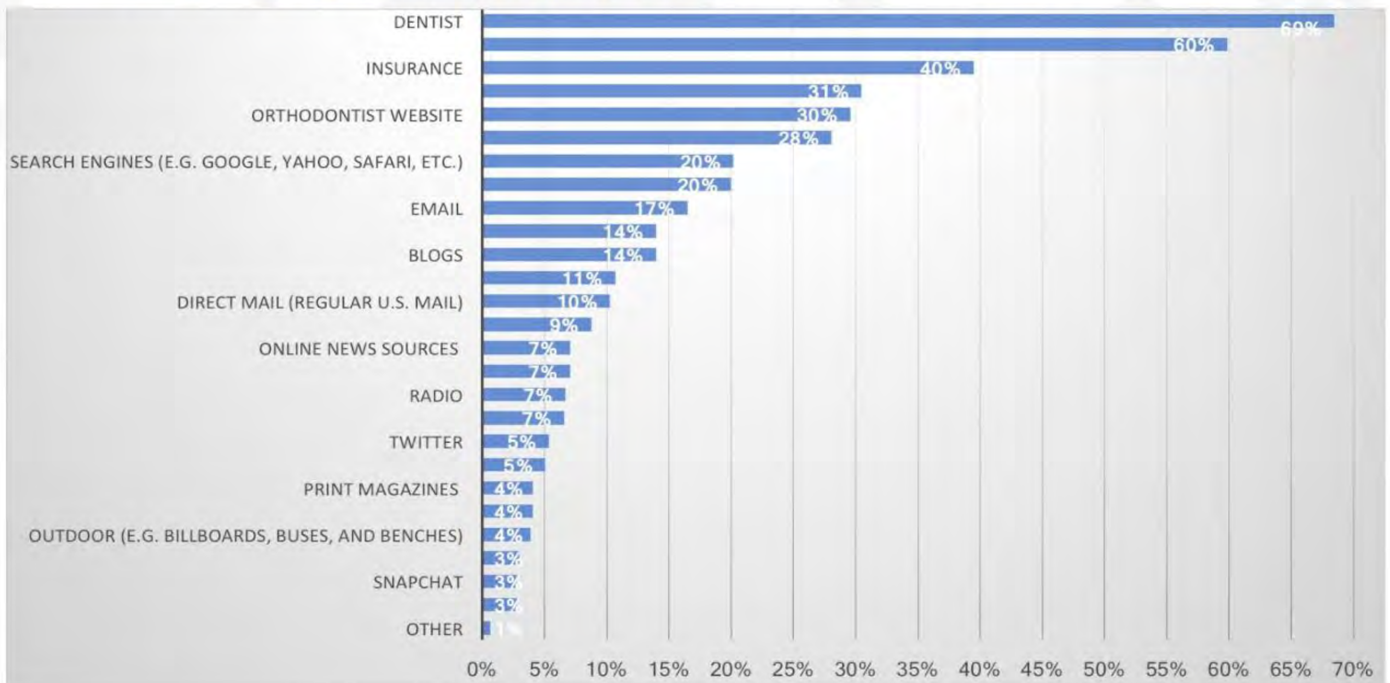
Marketers think of this process as a buyer's journey. The journey is especially relevant now that the Internet and social media play such a large role in consumer behavior, and the concept is well suited for high-ticket purchases like orthodontic services.

As an orthodontic practice owner, you should first develop a clear picture of your buyer's journey. Let's break the journey down to three major components:

-Awareness
-Consideration
-Decision

The best way to coax your prospects along their journey is to tailor a marketing approach to each stage. This method of consideration can also be helpful to identify potential gaps within your marketing strategy.

"The journey is especially relevant now that the Internet and social media play such a large role in consumer behavior and the concept is well suited for high-ticket purchases like orthodontic services."



AWARENESS

Susie, a mother, notices her child has an overbite and isn't sure if it's something to worry about. Susie Googles overbite and discovers that orthodontic treatment could correct this problem. At the next dental appointment, her child's dentist confirms the need for braces. Susie begins asking her dentist, her friends, and her family members whom they recommend for an orthodontist. She also Googles key terms related to orthodontic providers and orthodontic treatment.

To surface your brand during this phase of the journey, it's important to get your practice name in the minds of potential patients.

-Establish relationships with dental offices to encourage referrals

-Publish online, educational content about various aspects of orthodontics

-Offer tips to help the consumer determine if braces/aligners are right for them or their children

-Attend community events such as local health fairs or women's expos

-Appeal to consumer emotions by telling stories of how braces made a positive impact

-Advertise in community publications, billboards, mailers or social media

-Send periodic email blasts to your patients with the underlying goal of keeping your practice top-of-mind for referrals

"To surface your brand during this phase of the journey, it's important to get your practice name in the minds of potential patients."

Some orthodontic practice owners are reluctant to spend marketing dollars on branding since the ROI can be hard to gauge, but awareness is what branding is all about. When you have created brand awareness, your practice will move on to the consideration phase.

CONSIDERATION

Susie researches recommendations online and reads reviews. She also takes time to understand what's involved including cost and types of treatment options. Susie may schedule multiple consultation visits with various competitors.

Now that the prospect is aware of your practice, the idea is to get placed at the top of her mental list.

-Use questions that you tend to hear from new prospective patients as prompts for blog topics

-Perfect your customer experience and give patients a reason to brag about you

-Proactively ask for patient reviews and monitor any negative reviews that may surface

-Promote treatment outcomes and testimonials

-Create website landing pages that appropriately capture the information of interested prospects

-Encourage prospects to come in for a complimentary consultation

-Use emails and phone calls to nurture and follow-up with interested leads

DECISION

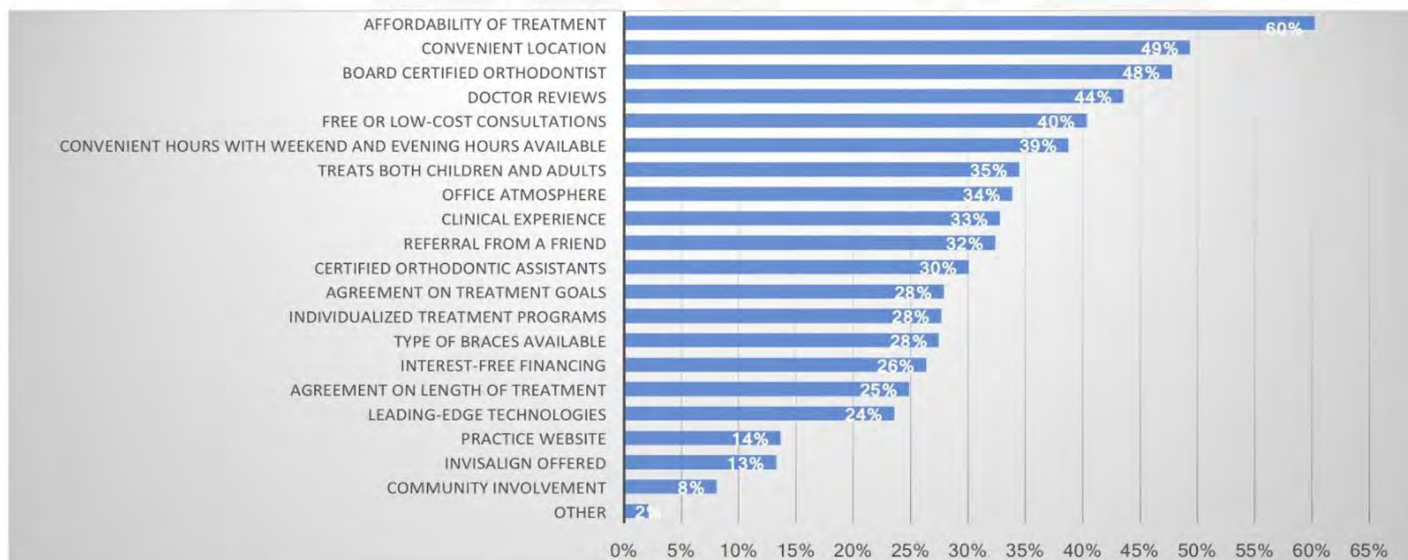
Susie weighs the pros and cons of each provider and makes her final decision.

In a recent survey conducted by OrthoSynetics, we found the most important motivation for signing up for orthodontic treatment is the “Result of the Treatment” (57%). This sentiment is consistent across age groups, genders, and education levels. Additionally, “Quality of Care” is also an important consideration in the treatment process. When asked about reasons considered when selecting an orthodontist, “Affordability of Treatment” (60%) is the reason selected more frequently than others.

When considering these statistics, the primary reason for selection of an orthodontist could be described as rational (Affordability of Treatment) yet the underlying motivation for treatment, what is most important when thinking about orthodontic treatment, could be described as having an emotional component (Results of Treatment). Consumers tend to not want to admit it, many decisions are based on an emotional component. The emotional factors are strongest during the awareness phase, the consideration phase is influenced heavily by referrals (online or in person by friends or third parties), and the purchase decision is impacted by affordability of treatment.

The buyer’s journey does not always follow a forward-moving, linear path. Sometimes the prospect might stall at the consideration phase for months. Sometimes, they’ll forget about orthodontic treatment and later end up back at the awareness phase. Still, if you can identify where they are in the purchasing process, you can develop your marketing messages and tactics to move them along this path and towards the ultimate goal of their choosing your practice.

“The underlying motivation for treatment could be described as having an emotional component. Consumers tend to not want to admit it, but many decisions are based on an emotional component such as the results of treatment.”



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WHAT IS AN ORTHODONTIST? *WHATEVER YOU WANT!*

By Dr. Mo Korayem

It doesn't take much scrolling on any orthodontic Facebook group or blog to come across the topic of the current state of orthodontics; what it is has become and where it's headed. What are orthodontist? Are we Professionals? Specialists? Scientists? Tooth-straightening vendors? All of the above? None of the above?

I posit to you that the orthodontist ought to be whatever the patient of the moment wants him/her to be. He's a scientific, meticulous, professional to the mechanical engineer dad who wants to know every detail of how his precious Emma's crooked teeth will be expertly straightened. He's a feel-good, wheelin', dealin' salesman to the price-shopping coupon-clipper looking for a little front teeth straightening for a good deal. She's a real doctor to the concerned mom who did her "research" and sought out a specialist because she learned her little Nathan's small jaw and narrow palate is messing up his breathing and eating and rightly wants what's best for her son.

Far from being an unprincipled, disingenuous, fairweather chameleon with no identity or convictions, such an orthodontist is more akin to a majestic fully grown peacock, endowed with a beautiful array of tail feathers of every shape and color. As he raises and unfurls his dazzling gift of plumage, he selectively promotes the feathers that the audience of the moment came to see while retaining others for other audiences who fancy a different feather.

Dr. Peacock recognizes that his limited time with patients is best spent figuring out how best to address the actual purpose of the encounter rather than trying to convince the visitor of one point of view or another. Far more often than not, that purpose is figuring out how crooked teeth can safely be straightened for a mutually-acceptable price in a mutually-acceptable amount of time with a mutually-acceptable level of inconvenience and hardship. Dr. Peacock realizes that the sooner he can understand what type of person he's facing, the sooner he'll know whether he needs to be a doctor treating a patient or a vendor serving a client, and the better off everyone will be.

Make no mistake, clinical orthodontics as we know it today only exists because there are crooked teeth out there and it remains profitable to straighten them. Dental alignment services were created for and are funded by the people who own those crooked teeth. For this reason, it is those people who get to decide what the service is to them and what it is not.

It is understandably difficult for orthodontists, or anyone else with over a decade of post-secondary education focused on one specific thing, to see themselves in this light. Instead, we shine the light we want to shine on ourselves and hope that other people see us in that light. We valiantly wield the heavy, burning torch of science and professionalism that once lit the way for people in the dark, in a newly enlightened world where bright, abundant sunshine (the internet) has everyone wearing sunglasses and slopping on sunscreen.

Those of us that have learned how to hold the torch with one hand and sell sunglasses and sunscreen with the other are not two-faced, money-hungry, disingenuous sell-outs. Rather, they are the agile, adaptable, resourceful, pragmatists who see the world as it is not as it they'd like it to be. They can paint with the different strokes for the different folks that make up this crazy world we live in. They thrive on change, renewal, and self-reinvention, and they'll gladly agree with you when you accuse them of singing a different tune. It's time to sing along !

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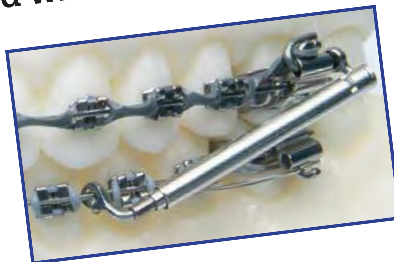

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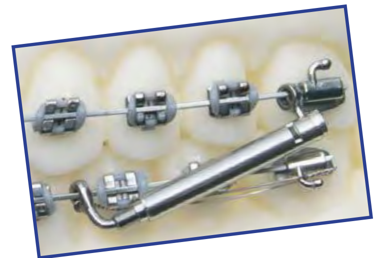

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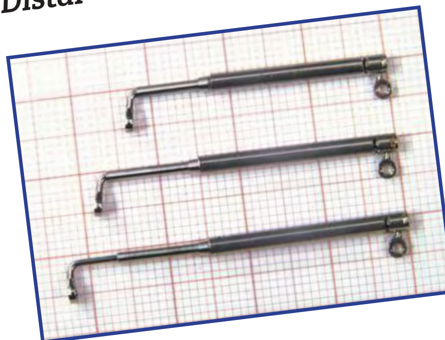

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3 SIMPLE METHODS FOR EFFECTIVE FACEBOOK MARKETING

By Dr. Neal Kravitz

Facebook is the most important social networking site in orthodontic marketing. Nearly eight-of-ten (79%) Americans online use Facebook, which is more than double the number that uses Twitter (24%) or Instagram (32%). Adults 18 to 49 years use it the most, and women tend to use Facebook more than men do. Simply stated, young moms—the key demographic for an orthodontic office—are likely spending time on Facebook.

Despite Facebook's popularity with the target consumer base, many orthodontists market themselves ineffectively. Their posts are infrequent, impersonal, and delegated to staff or third-party social media marketing companies. Rather than using Facebook as a springboard for conversations, orthodontists use it as a billboard for shout-outs and silly pictures of pumpkins with braces. The result is a lackluster marketing campaign that does not engage current patients or attract prospective ones.

In this paper, I will provide 3 simple methods for nontraditional Facebook marketing to engage your community better. I will review the reasons why I favor my personal Facebook profile over my business page, the content I post on my personal profile, and how I use the Instant Messenger app to bypass the primary care dentist's referral. Friends, it's time to update your marketing status.

TRADITIONAL FACEBOOK MARKETING

Traditional Facebook marketing focuses on 3 tools: pages, ads, and groups. While each of these has its purpose, they often are used in combination for greater marketing efficacy.

Facebook pages are similar to personal profiles used by businesses, organizations, schools, and public figures. However, pages differ in 2 distinct ways from personal profiles: both friends and non-friends can like them and they have an unrestricted number of fans. Facebook pages are free, updated easily, and function like interactive mini-websites for our business. They give a personal view into the operations of our office that our standard websites cannot.

"The message provided by traditional Facebook marketing tools remains one-sided and guarded. If the purpose of social media is to engage, then you need a more personal social media marketing strategy."

Facebook ads let businesses connect with the profiles that are most likely interested in their services. Ads use a targeted advertising platform based on geographic area, age, gender, education level, and browsing device. They are purchased by setting a budget and bidding for each click the ad receives. Therefore, the primary purpose of the ad is to promote the Facebook business page and increase its fan base. Together, pages and ads are the most popular forms of traditional Facebook marketing.

Facebook groups are discussion forums for individuals who share common interests. Groups are free and have higher levels of engagement compared to pages. The drawback is that they are laborious to manage. Therefore, creating a group for orthodontic marketing is not an effective use of time. Still, it is critical to participate actively in many groups in your community to promote your Facebook profile. This is a form of nontraditional marketing that I will discuss below.

The problem with a campaign that is limited to pages and ads is that it fails to generate conversations. The message provided by traditional Facebook marketing tools remains one-sided and guarded. If the purpose of social media is to engage, then you need a more personal social media marketing strategy.

NONTRADITIONAL FACEBOOK MARKETING

My nontraditional Facebook marketing strategy focuses on personal connection with current and future patients' parents to stimulate a response. It applies 3 techniques: I emphasize my profile over my business page; posts on my profile are innocuous, personal, and centered on work or family; and patients' parents are sent friend requests and then messaged directly through the Instant Messenger app.

My profile essentially has replaced my business page. I favor my personal profile because it allows me to communicate directly with my patients' parents.

They are encouraged to friend me and message me if they need anything, and this direct and immediate accessibility has gained community-wide recognition. More importantly, my patients' parents tag me on their walls following a positive experience at the office, and these posts ultimately promote my profile to their Facebook friends.

It should be noted that I do not friend or accept friend requests from my adolescent patients. The minimum age requirement for a Facebook account is 13 years. It is not uncommon for my adolescent patients to immediately friend me following the creation of their profile. I simply delete their friend request.

The premise of personal profile marketing is that the most important page on my standard website is the "About the Doctor" page; I have simply made this page interactive by using my Facebook profile. This online chatter between me and my patients' parents or my patients' parents and their friends maintains the notion that my office is the place to go for orthodontic care (Figure 1). Oftentimes, a new consult's parent that I have never met before personally will tell me, "We are already Facebook friends."

FIGURE 1. MY PATIENTS' PARENTS ARE MY FACEBOOK FRIENDS. NOTE THE NUMBER OF MUTUAL FACEBOOK FRIENDS (YELLOW OVAL). PATIENTS' PARENTS POST ON MY WALL AND I POST ON THEIRS. ONE OF MY FAVORITE TECHNIQUES IS TO POST "LOVE THAT SMILE" UNDER A PICTURE OF A SMILING PATIENT. THE PARENT REPLIES CUSTOMARILY, "IT'S BECAUSE OF YOU!" (YELLOW RECTANGLE). THIS INFORMS EVERYONE WHO READS THAT POST THAT I AM THE ORTHODONTIST RESPONSIBLE FOR THAT SMILE. IF A FRIEND OF THE PATIENT'S PARENT RESPONDS: "BEAUTIFUL SMILE! I NEED TO HAVE MY SON SEEN BY AN ORTHODONTIST." I WILL THEN SEND HER A FRIEND REQUEST AND A PRIVATE INSTANT MESSAGE INTRODUCING MYSELF.

Because I use my profile to promote the business, its contents must be professional I avoid negativity, crude jokes, photos of me holding alcohol, or sensitive topics, such as politics, religion, and current affairs. My wall contains posts primarily about my family, patients, and charitable donations. Family pictures unquestionably receive the most responses. I believe patients' parents want to know about me as Neal Kravitz as much as they want to know about me as Dr. Kravitz.

I am revealed within my social sphere and this allows me to dictate my message. I do not allow others' perceptions to become their reality. My community knows me, and they know how much I care because they have access to my life.

Furthermore, by sharing meaningful content, I can post on my profile multiple times per day. In contrast, orthodontists commonly post on their business page only 2 times per week. They fear that too many posts will annoy their fans and cause them to "unlike" their business page. Can you see the inherent flaw with a marketing strategy that is based on avoiding the loss of a fan base? Personal profile marketing is about engaging a person, who then becomes a friend, and ultimately, a vocal supporter. I do not want thousands of silent fans; instead, I want a community of raving friends.

All of this is predicated on having my patients' parents as my Facebook friends. Immediately following a consultation with an adolescent, I look up the mother on Facebook. I favor the mother over the father because I believe she will be more active on Facebook. Then I send her a friend request with the following private Instant Message:

"Dear [parent name], It was such a pleasure meeting your family today. You have my word that we will take the best possible care of [patient name]. Never hesitate to contact me if you have any questions. *I am always here for you. Sincerely, Dr. K."*

I send this message on the app, Instant Messenger, which allows texting, sharing photos, and phone calls through Facebook.

I also apply this technique to prospective patients' parents who are searching for an orthodontist in local community groups. For example, a mother in the South Riding Community Group may post the following: "ISO (in search of) an orthodontist." At this point, a patient's parent, who also is my Facebook friend, will tag me on her response, "Go to Neal Kravitz [tag] and no one else!" I am then alerted that someone is searching for an orthodontist. I look up the name on Facebook, match the profile picture, and then send the person a Facebook friend request with the following private Instant Message:

"Dear [parent name], My name is Neal Kravitz and I am an orthodontist in South Riding. I wanted to introduce myself personally. Our office is in network with all insurance carriers and we take pride in always being there for our patients. Please let me know if I can be of any assistance"

(Figures 2 and 3).

FIGURE 2. STEPS TO INSTANT MESSAGE A PROSPECTIVE PATIENT'S PARENT.

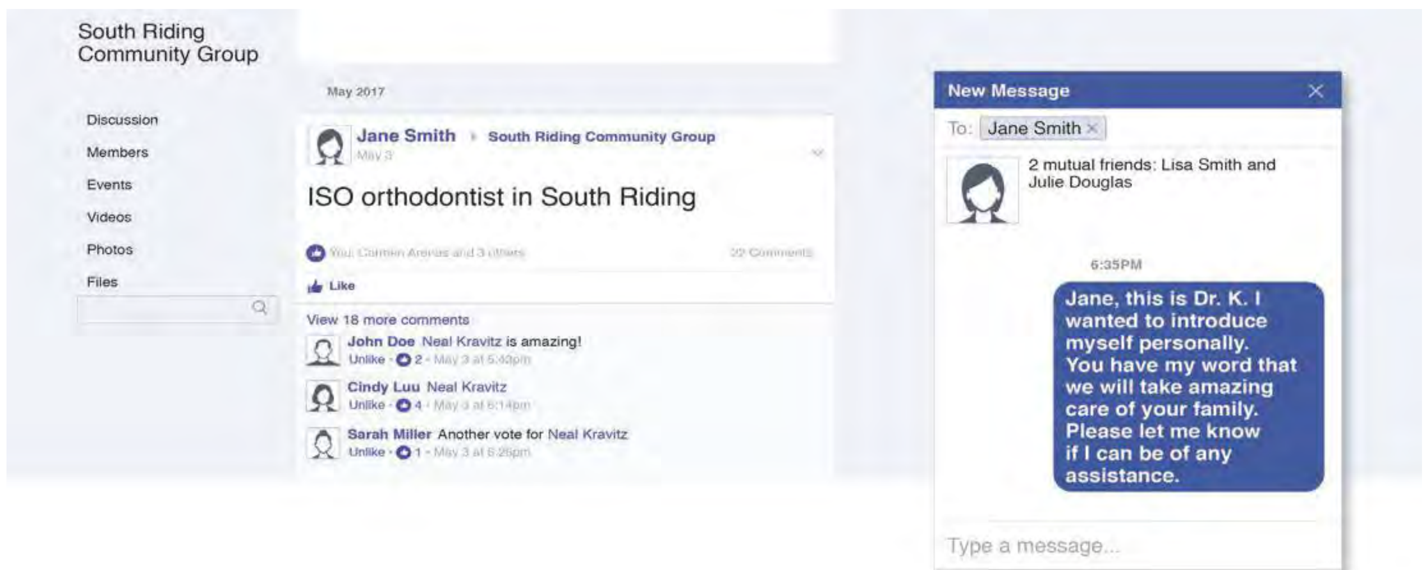

FIGURE 3. SAMPLE INSTANT MESSAGE TO A PROSPECTIVE PATIENT'S PARENT WHO INQUIRED ABOUT AN ORTHODONTIST ON A FACEBOOK COMMUNITY GROUP. NOTE THE TAGS FROM PATIENTS WHO ARE ALSO MY FRIENDS THAT ALERT ME TO THE POST. I MATCH THE NAME AND PROFILE PICTURE AND SEND THE PATIENT A PRIVATE INSTANT MESSAGE.

"The true benefit of this marketing strategy is that it costs only time. The drawback is my personal profile is limited to 5,000 friends. As an orthodontist with well over 2,000 annual starts, I am forced to unfriend people daily to make room for new patients."

FIGURE 4. SENDING A FRIEND REQUEST AND AN INSTANT MESSAGE TO A PROSPECTIVE PATIENT'S PARENT ELIMINATES THE GENERAL DENTIST FROM THE REFERRAL LOOP.

If this individual accepts my friend request, they will then search my profile and see my wall full of happy patients. If they engage in conversation with me before the first visit, then the consultation is as good as closed. By friending and messaging the patient's parent directly, I bypass the primary care dentist's referral (Figure 4). My future patients' parents tell their dentists where they are going to go for their orthodontic care, and not the other way around.

The true benefit of this marketing strategy is that it costs only time. The drawback is my personal profile is limited to 5,000 friends. As an orthodontist with well over 2,000 annual starts, I am forced to unfriend people daily to make room for new patients. If you have sent me a friend request and I haven't responded, now you know why.

CONCLUSION

Traditional Facebook marketing tools are often impersonal and ineffective, while nontraditional methods such as personal profile marketing and sending private messages to prospective patients' parents are actually using Facebook as it was intended—to engage in conversations. Control your message and bypass the general dentist by communicating directly with current and future patients' parents.

AFTERWORD

I understand that this method is not for everyone. Many orthodontists might find this technique time-consuming and invasive. My response to those concerns is that only 2 things are important in marketing: (1) be different and (2) be yourself. My nontraditional Facebook marketing method fits my persona as a hard-working and loving father who is always available for my patients. Modify this technique to fit you.

"Many orthodontists might find this technique time-consuming and invasive. My response to those concerns is that only 2 things are important in marketing: (1) be different and (2) be yourself."

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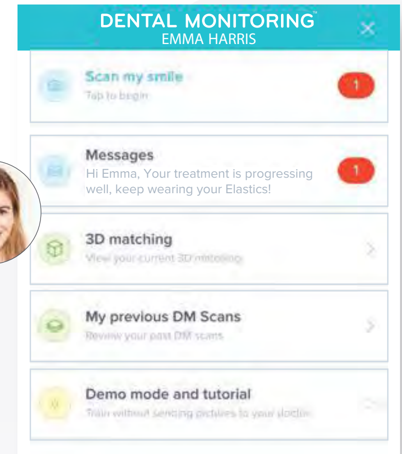

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U.S. Patent No. 7,621,743, 7,238,022 B2, 7,618,257 B2, 6,976,839 B2, and foreign patent numbers

INTERVIEW WITH: HARVEY MACKAY

By Claudia Eisenhuth

Harvey Mackay is author of five New York Times bestsellers including "Swim with Sharks without Being Eaten Alive." Harvey Mackay is also one of America's most popular and entertaining business speakers, speaking weekly to Fortune 500 size companies and associations.

CLAUDIA: What was your first sales job and how did you realize that this is something that you can excel at? And it is right for you personally?

MACKAY: I was very lucky to be successful in life. There is no substitute for having a mentor. My father, headed the Associate Press in Saint Paul, and was my mentor for many years. My first sales job was with Quality Park Envelope Company, and I started in the shipping department. Six months later they threw the telephone book at me and put me in sales. They said good luck, 'sonny boy.' I started selling envelopes and five years later I purchased my own envelope manufacturing company in Minneapolis. Nearly 60 years later I'm still selling envelopes.

CLAUDIA: Orthodontics is obviously a service rather than a product. In your opinion, what is the best way to sell an intangible? How do you create value in something a consumer can't touch?

MACKAY: First of all, orthodontists must be extremely competent to be successful. Word of mouth advertising is as important today as ever. A strong referral business is a must.

In the marketplace, people buy from other people because of people skills, likability, and chemistry. An orthodontist must have a terrific bedside manner.

If they don't like the doctor, they will not come to you. The orthodontist must practice staying close to their patients, and by that, I mean they must humanize their selling skills. By that I mean they should unequivocally know as much about that patient as they can.

Example: the doctor should know whether the patient plays sports, is in the band or on the math or debate team. Where do they go to school? If they are adults, are they married, where were they born or raised, where did they go to school? Do they have kids and/or grandchildren, previous employment, current employment, where they take vacations? You simply can't know enough about your patients.

In the business world, people talk business for 30% of the time and 70% about what is going on in their social life.

CLAUDIA: How do you find good sales professionals?

MACKAY: 1. We keep a running record of all our competitors in the United States and track who their top salespeople are.

2. For my sales manager and key sales personnel in the top markets of the country, I use headhunters.

3. Before I ultimately hire a person, I will run them through an industrial psychologist.

CLAUDIA: What is important in hiring a salesperson?

MACKAY: I have been interviewing sales people for over half a century and the interview will be ended abruptly if I ever think that this person does not have these three traits. What are they?

1. Hungry fighter
2. Hungry fighter
3. Hungry fighter

What has happened with orthodontics, has also happened in the business world these past ten years because of globalization. The orthodontists are now learning about the world of business, and the orthodontists are finding out right now that it is a dog-eat-dog world out there…. Rat-eat-rat…. And shark-eat-shark.

You must have consistency, product knowledge, phone skills, be a good listener, ability to build relationships, sincerity, sense of humor, and be able to deal with rejection. You have to be a strong communicator, good on your feet, be a good presenter be flexible and have a fanatical attention to detail.

Also, they must know that they must reinvent themselves when it comes to selling, which unfortunately they are. They must understand that the biggest room in the world is the room for improvement.

CLAUDIA: What are the values you look for when hiring a salesperson?

MACKAY: There are one million words in the English language and the most important five-letter word in business is TRUST.

Trust, self-starter, one who believes

in continuing education, resilient, and entrepreneurial thinking.

Passion is at the top of the list because a salesperson without passion is just an order taker. When you have passion, you speak with conviction, act with authority and present with zeal. When you are excited and passionate about a product, or anything for that matter, people notice. They want in on the action. They want to know what can be so good.

CLAUDIA: How do you train them?

MACKAY: 1. Read my book "Swim With the Sharks Without Being Eaten Alive" ... just kidding. If they are selling a product, as we are, that is manufactured, they must know how that product is made.

2. They must be knowledgeable about their competition.

3. They must go out and make sales pit stops with our sales manager, as well as some of our most successful salespeople.

4. They should really read every classic book ever written on salesmanship. From my perspective, the number one book in the world on sales, is How to Win Friends and Influence People by Dale Carnegie.

5. I take that last sentence back…. they should not read that book…. They should study it, highlight it, use post it notes, and rough it up. Then go back and re-read it every five years.

CLAUDIA: Would you keep a sales team member who was just OK at closing the sale?

MACKAY: No. Our standards are the highest in the country. On a scale from 1 to 10, if they are not at a 9 or 10, we do not keep them.

Even the best hitters in baseball can't hit the ball unless they take a swing. Many salespeople excel at making their presentations but when it comes to crunch time, they have a lump in their throats. They stall around hoping the prospect will say yes without even being asked. What a wonderful world it would be if that were the case. But it isn't, so you not only have to ask for the order, you often have to ask two or three times.

CLAUDIA: I have heard that with certain sales professionals they can peak and then become complacent. How do you keep your sales team engaged and challenged so that they are always at the top of their game?

MACKAY: For many decades, we handed out crisp, crunchy, crackly, curvaceous, cold hard cash when our sales people knocked off a new account. Also, we send them to sales conferences, suggest motivational books to read, sometimes bring in speakers.

This is why I always look for hungry fighters; people who don't have an off switch. I want people who like to compete. Second is last. If you don't get the order, someone else will. Just remember, they don't pay off on effort, they pay off on results.

CLAUDIA: How do you know when it is time for the current sales professional to move on?

MACKAY: I very much believe in standards. My philosophy has been: It's not the people you fire that make your life miserable, it's the people that you don't fire who make your life miserable.

I have a fanatical attention to detail and sales standards mean everything. If they do not perform, then they will have to jump to another lily pad and find another job. It is simple: agreements prevent disagreements. When you hire, they know exactly what their sales goals are. Incidentally, a goal is a dream with a deadline.

CLAUDIA: One common concern of orthodontists is that general dentists are now doing their own orthodontics and not referring their patients anymore. How would you compete with a family dentist, who already has a relationship with their patient?

MACKAY: You must dig your well before you are thirsty. From the moment, you go into dental school with a wide spread network and keep building on that every single year until you are ready to retire. If you do that, you will not be losing patients to other orthodontists or dentists. In short, if someone has a personal relationship with their supplier, the patient, it is virtually impossible to take that patient away unless they do not perform.

CLAUDIA: Mr. Mackay, you have been known for your stamina, someone who has been on top of your game for decades. Many business owners and professionals over time lose their spark and their drive. How have you been able to do this? How are you able to continue to be passionate?

MACKAY: 1. No negative friends and do not go around with negative people.

2. There is no substitute for curiosity. On my tombstone, I want it to say: He couldn't sleep fast enough. In other words, you want to learn something new every single day.

3. Also, once again, motivational books and good speakers. People's lives change in two ways: The people they meet and the books they read.

4. I have yet to meet a successful person who has not had to overcome some amount of adversity in their life. You can get down and lose your energy and enthusiasm when things aren't going well, but you must remember that failure is not permanent.

CLAUDIA: If you ask most orthodontists, their biggest challenge generally consist of hiring a great team and keeping them engaged. Any pointers on how to assemble a great overall team and how to keep them engaged?

MACKAY: The single greatest mistake a manager can make is to make a bad hire. You have to hire with the knowledge that your people will always be engaged. You always want to hire goal-oriented people. I like to say that winners set goals; losers make excuses.

I also look for people who have a thirst for self-improvement. You don't go to school once for a lifetime. you are in school all your life. Good salespeople are constantly working to become better.

CLAUDIA: I have heard you say that everyone within an organization is in sales, can you explain how that works? Especially regarding an orthodontic clinic?

MACKAY: I strongly believe that virtually every person in our society is a sales person. Why do I say that? Because from the moment they get up in the morning until the time they go to bed, what are they doing all day? They are:

1. Communicating
2. Negotiating
3. Persuading
4. Influencing
5. Selling Ideas

If that isn't a sales person, I don't know who is.

CLAUDIA: Are there any other pointers you would give to business owners on how to be competitive in today's marketplace?

MACKAY: As tough as it is out there for orthodontists, as I understand their plight, the bottom line is that they must continually and always believe in themselves even when no one else does.

Let me leave you with a few of my favorite aphorisms:

* There are no jobs until someone sells something.

* You only get one chance to make a good first impression

* Initiative is important. Finishative is vital.

* Nothing sells itself.

* Customer loyalty is the most valuable asset a business can have and the hardest to earn.

* You can win more customers with your ears than with your mouth.

* Nothing is more deadly to a sales relationship, or any relationship, than a broken promise.

* People, not specs, will always be the key in determining who get the sale.

* "Little things mean a lot." Not true! Little things mean everything.

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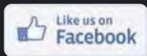

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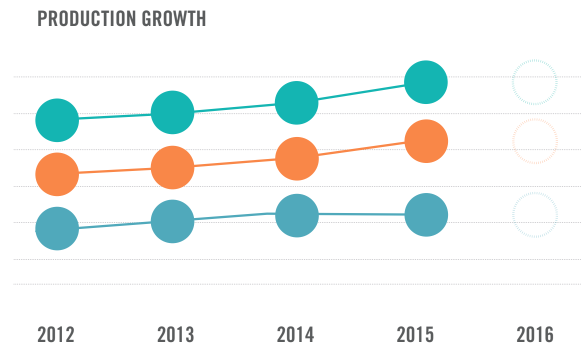

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THE TRAVELING ORTHODONTIST DIARIES

By Dr. Nona Naghavi

I am always inspired by Ben's thought provoking posts and laser sharp view into the future. He is constantly paving a tunnel to clear the path ahead and I'm grateful that I don't have to do the hard work researching the future myself. His recent blog "Emotional Orthodontists" was especially interesting to me because I am living proof that great changes can bring great opportunities. While most of us loathe the fact that GP's do orthodontics, some of us have realized that therein lies an opportunity for us. The GP's desire to offer orthodontic services is so bad he will flip backwards for you to come in and do what you love to do. What is this called? A job guys! What so many of us complain we CAN NOT find… Doctor, it's not rocket science. Here are 14 observations and tips I've learned through my own mistakes: (please know these are my own experiences and opinions. I understand these won't apply to everyone)

WHEN YOU SET OUT TO WORK WITH A GP:

1.) Don't ask for per diem. It's such a mood killer. Work hard, grow the practice, reap the benefits. Rinse and repeat. It's that simple. Why would you literally pick up a block and place it right on the table between you and the owner? Can anyone move forward now? There's nothing more motivating to me to go into work one day with a full schedule of "free" consults knowing I won't get paid until we close some or all of these. Hustle and run. The thrill is worth it. I'd be mindlessly on my phone all day if I was on a per diem, honestly, which would lead to less starts and therefore less production down the road when you're on percentage. I know some of you disagree with me. That's ok. I decided to remove the block from the table and reach and shake the guy's hand on the other side.

2.) Spend more time talking about how you would split "responsibilities", and less time solidifying your percentage or per diem.

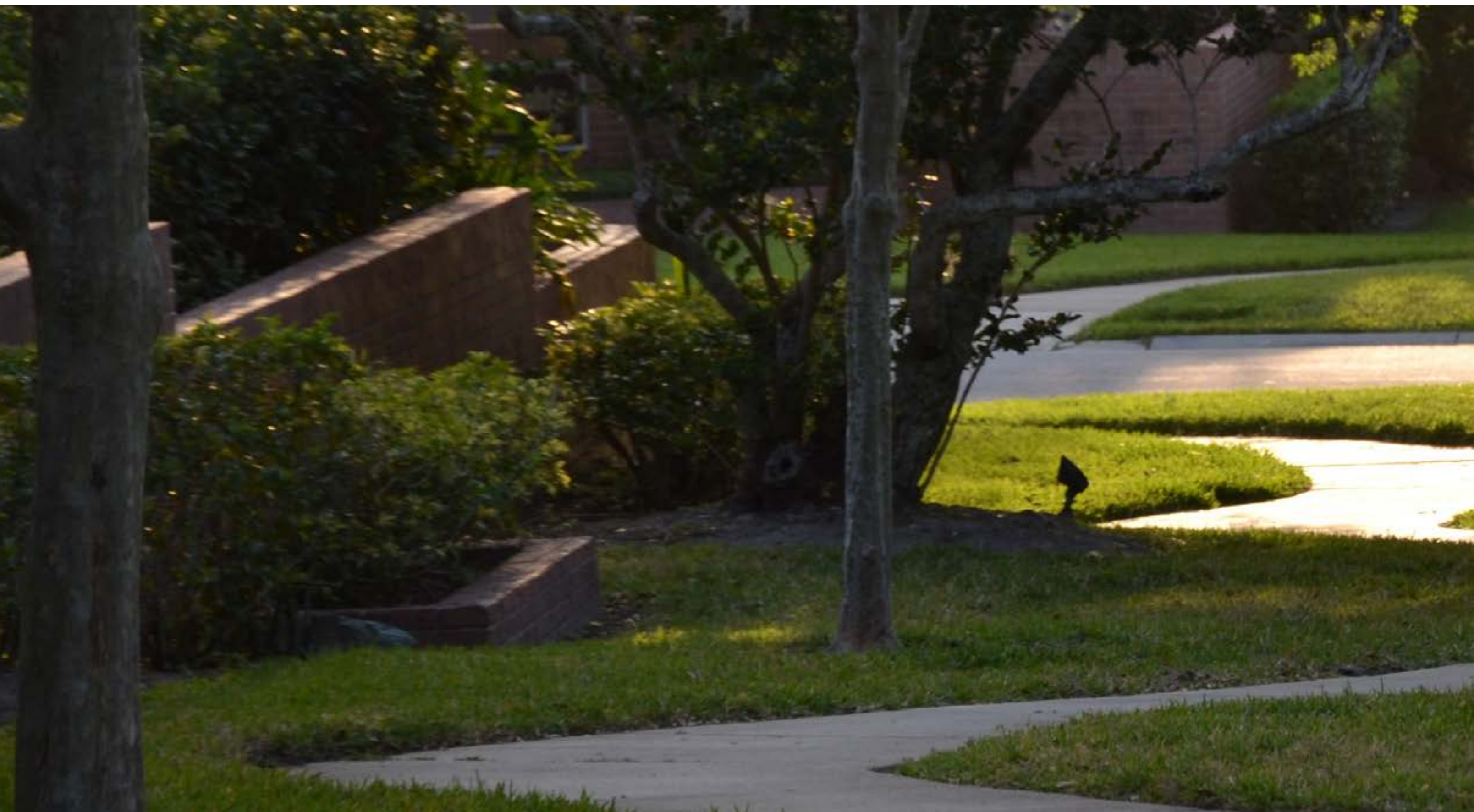
"Doctor, when you walk in that GP office, you ARE the owner for that day. This is the BEST advice I can give you to succeed in ANY collaboration with a GP."

3.) Remember: They don't interview you, you interview the office to see if it's a fit for you. There are a list of things I ask the owner and a list of things I 'eye' the office for to quickly know if there's a need and potential for ortho. Is the office truly ready? Will the owner be MY team player? Not the other way around.

4.) We've all read many posts on all forums about how the owners spend so much time and effort and techniques trying to motivate their staff to believe in the office vision, be a team player, have self-initiative, instead of being solely focused on clocking in and out and their hourly rate. Doctor, when you walk in that GP office, you ARE the owner for that day. This is the BEST advice I can give you to succeed in ANY collaboration with a GP. Don't preach your own staff about looking beyond their salary and then walk into the GP office on your phone the whole time. Don't have an employee mentality. Tell, show, do: verbally tell the owner you have your eye on EVERYTHING as if it was your own office. Show the owner that you are fully engaged and present. Do it. Pick up the trash on the floor because those consults that walk into his office might not know that you are not the owner. If the water is running, turn it off to save on water bill. Turn off the compressor at the end of day. If staff are just 'hanging around' while clocked in, give them something to do. I do this EVEN if it's the owner paying them and not me. Do you really think the owner who sees all of us will be anything but in love with you? Do you think he sees this and still schemes to nickel and dime you? Maybe. I choose to believe that he won't. Just like I don't nickel and dime a staff who I can see is going above and beyond.

5.) When you go to interview an office, shower the owner with all the benefits you're about to bring into his office. Tell him you have done this successfully and this is how, or you know of someone who is doing this and this is how. Talks about a contract shouldn't even come up after this. Only if YOU want one, you should bring it up. I have never had a GP office push a contract on me after they hear me explain to them what I'm going to do and what they can expect from this amazing venture. I think they're so thrilled to get started that they feel a little ashamed to even insist upon a contract.

6.) Two things can make a contract become the center of attention: greed and dishonesty. Not only the owner's but also YOURS. Don't be greedy and dishonest and most people in their right mind won't



get in a tangle with you.

7.) Best job referrals for me these days is through hygienists and assistants. Once they work with you they start talking about you to their other co-workers who work in other offices who might want to start offering ortho. Job ads to me signal a possible revolving door like a home that's been on the market for too long.

8.) Many grads say "I want autonomy, I can't work for someone else, I'm not sure ownership is for me but I'm going to do a startup anyway because there's nothing else". Stop. There are other options so you can have the best of both worlds.

9.) What if the GP office gets sold? One of my productive GP offices was sold 2 months ago. I started ortho they're pretty much from scratch and it grew pretty well. The owner and I were getting along famously and I finally understood that the sky can really be the limit once the doc and the manager (in this case the owner's wife) see eye to eye and have goals that are aligned. It was a beautiful and fruitful relationship. Fast forward about a year and a half and the wife tells me they've decided for personal reasons they want to sell and move. The first lesson I learned from her talk was, ownership is NOT for everyone. Here was this GP who opened up an expensive office right after graduation thinking he was going to ride into the sunset but with ownership comes the need for a thousand other capabilities that if you haven't got it you can't just go to a store and buy it. The wife was one of the best managers I've seen, yet lesson two was that if one wheel of the bus isn't running the whole bus stops. Lesson three was no rash decisions needed, calm down and observe the change. I did worry. Mostly about things most of which did not materialize. Moral of the story is even if an office changes directions on you, be fluid enough and flexible enough to make it work.

10.) Don't get too dependent on your TC. Likewise, the world doesn't end if you find yourself without one, especially if all your eggs aren't in one basket. I wrote in "Doctor, please stop assuming" about my busiest office having a treatment coordinator that I incentivized for same day starts and the results were nothing but amazing. Well, about 5 months ago she experienced a miscarriage and with it went all same day starts. Of course this was a very traumatic chapter of her life. We all grieved with her. There's nothing more tragic than a life being lost and I gave her as much time as she needed to get through this. First lesson I learned was don't get too dependent on your TC. Second lesson was everyone is replaceable. As if one office wasn't enough, 3 months ago another TC in another awesome office was diagnosed with cancer. This is very heartbreaking as this guy is only 28 and the best male TC I've seen. Nearly closes every case because he is the embodiment of confidence. Good news is both individuals are back to work full force and all is fine again but the hiatus taught me many lessons, perhaps the best of which was that I have become resilient and flexible enough to ride through these changes. Stay flexible, stay calm and re-strategize. You can do this.

11.) Put your eggs in different baskets.

Pick up as many offices as you can handle. There's nothing more stressful than if your ONE office has an issue you have to solve to make it more productive. We hear about it all the time on all the forums. First of all, working in other people's offices leaves the hard work for the owner, not you. So that's great already. But second of all, if you have multiple sources of income and all of a sudden one office is hitting a road block you can have peace of mind that income is coming in from other offices that are doing well and you can maintain a clear head through the roadblock and find a solution quicker. This happens to me all the time. In an almost synchronized fashion, production in one office dips but others soar. In total the income is roughly the same so my stress is low. I can focus on that one office until the issue is resolved and so on.

12.) Having orthobanc or any automatic withdrawal setup is nice but not always practical in a GP office. I have learned to come to terms with that. I used to ask the TC to try and collect for all the missing appointments so accounts would stay current. Then I realized it can quickly become difficult for a mom to come up with 3 or even 2 monthly payments at one go. Not impossible but it left a not so happy taste. Money talk is always unpleasant and there is no quicker way to piss off a parent. Best way I taught the TC's to explain this is: If you go on a vacation for a month you still have to pay your mortgage for that month. If your car is at the shop you still have to pay your monthly lease. I thought it would be a no brainer explanation. It's not. Parents still fight you on this. Finally I gave up. Being behind on payment for a few months doesn't scare me as it did before. I'm fully aware of what the balance is. We will keep on treating until the balance is paid. And then we will debond. Sometimes I think it's much less headache to just continue collecting monthly payments as they come and bypass the whole ugly money talk with mom. If they ever ask why isn't the treatment done yet, kindly remind mom that the teeth are looking great and debond can be done as soon as balance is zero. Most will run to the front desk.

"Bottom line: Successful offices can not get the better of you. Be you. Just as there are many lessons hidden in each of the listed insecurities, there are lessons in intimidation too."

13.) You know the moms that walk in with their arms crossed and face as stiff as a brick? When I see that I think about my past few days. Did I walk into Starbucks and not smile at the barista because I was thinking about my student loan? Did I not give a big hello to my assistant this morning because I was thinking about my daughter home with the flu? Catch my drift? I'm not saying it's ok to be rude to others. I'm just saying we don't know what's on mom's mind. Maybe it's not you. If it is you, try and address it. If you can't, try something like this: well thank you Johnny for not breaking any brackets today! I really love that! Most moms will give you at least a half nod because you complimented the joy of their life: their child. If there are broken brackets AND mom looks pissed, offer Cuban coffee! In South Florida EVERYONE is drinking them ALL THE TIME! I know most offices have coffee makers now. But the difference here is this: Cuban coffee is served in tiny cups on an actual tray with an assistant walking around the office like a waiter and serving everyone from moms to doc to pts to front desk… it's magical. It's such a personal, homey, and friendly service you forget you're in an office… and pissed. I know I do! I've even been interrupted in the middle of a consult by a staff entering the room with a tray. Oh, it sooo breaks the ice..

14.) The list of insecurities in "Emotional Orthdontists" were: SDC, Invisalign taking over, number of ortho programs, DSO, GP doing ortho. I will add one more for the newbies.: Hearing and reading about the amazing and successful practices. This can be very intimidating. Of course it made me doubt myself too. Where did I fit into that spectrum I thought to myself many times. I had an epiphany one day when I realized THAT WAS NOT ME. Doctor, don't be ashamed of yourself. Some of us are thin, some fat, some tall, some short, some light, some dark but by God we are all beautiful and human and we all bleed red. A huge part of me believes that there actually are patients out there who are intimidated to seek treatment in super elite offices. They might consider it unattainable (wrongfully). So there will forever be need for all tiers of providers. Bottom line: Successful offices can not get the better of you. Be you. Just as there are many lessons hidden in each of the listed insecurities, there are lessons in intimidation too. Just as you should think for yourself how you can leverage these changes to your advantage, you can channel intimidation in a productive and positive direction to benefit you, not to hurt you.

We keep hearing these days that "change is good!" I wasn't sure I believed that until I wrote this article and realized how much I have changed and grown through these trials and tribulations. Change really WAS good!

Brush up on your reading

Drs Marc Ackerman and Ben Burris are announcing the publication of their book… **Straighter: The Rules of Orthodontics**. It is a radical departure from the traditional approach to clinical decision-making and practice management. Drs. Ackerman and Burris reject the warmly held idea that these two areas are mutually exclusive. The book rests on the premise that orthodontics is in large part elective and falls under the category of enhancement healthcare. With that in mind, the authors suggest that orthodontists treat consumers rather than patients and these consumers are seeking an orthodontic intervention that is effective, efficient, fair priced, and easily accessible. Readers will gain insight into the current market trends in orthodontics and learn how to modify their mindset and office systems to align with the needs of the consumer.

For more information about the book please contact Amy Bradshaw at amy@theproortho.com
If you mention that you read about the book in the Progressive Orthodontist, you will receive a 10% discount on the purchase of the book.

Drs. Marc Ackerman and Ben Burris will be giving a 2 day intensive, interactive course for implementing the Straighter philosophy into your new or existing practice. Topics such as office systems, market positioning, realistic outcome planning and mechanics, managing consumer expectations, and marketing will be discussed. Bridget Burris and Amy Bradshaw will be giving a concurrent operations team course that is appropriate for office managers, TC's, financial coordinators, front desk personnel and even chairside assistants. The course will take place in Orlando, FL on December 1st and 2nd 2017.
For more information please contact Amy Bradshaw at amy@theproortho.com

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