# Meet Dr. Francisco Garcia

Q3 2018

MARKETING/ SOCIAL MEDIA
THE MODEL TYPE
–BY ANGELA WEBER

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INTERVIEWS WITH DR. DREW RUMMEL AND DR. ROB PATTERSON

OFFICE LOGISTICS
USING TEXTING TO INFLUENCE PATIENT BEHAVIOR
-BY DR. KEITH DRESSLER

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I had a great time at the AAO Annual Session in DC. As always it was fantastic to catch up with friends and like-minded orthodontists. It was even enjoyable to talk with many who don't share my worldview as I do enjoy a lively debate. It was an interesting meeting and I'd call the overall feel unique for the 15 or so annual sessions I've attended. The average orthodontist attending the meeting seemed to have more than a bit of concern for the state of the industry, their market position, their practice and their future. I found this particularly odd given the fact that the economy is booming! It seems that this uncertainty arises not only from the changes in the orthodontic landscape but also from an overabundance of information and options. Ironically it appears that the explosion of groups and forums and meetings and experts in the last year has had the opposite effect intended and many orthodontists are now experiencing analysis paralysis – the inability to make a decision or pick a path of implementation due to an overwhelming number of options. It's sad to watch and I sincerely hope that most orthodontists can overcome this, pick a path and stick to it for the most part despite all the distractions. If you're having success then keep doing what you're doing. If you're struggling it may be time to change it up a bit and find someone to help you – preferably someone with a proven track record of success – credentials difficult to authenticate in the Facebook Group era.

It's a great time to be an orthodontist as awareness of orthodontics seems to be at an all-time high. The public wants what we have to offer… now we just have to figure out how to deliver it in a manner that the average consumer values!

I have my theories about what this will look like and am putting them to the test in our proof of concept office in Orlando, FL. Smiley Face is a grand experiment that incorporates all I've been advocating in ProOrtho and on OrthoPundit.com. We will soon see if it flies or dies – I'll post my P&Ls on OrthoPundit.com periodically so we can learn together. What a great time to be alive!

-Ben

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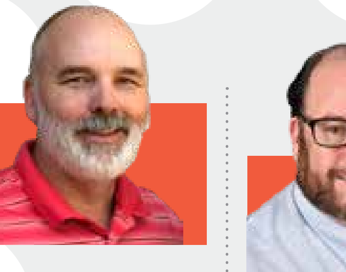


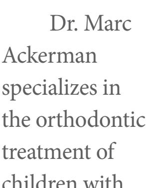
Ben Burris graduated from The Citadel in 1994 with a BS in biology, spent time working in Washington DC after graduation, received a Rotary International Ambassadorial Scholarship and spent a year in Wellington NZ at Victoria University, graduated dental school with a DDS from The University of Tennessee in 2001, and graduated orthodontic residency in 2004 with an MDS from The University of Tennessee. In his short 13 year career Burris' practice grew to over 20 locations which he sold in April 2017. After the sale Burris is effectively retired and living in Orlando, Florida with his wife and two children. He is building what he calls a lifestyle office where he plans to offer braces for 3000 dollars and Invisalign for 2000. Burris (and others) expect his new office and unheard of price point to revolutionize how orthodontics is delivered and engage a significant percentage of the population in orthodontic treatment. Burris founded S4L.org, TheProOrtho.com, OrthoPundit.com among other institutions in orthodontics and is a driving force for change in the orthodontic profession. Burris and Dr. Marc Ackerman recently released a book, Straighter: The Rules of Orthodontics and do a two-day course in Orlando of the same name.

Feel free to connect with Dr Burris so you can get a better understanding of who he is and what he does. Facebook.com/bgburis

## DR. GRANT DUNCAN

Dr. Grant Duncan (BDS, MSc) is based in Adelaide, Australia. Member of RACDS, Pierre Fauchard Academy, International College of Dentists, ADA, ASO, AAO. Top 1 % Black Diamond Invisalign provider. A number of teaching and membership affiliations, but probably best known internationally as the co-founder of The Invisible Orthodontist (TIO), an international community growing their practices by claiming the expert Invisalign space in their communities.

## DR. MARC ACKERMAN



Dr. Marc Ackerman specializes in the orthodontic treatment of children with dentofacial deformity, intellectual and physical disabilities and sleep disordered breathing. He received his DMD from the University of Pennsylvania School of Dental medicine in 1998 and his certificate in Orthodontics from the University of Rochester-Eastman Dental Center in 2000. Dr. Ackerman later completed his MBA in Executive Leadership at Jacksonville University Davis College of Business in 2009. Dr. Ackerman is the Director of Orthodontics at Boston Children's Hospital and teaches residents in both pediatric dentistry and orthodontics for Harvard School of Dental Medicine.

## DR. BEN FISHBEIN

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

## DR. FRANCISCO GARCIA

Dr. Francisco Garcia has been delivering outstanding orthodontic care since 2009. Dr. Garcia continues the legacy of almost 40 years of presence in the community of Kendall and its surroundings. Being one of the longest established offices in the greater Miami area serving already the third generation of patients that pioneering Kendall orthodontist Dr. Howard Sacks started almost 40 years ago.

Dr. Garcia graduated with Honors from Boston University with a DMD degree and completed his orthodontic specialty training at the University of Nevada. Dr. Garcia is a "Specialist in Orthodontics and Dentofacial Orthopedics" and completed a 2 year Post-Doctoral training from an accredited Orthodontic Program.

He also has a background in dental research and has presented multiple times in dental meetings including the International Association of Dental Research (IADR). And the (AAO) American Association of Orthodontists yearly meeting.

## CARLA DELOACH & JORDAN DELOACH HURLBURT

Carla DeLoach and Jordan DeLoach Hurlburt are partners of the estate planning law firm DeLoach, P.L. Carla is a graduate of Stetson University and holds an LL.M. in Taxation from the University of Florida. She is certified AV Preeminent with Martindale-Hubbell. Jordan is a graduate of the University of Florida and holds an LL.M. in Taxation from New York University. She is board certified in Wills, Trusts, and Estates. Both Carla and Jordan are graduates of ACTEC's Florida Fellows Institute's inaugural class. Their practice emphasis includes estate and succession planning, probate, and trust administration.

## 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.

## AMANDA FLOYD

Amanda is the Chief Operating Officer at Fishbein Orthodontics and has been a driving force in the practice's success and nearly unprecedented growth. She started her career in this industry in 1998 and has spent a great deal of time working in each position within an orthodontic office. She has extensive knowledge of the inner workings within each department, which has contributed to the rapid growth of Fishbein Orthodontics. She is very passionate about the flourishing practice, the dedicated employees, and the orthodontic industry in general. Amanda lives in Pensacola with her husband Chris and their three daughters. In her time away from the office she enjoys working out, cooking, reading, and spending time with her family.

## NICK TARANTINO

Nick Tarantino, CPA is the Senior VP of Operations for OrthoSynetics, and leads the Patient Financial Services, Practice Accounting, and Procurement departments that gives business administrative solutions to your practice.

Nick has over 10 years in international accounting where he created and the developed the finance function in 8 countries. He is experienced in collaborating with multiple layers of management and implements a solution base processes to achieve management's goals. He is a member of the American Institute of Certified Public Accountants and the Louisiana Society of Certified Public Accountants.

## RYAN YOUNG

Ryan Young is an architect, visionary and family man. Like many, he is a transplanted Floridian by way of the northeast – growing up in Jersey and earning his master's and undergraduate degrees in architecture from Northeastern University in Boston. Once he settled in Central FL in 2001, he started a commercial construction company called Interstruct Inc., which helped embed him into the cultural fabric of Orlando and contribute to the city's renaissance over the last decade.

## 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. KEITH DRESSLER

Dr. Keith Dressler is an avid entrepreneur who has over 30 years' experience as a practicing orthodontist. In 2000, Dr. Dressler co-founded OrthoBanc, LLC a cloud-based automated accounts receivable platform, that is currently serving over 4,000 healthcare providers. Dr. Dressler also co-founded Elite Physician Services, a national healthcare patient finance company, which grew to over 200 million in sales before it became the Citi Health Card in 2003.

## BRANDON JANIS

Brandon Janis is a serial entrepreneur with special expertise in work process design. Before graduating from Brigham Young University with a degree in Human Resource Development, he and his brother created a DOS-based practice management system for their father's dental practice and sold it to a couple dozen offices to finance their education. In 2012, his entrepreneurial pursuits came full circle back to dental technology when he co-founded Dentma. Dentma's marquee product is Ava, an artificially intelligent personal assistant to help treatment coordinators track and follow-up with pending patients. Dentma also provides bridge technology from practice management systems to third-party software systems. Brandon can be reached by text at 281-250-4047 or by email at brandon@dentma.com.

## DR. TAREK EL-BIALY

Dr. Tarek El-Bialy has a Certificate of Specialty in Orthodontics, an MSc degree in Oral Sciences from the University of Illinois, IL, USA, and a PhD in Bioengineering also from the University of Illinois. His orthodontic practice is in downtown Edmonton, AB, Canada, and he is a professor of Orthodontics and Biomedical Engineering at the University of Alberta, AB, Canada.

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Presented by
**COO Amanda Floyd, Dr. Ben Fishbein, & the Fishbein Orthodontics Team**

## Hear what some of our past attendees have to say

**Dr. Chris Feldman**
Feldman Orthodontics

"How many conferences take you inside the office on an actual patient day?? It was so amazing to see his team in action and interesting to learn about the techniques Ben has used to take an average sized practice to one of the largest single doctor owned offices in the country in just 4 years. Whether you are just starting out or already have a large practice, I guarantee there's much to take from this awesome experience."

**Dr. Jacob Koch**
Koch Orthodontics

"Bring staff with you, because they'll learn more than you! My team and I were inspired to do better and be better, and we gained a treasure trove of valuable improvements to make at our office. The course pushed me to open my mind and realize how much better I can make my practice. Well worth it!"

**Dr. Erin Smith**
Goldsboro Pediatric Dentistry & Orthodontics

"I loved it. We've been talking all week about ways to implement some of the things we saw, and my office manager was really inspired. Tim and I really benefited from the transparency that you and your team had. You've created a major operation. I am going to reserve some spots to send some staff to the next meeting."

*Limited spacing available, save your spot now at:*
**FishbeinFundamentals.com**

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850-477-1089
Amanda@FishOrtho.com

# Give Patients What They Want

By Dr. Ben Fishbein and Amanda Floyd

This past year, our practice was able to host an incredible group of orthodontists and their teams at our in-office course. We were fortunate to have both of our courses sell out and couldn't be more excited about all of the amazing friends we are meeting along the way. At our courses, we cover a variety of topics ranging from practice management to marketing and everything in between. Although we focus on office systems and structure, inevitably the same topic continues to come up – getting more new patients in the door.

At our practice, like many other practices, the majority of our new patients come from existing patients. While there are many ways to encourage current patients to refer their friends and family to our office, perhaps the most simplistic way of encouraging referrals is to keep your existing patients happy. The best way to do this? Give patients what they want!

The concept sounds simple enough. Treating people right, doing great orthodontic work, and keeping the promises you made in your initial consultation should be enough to keep patients happy. Except when it isn't. Setting patients' expectations helps, but sometimes this still isn't enough. Maybe we're only talking about the 5% of patients here, but 5% is a lot!

## RITZ-CARLTON'S FAMOUS $2,000 RULE

We've learned a lot about customer service by looking at businesses larger than our own as well as from businesses not related to orthodontics or even healthcare. One of our favorite lessons comes from the Ritz-Carleton. The Ritz-Carleton has a simple rule, they empower their employees to spend up to $2,000 an incident to solve their customer's issues. And this is without getting their managers permission!

Sounds crazy, right? Especially when you consider most stays at the Ritz-Carleton are well under $2,000. How can they spend more to keep a

customer happy than what the customer is spending and continue to stay in business? It's because they understand customer service far better than the average orthodontist. And they're right. In fact, the average loyal customer spends $250,000 at Ritz-Carleton over their lifetime. All of a sudden $2,000 doesn't sound like all that much.

So how can we relate this to the orthodontic space? Maybe instead of focusing on what the average patient spends on their orthodontic treatment, we should consider what the average family spends on their orthodontic care over their lifetime. And maybe even what the families of their friends that they refer to our offices spend too! When doing this, it becomes apparent that keeping patients happy and giving patients what they want becomes incredibly more valuable.

*"Maybe instead of focusing on what the average patient spends on their orthodontic treatment, we should consider what the average family spends on their orthodontic care over their lifetime."*

## WHAT DO PATIENTS WANT?

When we ask this question to large groups of orthodontists, one of the first answers we get is a great orthodontic result or a great smile. This isn't the wrong answer, but in our opinion it's not the right one either. This isn't a want, it's an expectation and a must. Instead of debating the importance of canine classification and overbite correction, let's be clear, as orthodontists we must get patients feeling confident about their smiles. We must do the best orthodontic work we can given the variables we have to work with including practicality, predictability, and patient goals.

But patient wants and desires go well beyond their smile. In fact, at our office we obsess about what patients want. Of course patient wants and desires vary greatly between patients, but when it comes to choosing an orthodontic office, we focus on three main categories – Convenience, Experience, and Value, and in that order.

## CONVENIENCE

When it comes to convenience, the first things that typically come to mind are the proximity of the office to the potential patient's home and the office's hours of operation. However, we consider convenience to be so much more than this. Convenience can include how easy it is to get a new patient appointment, how long a patient has to wait to get in for a new patient appointment, and how helpful and friendly the person booking the new appointment is.

Convenience can also include other factors such as: Does this office accept my insurance? How often do I have to come in for my orthodontic appointments? Can I text-message or book my appointments online, or do I need to call? How many appointments does it take to actually get the braces on? Don't forget one of the great lessons from Uber, whoever makes it easiest wins!

## EXPERIENCE

It goes without saying that in order to keep your patients happy enough to refer their friends and family, there's nothing more important than providing a great experience. We've all seen the 'candy walls' and 'debond songs', and I don't doubt that sometimes these things can and do add to the patient experience. However, in my opinion, it's the simple things that create the best patient experience.

Possibly some of the most overlooked ways to provide a positive experience is to do what you say you'll do, have a positive, friendly team, and run on-time! Running on-time doesn't only mean patients being seen for their appointments on time but also getting their braces off on time! In our opinion, the single most important thing you can do is

develop a positive culture in which your staff feels appreciated, important, and empowered. When your team knows you wholeheartedly appreciate and support them, they will support you too. Loyal and supportive team members will go out of their way to provide amazing customer service to your patients and will oftentimes turn negative situations around before they even have a chance to become issues.

### VALUE

Value doesn't necessarily mean that the lowest price wins, although sometimes it may. It doesn't mean the highest price wins either! Value can be increased a number of ways, and sometimes instead of lowering your fees, it might mean adding to them! Find out what your patients find value in. Whether it's whitening, a retainer replacement plan, or a special bracket or aligner system, to build value, offer what they want. Or maybe it's the radical convenience or amazing experience your team provides (our first two focuses) that builds the value.

At our office, any patient who starts Invisalign treatment and is unhappy for any reason can switch to braces with no extra cost. We see this as an additional value our office provides. And we honor that vice-versa too! Is it crazy to allow a braces patient to switch to Invisalign at no extra cost knowing we will have to cover the Invisalign lab bill? Maybe. But then again, remember the Ritz-Carlton's famous $2,000 rule. Consider that patient's experience in terms of the friends and family they could potentially refer to your office versus the amount of profit made on one single orthodontic case.

At our in-office courses, we not only teach our office systems, but we show you first-hand how we strive to provide the most convenience, the best experience, and the highest value to our patients. When we say in-office, we really mean it! Our attendees spend a half day in our offices observing our team as we work a full schedule- meeting new patients and treating existing patients. We spend the rest of that day and the next morning reviewing our office systems in detail. Everything is transparent including our new patient process, clinical systems, and marketing strategies. There's nothing we love more than conversing with and learning from other orthodontists and their teams. By doing so, we can all better serve our patients, practices, and communities and have a lot more success along the way!

Learn successful strategies to **grow & promote your practice**

*We would like to invite you to a* ***1.5 day intensive learning opportunity and to enjoy one of the most beautiful beaches in the US.***

Learn about some of our most successful marketing strategies, our simple and effective new patient exam process, and our efficient clinical management systems. This course is recommended for doctors, treatment coordinators, marketing coordinators, practice managers, and clinical coordinators.

## About Fishbein Orthodontics

Fishbein Orthodontics has 5 locations in Northwest Florida and is regarded as having one of the fastest growing orthodontic practices in the nation. Dr. Ben Fishbein is a Diamond Plus Invisalign Provider and serves as the official smile provider for the Pensacola Blue Wahoos minor league baseball team. Fishbein Orthodontics has won the best marketing design award from The Progressive Orthodontist Study Club.

The Fishbein Team

Margaritaville Beach Hotel

Pensacola Beach

## Suggested Accommodations:

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Pensacola Beach, FL 32561.
850-916-9755

## Room Block Discount Code:

Fishbein Orthodontics

***Space is Limited***

## About Pensacola Beach, FL

**Pensacola Beach is world famous for its sugar-white sand beaches and emerald-green waters. Named best east coast beach and the fifth best beach in the US, Pensacola is known for its rich history and has beautiful natural sites that have been preserved for hundreds of years. Registration cost is fully refundable for cancellations received one month in advance of the program. Course materials, listed meals, and shuttles to Fishbein Orthodontics practices are included. Hotel arrangements are not included and will be the responsibility of attendees.**

***Courses typically sell out 6 months prior to course date. We encourage early sign up as spacing is limited. We offer a full refund up until 14 days prior to course date.**

# The Model Type

By Angela Weber, CMO OrthoSynetics

Over the course of 20 years, I've had the pleasure of working with several orthodontic entrepreneurs. I use the term "entrepreneurs" because these individuals made the decision to break out on their own, forge their own path and open their own practice doing what they love. Throughout this time, many succeed beyond their wildest expectations. And yet, even though every success story is unique, there are certainly some common themes that run through each one.

One question I'm asked a great deal is, "What's that one thing a practice owner can do to guarantee success?" The answer itself is a nuanced one because success can't become achieved from one specific thing or action, but rather small decisions done over time, consistently every single day. Here's what I've learned from some of the best orthodontic entrepreneurs.

## SUCCESSFUL PRACTICES ARE RUN LIKE A BUSINESS.

That means strong leadership and a strong team you can count on to get it done.

## MARKETING IS KEY. REACHING THE RIGHT PEOPLE AT THE RIGHT TIME.

If there's one thing successful orthodontic entrepreneurs do differently it's how they think about marketing. When determining what type of marketing strategies to employ, they often implement a marketing strategy that's holistic in nature, with all aspects working together to drive an increase in new patients to their practice. To do this right, it takes multiple touch points from various media outlets. These variables can be overwhelming, but they also add up to a huge opportunity to grow your revenue and increase your profitability.

*"Even the best practices fail. In fact, most experience failure at some point. The key is to fail fast, learn from it, adjust accordingly, and move on."*

## FULL-STEAM AHEAD. STAYING FOCUSED ON THE BIG PICTURE.

Recently, I attended a doctor-run study group session in which a successful practice owner outlined his marketing strategies that were all part of his own practice's growth strategy. Shortly after he began he became peppered with very detailed and specific questions to which his response was surprisingly awesome, "I have no idea." What this showed was that he understood the big picture but wasn't letting the details bog him down or slow his momentum. If there is anything the doctors learned that day it's that truly successful orthodontic entrepreneurs are more focused on the big picture than the details, allowing them to stay focused and charge ahead.

## THERE IS NO SUCH THING AS AN ORIGINAL IDEA. BUT THERE ARE NEW WAYS TO EXECUTE THEM.

The only way to grow as a person, professionally, or as a leader is to never stop learning. Successful orthodontic entrepreneurs aren't generally know-it-alls. Instead, they're willing to learn and have a trusted circle of mentors to turn to for advice, sharing their successes, failures, and questions. Now, we're not saying these successful orthodontists follow everything their mentors say – certainly not – but it does give them another way of looking at things and a new perspective they may not have thought of. Thus, leading you to an even better idea or an even smarter decision.

## SUCCESS COMES BEFORE PRIDE. STAYING HUMBLE KEEPS YOU FROM GETTING COMPLACENT.

Even the best practices fail. In fact, most experience failure at some point. The key is to fail fast, learn from it, adjust accordingly, and move on. Sure, successful practice entrepreneurs are competitive. They play to win, and they hate to lose. However, when things go well, we often don't question why. Yet, in failure, we question every aspect of it. What went wrong? Why did we get a different outcome than what we expected? Failure offers us an opportunity to improve our processes and our systems. Allowing us to solve challenges in new ways.

*"You can't always get what you want. But if you try sometimes you might find you get what you need."*

*-Mic Jagger*

KNOW YOUR STRENGTHS AND YOUR WEAKNESSES. AND THEN, DELEGATE TO THE EXPERTS.

In working with a client recently, I found myself deferring to what he wanted in the design process. His response, "I want it to work, so whatever you decide is what we will go with." Imagine the freedom and responsibility that goes with this type of trust. Select a team you trust and let their expertise lead the way. How many times do we give our team the answers we want instead of trusting their expertise and judgement. In these cases, we are only getting one perspective – our own – and that isn't always the best.

Instead, we end up paying for expertise yet not fully leveraging it because we find it hard to let go. Therefore, we end up getting exactly what we asked for instead of ideas and strategies that could truly revolutionize a practice. Like Mic Jagger said, "You can't always get what you want. But if you try sometimes you might find you get what you need."

COMMIT TO A PLAN. AND STICK WITH IT.

Bottom line: you need a plan. This doesn't mean your plan shouldn't be flexible, but it should be one you can 1) believe in and 2) stick to. Of course, the plan will need fine tuning, but try limiting the number of times you scrap and readjust your direction. After all, those stops and starts only push you farther away from your end goal.

THE WIN IS IN THE PUSH. DON'T BE AFRAID TO BE PATIENTLY IMPATIENT.

I'd love to say successful clients are patient and have realistic expectations, but that's not the case. They push and push hard. They are what I call: patiently impatient. They demand things I didn't even think were possible. I'm sure I'm supposed to tell you to set realistic expectations, but I say shoot for the moon and land in the stars.

There are plenty of successful role models in our industry. Orthodontic entrepreneurs shouldn't feel as if they have to go it alone, and neither do you.

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# "My Mom is My Orthodontist"
## Lessons Learned So Far

By Dr. Courtney Dunn

When my middle child turned 7, I performed her first official orthodontic exam. Of course, I've been looking in her mouth well before she sprouted her first tooth, but it was time to take a panorex and really start evaluating what we were dealing with. Open bite. Ugh. Of course, having two orthodontists as parents meant that she had a tongue crib immediately placed and we started some speech therapy to boot. We learned a lot from this experience:

- Our child is extremely stubborn (actually, we already knew that). If she doesn't want her "r" to sound like an "r" – it will not. No matter how much money or time we throw at it.

- She is the worst orthodontic patient ever. Assistants would run the other way when she entered the door. Our sweet child would transform into a demon as soon as she sat in the dental chair.

Eventually we gave up and removed the tongue crib, let her pronounce her "r" sounds however she wanted and dreaded the day we would have to perform comprehensive treatment for her. Ages 10 and 11 came and went and we delayed starting her treatment. "Let's see what happens if we leave it alone" we mused, all the while knowing that eventually we were going to have to attack this bite and deal with the wrath that would accompany the treatment.

At 12 years and 4 months, all the 2nd molars had fully erupted. We could no longer put off the inevitable. We had to do something. "Braces or Invisalign?" We asked her and she told us she had no preference. FYI - this child always has a preference but getting her to tell us is sometimes a challenge. We started to think that Invisalign treatment may be the way to go, considering her history and our good track record correcting open bite using aligners. This also gave us the added benefit of not having to bond upper and lower 7-7 with brackets on our wiggly, sensory daughter.

Although we still need attachments, it may be an easier process for both of us. So, we announced to our child that she would be scanned for Invisalign after she was done competing at the state championships in swimming. She shrugged, feigning indifference, probably realizing that the decision was made and she wasn't allowed to have much more say in the matter.

Here's a little summary of our experience so far:

- Surprisingly, our little terror has matured since her tongue crib days and the scan went very well. She didn't complain and was very proud of herself for completing her orthodontic appointment with no drama. **WIN**

- My husband placed her attachments on a Sunday afternoon (when I was um, too busy, yeah, too busy to go with them). Once again, a happy surprise when they came home quickly and our child had attachments and aligners in her mouth. **WIN**

- The first few days weren't awesome. Our sensitive child was frustrated taking the aligners in and out. **LOSS**

- She was also surprised that her teeth were sore. We heard about these things repeatedly. She really wanted to make sure we knew that she wasn't comfortable. Even though 200 mg Advil seemed to do the trick, she complained consistently for about three days. **LOSS**

- She was only sore for about 3 days and hasn't complained after changing to her next set of aligners. **WIN**

- She plays her clarinet with her aligners in. **WIN**

- She hates taking them out when we go out to dinner. **LOSS**

- Most of her friends didn't really notice her aligners (and she has upper anterior attachments). **WIN/LOSS** (Some kids want their friends to notice).

As I write this, it has only been three weeks of treatment. But, I have already used a lot of this information to educate my aligner patients about what they should expect when starting treatment. I am sure my daughter will continue to give me constant feedback, whether I ask her or not, and hopefully I can use that information to become a better orthodontist. **WIN**

# Using Texting to Influence Patient Behavior

By Dr. Keith Dressler

## BETTER PATIENT OUTCOMES—JUST A TEXT AWAY

When I consider the patient benefits of teledentistry, one patient story always comes to mind. A young patient visited my office with her mother for an initial exam. After the exam, we determined that she had a large anterior open bite caused by thumbsucking. Our post-exam discussion with the patient revealed the thumbsucking only occurred at night while the patient slept, but never during the day.

Having seen and treated a number of similar patients over the years, I immediately instructed the parents to have the young lady wear arm casts made out of newspaper and duct tape on both arms for 10 nights in a row to break the habit. Normally, I wouldn't know if this inexpensive fix changed the patient's behavior until months later at her follow-up visit. But this time was different.

*"And then it hit me. What if all my patients could text me like this? How easy would that be, not just for them, but for me?"*

The next morning, I received a text message and a picture from the patient's mother. The photo was her daughter proudly sporting the arm casts the image was accompanied by a quick message that read, "Night one was a little rough, but we made it. Only nine more nights to go."

And then it hit me. What if all my patients could text me like this? How easy would that be, not just for them, but for me?

## INTRODUCING RHINOGRAM

For months, I've been using Rhinogram, a HIPAA-compliant teledentistry platform I helped create that makes my office number textable. I knew Rhinogram was a game changer, but not

even I first imagined how useful it could be. How much could texting do to help me grow my practice and provide more effective care? The answer, it turns out, is a lot.

*"I'm seeing similar responses from patients, as well as better outcomes."*

Rhinogram allows patients to text my office phone number, send pictures, and basically handle just about any type of transaction that might traditionally be conducted via phone calls or email.

Since implementing Rhinogram, I've used the tool to capture new patients who initially text me three selfie images that I use to conduct a cursory exam. Based on these images, before we proceed with care, I am able to determine what treatment modality works best for them, answer any questions, complete necessary forms and schedule their same-day start appointment, all through text.

## PATIENT ENGAGEMENT MAKES A POSITIVE IMPACT

So, back to my patient. I immediately responded to the mother's text with an encouraging message and a few fun emojis to reinforce the patient's positive behavior. I also decided I would send a similar message each day to keep the family on track and increase the chances of overall success.

At the end of the 10-day period, I sent my young patient a gift certificate to Baskin-Robbins with a note reminding her of our upcoming appointment. I also mentioned how much I was looking forward to continue working with her and that all her hard work would be worth it once she saw her beautiful smile.

I've been using these types of encouraging texts with other cases and I'm seeing similar responses from patients, as well as better outcomes. It's amazing how far a properly-timed text message will go to encourage patients and help modify their behavior.

Had it not been for the ability to easily text my office, I might never have had the opportunity to fully engage with my patient and her mom, which only built trust and loyalty. What started as a desire to provide a better patient experience, by communicating with text, Facebook Messenger, or through pictures, has now become an essential and transformative part of my process.

*"Not only is Rhinogram changing the way I run my practice, it's also transforming patient behavior to create better outcomes. And that's the most important part of this work, isn't it?"*

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**Thinking of building a new office? In this 3-part series, Ryan Young -- whose design/build company Interstruct, Inc. has completed more than 20 dental and medical offices -- explores the process from first walk-through with a builder to first patient through the door.**

# FROM THE GROUND, UP:
## Part 1: Building Your New Ortho Office

By Ryan Young, AIA

Are you considering setting up on your own or starting out of the gate with your own practice? Those of you envisioning a new office as part of your orthodontics business-plan tend to ask these questions right out of the gate: "What's involved?" "How much will it cost?" "How long will it take?" Here's what you need to know to get started. By the end of this article, you'll have a much clearer view of the path ahead.

### PURCHASE OR LEASE?

Are you leasing brand-new shell space in a public shopping center? Or space that's been formerly occupied that will have to be demoed and rebuilt? Are you buying an existing building -- perhaps a former bank that fits your square-footage needs -- or empty land to build from the ground up? Each option comes with its own considerations and we've tackled all of them at some point in our more than 20 medical and dental office projects.

For some doctors, the decision is all about location. Period. For others, particularly younger docs just starting out, it's a business decision, "Why spend a career throwing money at rent if buying from the outset is an option?" There's a lot of personal choice going on with this decision, but our process as a design/build company is the same no matter what; we distill the same 15 variables that inform a plan and pricing exercise.

Of course, the overall costs vary depending on the purchase or lease agreement and what's involved in the overall project. But we have the experience to intertwine those costs with the design and construction pricing so that the client has the most complete pricing picture from the start. Most docs become overwhelmed by the process, and that's where problems begin.

### HOW MUCH WILL IT COST?

Obviously, there are a ton of variables. Some people will throw out a price-per-square-foot number to use for conversations with the bank. It's not uncommon for equipment providers to be the first to sketch a back-of-the-napkin office drawing and work out some prices. We see a lot of pre-approvals that are done without much in the way of due diligence. If the client first goes to an architect to "get an idea" and then to a contractor for prices, the client is going to get information but the distillation of that information is not going to be accurate. What we see, time and again, is if you don't spend the time, it will generally bite you in the butt.

Pricing is a service that we provide with the design/build process and we look at the project holistically: identifying the soft costs for design and planning, then the hard costs for construction. We examine the design perspective to determine the intricacies and begin thinking about things that happen on the back end of the project. For instance, how many exam chairs will there be, what kind of equipment is needed? In a dental office, we look at the air, vacuum, drainage and water lines. All of this has to be planned up front. That's what we do.

Our pricing doesn't include soft furnishings, phones, technology, computers, etc, but we can connect with experts so the appropriate numbers are plugged into the documents. We want to provide accurate pricing so that someone can wrap their entire arms around the process. What we provide our client is a good "all in" number. Perhaps a doctor will look at the picture and determine that it's not in their budget but now they can analyze their options based on accurate information.

We provide these in-depth pre-construction services up front, which are bundled into the overall cost.

### WHO SHOULD I WORK WITH?

If your contractor hasn't done any dental offices, I guarantee that this will be a learning process.

That's why people fall into specialties. Interstruct fell into medical and dental, and we've done so many that it's become part of our expertise. There was a need in the market and we rose to the challenge.

At our first site visit, we strive to understand the doctor's vision for the space and for their practice. What is she trying to accomplish? How does he want the space to look and feel to appeal to his demographic? What are the potential

growth plans? What kind of lab and x-ray equipment is needed? Will the doc be relocating equipment she already owns, or will she be buying new? The technology advancements mean that equipment keeps getting smaller and smaller. We need to factor in certain clearances for machines, such as the pano, and also safety procedures such as radiation emissions.

If we miss something in the planning, it's not a giant miss. There's always potential to miss things, but it's not like somebody coming in fresh that doesn't understand the process. This is critical information for a doctor considering spending that much money on a practice, and it's critical information for younger doctors who may be on a shoestring and need to get open as soon as possible.

Rich Monroe, Interstruct Vice President who has overseen many of our dental and medical office projects, stresses the importance of bringing your design/ build team in early. Says Monroe, "We push to get as deeply involved as possible as early as possible because we can draw from our experiences to notice things that otherwise go unnoticed." The goal is to give the client the most complete budget and to alleviate unexpected surprises.

## HOW FAR WILL YOUR CONTRACTOR GO FOR YOU?

What happens if things go south? How far will your contractor go to set things back on track? Ask anyone you are interviewing for examples of how they did this on past projects. You should like what you hear, or notice if they can't summon any stories to share.

For instance, our team recently spent an entire night in a dental office repairing a hairline fracture that had formed in a PVC pipe fitting that was causing major problems with the suction lines. The issue had become dire enough that all of the exam rooms and operatories had become unusable. We ran a camera through the line to diagnose the problem. The incredible challenge, though, was that it was buried beneath the carpet, the flooring, and the concrete.

Our superintendent spent the entire night in the office, he saw-cut the floor, dug out the concrete, fixed the pipe fitting, repoured the concrete and reinstalled the tile and carpet. The office was operational the next morning, able to see its slate of 50 patients. Otherwise, the office would have have had to cancel them. It's not super sexy, but it's what we do for our clients.

## THE UNSEXY STUFF YOU DO HAVE TO PAY FOR.

Speaking of surprises, there are some big-ticket up-front hoops to jump through that are decidedly unsexy. Is there enough parking? An engineer will do the study and advise you. Big Brother also wants to know how your business will impact local traffic patterns at your desired location. There are water impact fees and those associated with setting an electrical transformer. "All of these fees have to be factored into the equation, even though there is no return on your investment," explains Monroe.

Whether we include the fees or not, we always make sure that the client has rough numbers. Munroe underscores the most important thing, that most of this is stuff we manage by using the prototype we've established on our many similar projects.

We operate and exist to do the best possible project that we can and to be an expert in the field that we are working in and to use our experience to benefit our client.

NEXT:

Watch for Part 2 of this three-part series in the next issue of ProOrtho. I'll cover the entire design process, right up to the permitting stage.

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**This quarter we asked two of the top orthodontists in the US three of the most pressing questions in orthodontics. It doesn't matter if any of us agree with what these doctors have to say - it is important however to discuss these topics openly and consider each issue from as many angles as possible. We cannot possibly expect for life to go on as it always has given the huge changes in the orthodontic space so how can we think we will find the best possible solutions for progressive orthodontists without seriously discussing ALL options? The answers are obvious. Enjoy!**

# Featuring Dr. Drew Rummel and Dr. Rob Patterson

## Interview with Dr. Drew Rummel

Andrew "Drew" Rummel, D.D.S, M.S. resides with his wife, Laura, and three children in Cadillac, Michigan. He received his dental degree from The Ohio State University School of Dentistry and graduated from the Orthodontic Program at Marquette University in 2010. Dr. Rummel currently has five locations serving Northern Michigan.

PROORTHO: SHOULD ORTHODONTISTS CONSIDER SELLING THEIR PRACTICES TO LARGER GROUPS? WHY OR WHY NOT?

RUMMEL: This is a great topic, but a personal topic and there is no clear-cut answer. Certainly, we have all heard this is one of the best times to sell to larger groups, the multiples may never be better. However, each one of us have business goals and personal goals; some of us want to be an associate, some want to own a single location to support our communities until we retire, while others see the opportunity to quickly expand or grow to be in a position to sell. In the end, we need to choose the path that we feel is best, the path that provides the options that will accomplish the goals we have set for ourselves, our families and our practices.

PROORTHO: WHAT DO YOU THINK WILL HAPPEN IN THE CLEAR ALIGNER SPACE?

RUMMEL: Whether you are for or against do-it-yourself treatment, the development of do-it-yourself aligners has raised the awareness of the general public to clear aligner therapy. This heightened awareness gets people talking, gets people seeking out options and gets people questioning the status quo. The greatest opportunity in the clear aligner space is the ability to key in on a newly educated group with options that we have not had in the past.

The increase of dental/orthodontic companies offering clear aligner options will continue to drive down costs for orthodontists. However, the key advantage we will see in the future is the ability to develop our own in-house clear aligner therapy. Advances in technology with scanners, printers, materials and third-party programs will allow orthodontists to compete in the clear aligner space.

PROORTHO: WHAT'S THE BIGGEST THREAT OR CHALLENGE YOU SEE IN ORTHODONTICS?

RUMMEL: The biggest challenge we have as we move forward is the fear of the unknown. The do-it-yourself aligner market has certainly become one of the hottest business/treatment topics and has certainly stressed out more than one or two colleagues. We have already seen market changes in other business sectors such as Southwest Airlines, Uber, Autotrader and the list goes on. The key is how we respond to these marketing changes; there will always be those that succeed and flourish and those that fail. We are in control of what type of product we bring to the market and what kind of customer service we deliver. There will always be a market for in-house orthodontics, but it is how we adapt to serve the market as we progress into the unknown. With most aspects of orthodontics, there is not one absolute treatment modality – be flexible.

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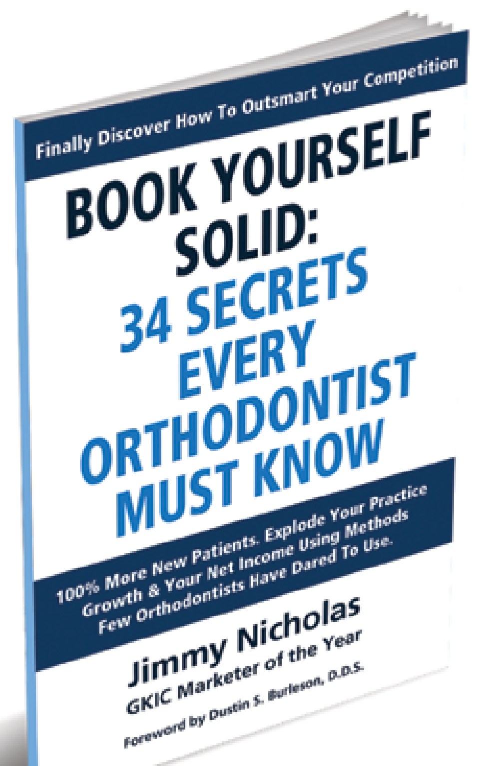


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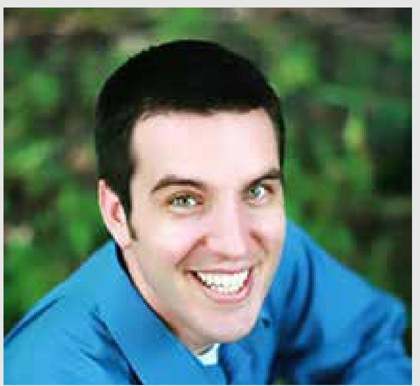
# Interview with Dr. Rob Patterson



The author is a small-town-livin', gun-totin', mountain-bikin', bass-catchin', trail-runnin', outdoor-lovin', big-dreamin' orthodontist who works hard to meet those dreams. He loves orthodontics, people, God and his wife and 5 kids and looks forward to many more years of treating big-smilin' patients.

PROORTHO: SHOULD ORTHODONTISTS CONSIDER SELLING THEIR PRACTICES TO LARGER GROUPS? WHY OR WHY NOT?

PATTERSON: In any capitalistic society, industry is driven by consumer demand, which allows for larger practices to spread across the landscape at a rapid rate. These larger practices have larger marketing budgets, established treatment modalities and systems, and executive leadership with the goal of incorporating purchased practices under the banner of one name and culture and therefore generally follow the model of purchasing established practices in multiple areas then sometimes maintaining the existing doctor in that area (at least for a time). These transactions, at least in recent years, have been very large and far above Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA), allowing for the doctor to have a very healthy bank account following the sale/purchase.

At the same time, capitalism allows for smaller, more niche practices to flourish and perform remarkably well, provided the practice and its culture are focused on the consumer and their needs. These practices tend to provide a steady stream of income (that can still be very high) with moderately higher stability and less risk.

Taking this into account, I think the most important determination that must be made, therefore, is you must know what your goals and vision are. It is essential you make the decision that is based on what you actually want to achieve and whether or not it aligns with your vision. Of course, we all want to have a healthy retirement; I have yet to meet a person who does not want this. But, believe it or not, everyone doesn't actually see eye-to-eye on how they would like to get there. Do you want to sell your practice that you have worked hard building up, getting to know the people in that practice and developing relationships with them? Do you care less about the individuals and more about the bottom line? Do you want to get out of your career as soon as possible and do whatever the heck you feel like doing for the rest of your life? Do you want stability that comes with a steady practice, that will give you something to do and allow you to feel you are accomplishing something greater than yourself? These are all things to contemplate when considering the sale of your practice(s).

Ultimately I think it's also something of a gamble, similar to playing the stock market: is right now the time to sell? Should I build up my practice so I can get an even higher return when I sell? What if purchasers dry up and I can't sell any longer? If I don't sell, are they going to come into my area and become my direct competitor anyway?

These are all important things to consider and there is, in my opinion, no clear cut answer to this question. There is and will always be room for a forward thinking, driven doctor who is willing to see the writing on the wall and make changes to not only stay afloat, but also sit in front of the wave, surfing it home to stress-free financial freedom, having accomplished their vision.

PROORTHO: WHAT DO YOU THINK WILL HAPPEN IN THE CLEAR ALIGNER SPACE?

PATTERSON: Many name brands that I can think of have maintained their name but not necessarily their share of the marketspace. Kleenex, Q-tip, GoPro, Jacuzzi, Crock-Pot, Chapstick, Sharpie, Velcro, Band-aid, and Realtor come to mind. Their brand names have become synonymous with the product, and it seems that nearly everyone in the first world has heard of them. In fact, when I

lived in Korea, many of these words had become part of the Korean language! Yet these companies no longer enjoy being the "king of the mountain" when it comes to market share. Patents expired, and the world was flooded with imitations of the "real thing."

We now have entered a time where clear aligner patents have run out, and more technology than ever is at our disposal: reliable, affordable 3-D printers; many different thermoforming plastics; fast, accurate scanning technology; software that allows us to manipulate and adjust teeth at will. All it requires is the proverbial step outside of the box and the market is flooded with different options at different prices. We are already seeing the beginning of this.

The future of orthodontics, in my opinion, will always have clear aligners as well as traditional bracket options, at least until technology allows us to move teeth some other way. I believe there will always be room for the original, and the technology it has developed will continue to carry it forward, but I do not think that it will maintain the size of market share it currently holds. In addition, the pendulum swinging towards clear aligners has reached its endpoint, and has begun to swing the other way. More and more people are again asking for braces and alternatives to clear aligners.

PROORTHO: WHAT'S THE BIGGEST THREAT OR CHALLENGE YOU SEE IN ORTHODONTICS?

PATTERSON: Arguably one of the greatest basketball players to ever play the game, Michael Jordan, once said, "Limits, like fears, are just an illusion." I believe the biggest threat or challenge is us.

Ideas and methods are always changing. If you asked a mid-twentieth century orthodontist to treat a patient in a way that is commonplace now, they would say it couldn't be done. But we know it can! We all see it in our practices, day in and day out, with much faster and more fantastic results!

When Galileo set out to prove Copernicus' helicentric model of the universe, he was put under house arrest until his death because his ideas were too radical. But every person on this planet knows that the earth orbits the sun, and to think otherwise is just ludicrous.

The irony is that we will often say "You can't do that!" when other people already are. The orthodontic landscape is constantly changing. Rather than figuring out how to adapt to it, we orthodontists are hell-bent on spending all of our time, thoughts, and energy complaining about how it can't be done.

One of the biggest changes that has arrived on the scene is teledentistry. In ten years this will be commonplace, just to be replaced/added to with the newest, better idea. Orthodontists who recognize the need for change and adaptation will survive; the rest will be sitting around a table at an orthodontic meeting somewhere complaining about how their ultra-successful competitor has to be doing shoddy work, pining for the good-ol' days when orthodontics was "pure."

# INCREASED COMPETITION AHEAD

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# Consumer-Driven Elective Healthcare:
## The Ethical Case for Doctor-Directed at Home Orthodontic Aligner Treatment

By Dr. Marc Ackerman

Over 60 percent (1,972) of the counties in the United States do not have an orthodontist's office. This has resulted in a large percentage of the population who could benefit from orthodontic treatment not receiving it. A study estimated that 98 percent of patients who do have access to orthodontic care are being treated for a constellation of clinical findings representative of normal human variation. The remaining 2 percent of patients in orthodontic treatment have what has been termed "a seriously handicapping" malocclusion and they should be considered outliers. However, all public orthodontic policy and most clinical decision-making is based on the 2 rather than the 98 percent. When funded by public and some private insurers, access to orthodontic care is rationed in terms of medical necessity. When self-funded or funded by private insurers, access to orthodontic care is determined by the free market which is to say that those who can afford it will receive treatment.

The access to care dilemma in orthodontics has been perpetuated by the orthodontic specialty embracing a medicalized model. Many contemporary orthodontists still believe that having crooked teeth is a disease. In this medicalized model; people suffer from it, its causes are physical, it must be treated by a doctor, its treatment should result in a cure or relief of symptoms, and society at large must acknowledge that if untreated it will negatively influence the health of its population. In this orthodontic paradigm, a person undergoing orthodontic treatment has been considered a patient. The standard cure for crooked teeth is a complete mouth overhaul, changing the positions of all the upper and lower teeth within their supporting structures. It is an all or none proposition. Any treatment that focuses on changing just the front teeth also known as the social six has been considered inadequate and wholly inappropriate by most orthodontists. Evidence suggests that the medical model of orthodontics is built on spurious reasoning and its arguments fall apart under modest scrutiny. In contrast to the medical model, the enhancement orthodontic model asserts that tooth straightening is by and large an elective, appearance enhancing service wherein consumers elect to go beyond normal, seeking a detectable improvement in how they look.

With the emergence of new technology that enables digitization of formerly analog processes, tooth straightening with clear aligners is now available to the masses via a direct to consumer, doctor-directed teledentistry platform. If the consumer chooses, they can now bypass the traditional model of physically visiting the orthodontist for evaluation, digitally submit images of their teeth online to a doctor through a vendor's smartphone application and get an assessment by a virtual orthodontist. If approved for the service the consumer can then purchase the tooth aligner system, have it shipped to their door and receive periodic monitoring by the teleorthodontist. In terms of cost, this service is approximately ¼ the price of in-office aligner treatment and the burden of office visits is eliminated. As of writing this paper, thousands of consumers who were heretofore priced out and/or geographically out of the market have gained access to tooth straightening.

The orthodontic community has reacted negatively to this teleorthodontic delivery model and in typical guild fashion have attempted to protect the status quo by colluding with dental boards in an attempt to thwart it. The accusation leveled against companies providing this teledental platform and the network of teleorthodontists is that a true doctor-patient relationship cannot be established using a store and forward, asynchronous process. As well, the virtual orthodontists have been accused of acting in an ethically impermissible way by not seeing the consumer face to face. The focus of this essay is to discuss how the teleorthodontist-consumer relationship still adheres to the original bioethical framework governing the physical orthodontist-patient relationship.

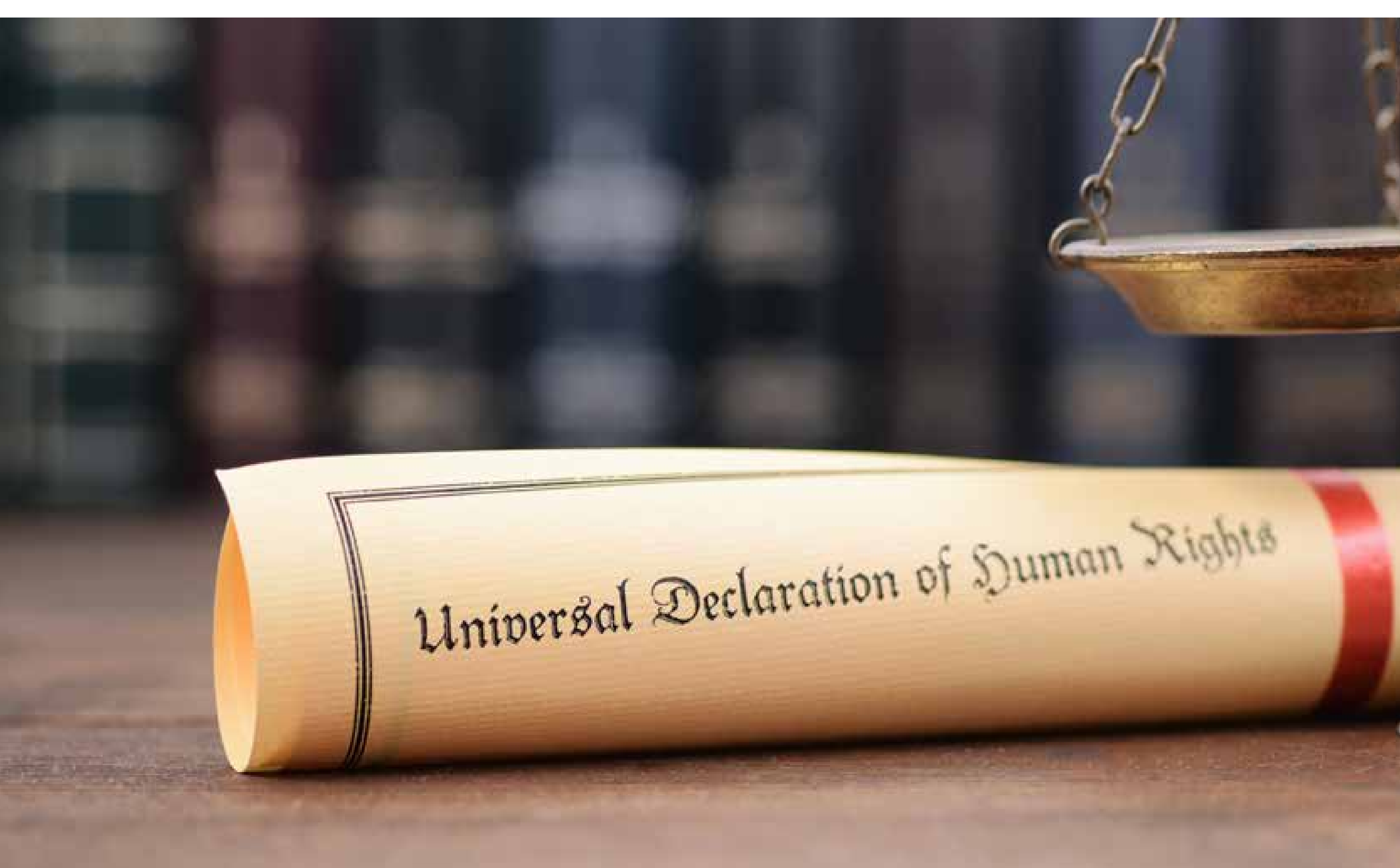
Consumers much like patients in the medical model have the right to act intentionally, with understanding, and without controlling influences. They are free to make autonomous choices with regards to self. However, it is incumbent on the doctor to provide them with enough information about the risk/benefits of any given choice in order to make an informed decision. As it stands today, the teleorthodontist in the model above employs the same interactive informed consent protocol with the consumer in comparison to what the traditional orthodontist would use in their physical office. Contrary to the belief of their detractors, these doctors are very active in treatment and do not merely dispense aligners hiding behind the principle of caveat emptor.

It is the duty of the doctor to act in a way that benefits the consumer. The doctor is obligated to prevent and remove harms, and weigh/balance the possible benefits against possible risks of an action. There are situations when an autonomous choice of the consumer may conflict with the doctor's duty of beneficence. As long as the consumer meets the criteria for making an autonomous choice, the doctor is compelled to respect the patient's decision even though they may try and convince the consumer otherwise. The teleorthodontist must exercise professional judgement when it comes to beneficence. Although it might seem at odds with good business practice, the teleorthodontist has been given all of the decision-making power by the companies that provide the teledental platform. If the teleorthodontist is not comfortable approving a consumer for the tooth straightening service it is their decision alone. So as long as the individual teleorthodontist practices ethically, they will meet the same obligation as those doctors practicing in a physical locale. We know that not every doctor will practice ethically, however there is no evidence to suggest that those who choose to practice virtually have a greater tendency toward unethical practice.

All interventions aimed at the enhancement of human appearance have the potential to cause harm. The doctor's role is to make sure that the harm is not disproportionate to the benefits of any intervention. Limited tooth straightening with clear plastic aligners does not present significant harm to the consumer. Although the examination of the consumer does not include physical contact, the virtual doctor can glean enough clinical information from the digital data set and the dental history to make an accurate decision regarding the potential for any harm. If there is any doubt in the mind of the virtual doctor, they can refer the consumer to a dentist's office to confirm their suitability for tooth straightening.

Justice in traditional healthcare is defined as fairness in the allocation of scarce resources.

Rawls' difference principle discusses inequalities in the distribution of wealth and income. The difference principle requires that any economic inequalities in society be to the greatest advantage of those who are advantaged least. In the medical model of orthodontics, distributive justice is of paramount importance for the 2 percent of patients with serious handicap. As far as increasing access to care for the other 98 percent of patients, third party payers do not view orthodontics as an essential health benefit and find arguments to the contrary tenuous. In the enhancement orthodontic model, resources are allocated by the free market which is regulated by those who can afford to pay. With teleorthodontic care currently offered at a lower price and with a lower burden placed on the consumer, it is having a far greater impact on consumer access to tooth straightening.



Teleorthodontics is in its infancy. As technology improves and processes change, new bioethical questions will arise and need to be discussed in the future. Version 1.0 of the teleorthodontist-consumer relationship conforms to the same bioethical principles that currently govern the physical orthodontist-patient relationship. The nascent teleorthodontic mode of practice has the potential to exponentially increase access to care for those consumers who have previously been underserved.

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# Making a Racket at

We opened our proof of concept office in Orlando, FL in May and the results thus far are looking promising. Smiley Face incorporates all the things I've been advocating for years so we will soon see if my theories hold up. I'll post my P&L periodically on OrthoPundit.com but today I wanted to share some of the things we have in our office that make it different. The first and one of the most popular are our two Racket Recording Studios. The kids and the adults go crazy for them and someone is always in them singing songs, recording the video and sending the link to all their friends. We have had tons of people come to the office because they saw a video or heard about our recording booths. Why didn't I think of this before!?

racketstudios.com

- BOOTH DIMENSIONS - 65" WIDE X 65" DEEP X 84" HIGH (72" WITHOUT TOP SIGN)
- ELECTRICAL - 110 OUTLET WITH 20 AMP SERVICE
- WIFI CONNECTION NEEDED

- PROMOTIONAL COST WITH OFFER CODE: "SMILEY FACE" FOR $1000 OFF
- RACKET STUDIO VIDEO RECORDING BOOTH COST $15,000.
- FREE SHIPPING TO OFFICE
- 1 MONTH OF GEO-TARGETED FACEBOOK ADS PROMOTING RACKET STUDIO AT NEW LOCATION
- $150 OF FREE PLAY VOUCHERS

The two Beam by Eyeclick games are a HUGE hit. Especially with the younger kids but I've seen plenty of teens and even some adults digging them. I love the Beams because they are out of reach and they make great babysitters when parents bring along children too young to be seen. Plus they transform our primary waiting room into a fun space instead of just a place to wait.

joinbeam.com

It's so much fun to have all of these devices because the kids and adults rotate from one to the next and have so much fun with each of them. We spent a good deal on these, obviously, but we don't spend any money on swag. Zero. We figure in the long run these attractions and the links to what they create will have far greater reach and impact than a T-shirt, water bottle or some other piece of flair with our logo on it. We have found them to be even more effective than we thought they would be and they bring in far more patients than the people we hired to do "community marketing" did in the past. When you compare the price of this tech to paying an employee that you have to keep an eye on there is no comparison. Do yourself a favor and check them out. You can see them in action at Facebook.com/SmileyFaceOrlando or you can just come visit us the next time you are in Orlando.

Another big investment we have made at Smiley Face is having two Carestream CS 8100 pan/ceph machines instead of the traditional one machine per office. This is a big change for us for two reasons. First, I've been a Sirona XG5 guy for a long time. Don't get me wrong the Sirona is an excellent machine, it takes great images and is a workhorse. But the times change and we must change as well. The downfall of the Sirona XG5 compared to the CS 8100 is the smaller focal trough, the rear facing patient positioning and the geared x-ray head. Why do these things matter so much? Well in this day and age, missing a pan and having to retake it because the patient was out of the focal trough and the image is bad is a big, BIG NO-NO. Mom's really don't like it when you tell them you have to retake an x-ray so the CS 8100's larger focal trough and front facing patient positioning makes it easier to get a great pano the first time. The fact that the x-ray head has no gears and moves magnetically means that we can move the head around as we see fit to get the patient positioned without fear of knocking the machine out of alignment as can happen with geared machines.

The second big difference is that we have never had two machines in one office but we have always had a bottleneck for panos in the offices where I've seen patients. By having two CS 8100s this all but eliminates the bottleneck, helps us run on time and even have room to add in siblings who are in the office but not on the schedule. Everyone deserves a great smile and we want to be ready, willing and able to give it to them today!

carestreamdental.com/us/en

Think differently! What we did yesterday is not necessarily going to work today and what we do today may or may not be the way to go tomorrow. I'll keep you posted on how things go at Smiley Face. As I mentioned, you can check all this tech in action at Facebook.com/SmileyFaceOrlando or come see it out for yourself the next time you want to bring the family to Orlando for a "business trip". We love having doctors visit the office.

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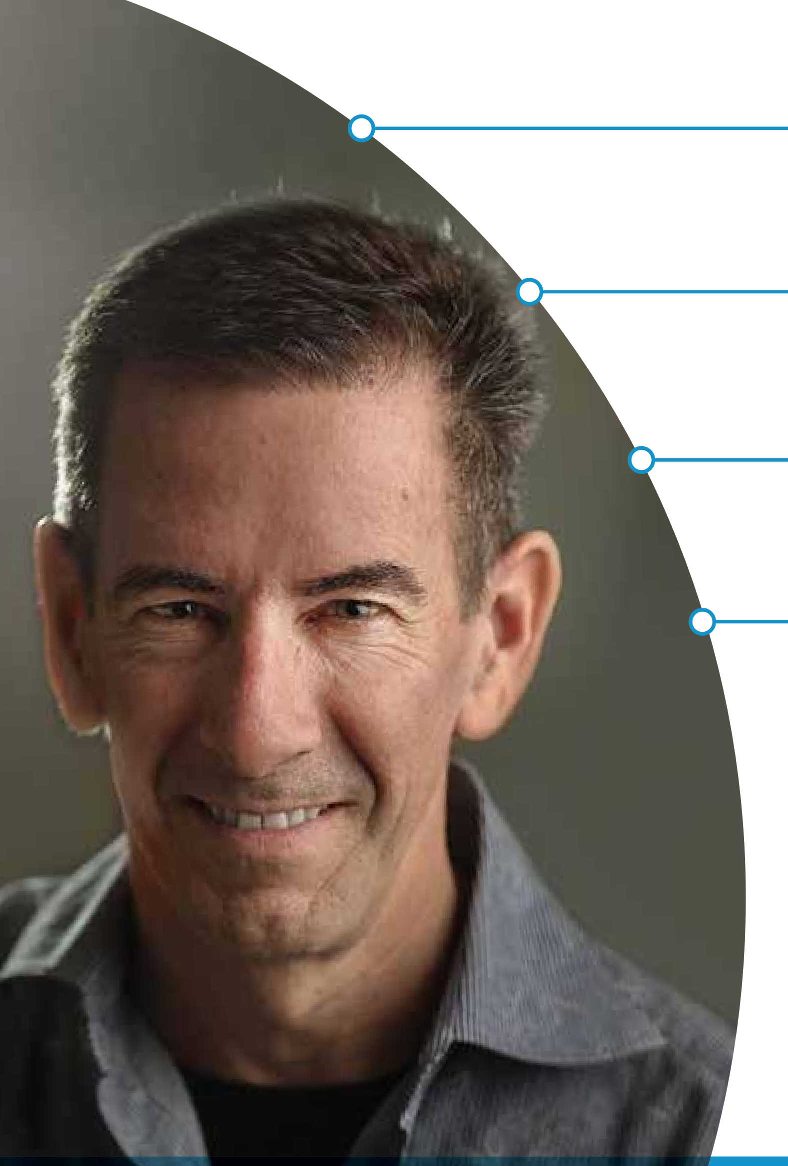

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# THE IMPACT OF ARTIFICIAL INTELLIGENCE ON THE FUTURE OF ORTHODONTICS

By Dr. Grant Duncan

*"A.I. will not replace physicians. However, physicians who use A.I. will replace those that don't."*

*- Bertalan Mesko -MD, PhD*

**ORTHODONTICS**
THE TREATMENT OF IRREGULARITIES IN THE TEETH AND JAWS. IT REQUIRES A HIGH LEVEL OF VISUAL PERCEPTION AND DECISION MAKING BASED UPON EDUCATION AND EXPERIENCE

**ARTIFICIAL INTELLIGENCE**
THE THEORY AND DEVELOPMENT OF COMPUTER SYSTEMS ABLE TO PERFORM TASKS THAT NORMALLY REQUIRE HUMAN INTELLIGENCE, SUCH AS VISUAL PERCEPTION AND DECISION-MAKING

For over 100 years specialist orthodontists have enjoyed a privileged position in the hierarchy of treatment delivery. Put simply, orthodontics has been difficult and challenging, with clinical skills built around visual perception, and advanced learning based upon formal university education, lifelong learning, and experience.

AI is changing all that. Machine learning can quickly take this knowledge and experience and build analytics and decision making. It just needs data, and with the growth in clinical digital systems in orthodontics, comes the growth of a data pool. Literally millions of patients, and billions of data points.

But it is not just at the clinical face of the orthodontic speciality, advanced technology is also inserting itself into the entire orthodontic business cycle, from patient acquisition through to treatment completion and retention.

Many orthodontists are questioning their own relevance in this new orthodontic age. The specialty is divided in its views; ranging from 'braces are beautiful' through to 'doom and gloom'. Graduate students and recent graduates, in particular, are concerned for their well-being, with large student debts, and reducing opportunities. Where will it end?

The de-construction of the contemporary orthodontic practice is a useful tool to help us understand this rapidly changing landscape, and where the different components, including orthodontists, fit in.

## SO, LET'S BUILD A NEW AGE ORTHODONTIC PRACTICE.

### 1. NEW PATIENT ACQUISITION

This has historically been via general dental referral, but over time has morphed more into advertising, and more recently into the digital world. The three pillars of new patient acquisition now all have digital pathways. General dental relationship building via the new SmileMate platform brings together clinical treatment partnerships between local specialists and general dentists. Word-of-mouth and patient referrals have been multiplied through social media and online reviews. And external marketing has become less expensive and more efficient through the use of search engine optimization (SEO), conversion rate optimization (CRO), pay per click (PPC) advertising, conversion analytics and other online mechanisms.

The new patient acquisition process does not just involve generation of traffic, but equally as important is the conversion process, combining conversion analytics, CRO design and testing, and patient relationship management software (PRM).

### 2. THE NEW PATIENT PHONE CALL

Typically, the converted traffic will phone for an appointment, or fill out an online appointment request. But time is precious, and marketing is now 24 hours a day, 7 days a week. People expect things in the moment. Chat bots and online

chat capabilities help with immediate access; and online appointment making directly into the practice appointment book satisfies the need for immediacy and reduces the staffing requirements. Better service at less cost.

### 3. NEW PATIENT CONVERSION

Once the patient comes through the clinic door, most practices should have their conversion processes in place. Built upon the foundation of 'wow factor' customer service, every little facet of the new patient journey is important. Practice location, parking, décor, staff presentation and attitudes, office tour, record taking, the TC process and the doctor examination, all should combine in a seamless, patient centric process. Digital scanning, simulated treatment results and digital smile design are all advanced technologies that can assist in the process. Verbal skills focusing upon building doctor credibility, communicating chief concerns, and discussing the benefits of treatment against the backdrop of these concerns, are all part of the conversion based verbal processes.

As an adjunct to the new patient exam, an alternative pathway is possible. A separate information, record- taking and outcome simulation appointment can be done in the absence of the orthodontist, by a highly trained staff member (ITC). Preliminary diagnosis and treatment planning can be done remotely by the orthodontists, and using Dental Monitoring (DM), a rudimentary preliminary AI assessment can even deliver a basic diagnosis. The next big orthodontic step in AI will be more detailed diagnosis and treatment planning, effectively challenging the specialist space in this area. But, even in the current digital form, this 'consultant' appointment can significantly improve the new patient journey, and resultant conversion rates. And the big advantage to the orthodontist is the 100% new patient conversion rate, possible because they only ever see a patient who has been pre-qualified through the consultant process.

### 4. FINANCIAL

Part of the ITC sales process is discussing and helping with the fee scheduling, which can either be done in-house, or using third party finance. Companies like OrthoFi and OrthoBanc have online portals that allow for immediate rating of credit worthiness, and a multitude of payment schedules to meet almost any budget. One of the biggest roadblocks to treatment can be completely managed before the patient even meets the doctor.

### 5. THE NEW PATIENT EXAM

The new patient exam becomes a far quicker, simpler process, as the patient is ready to start treatment, understands their treatment options and has already decided upon this. The orthodontist has reviewed the records and developed a treatment plan as part of the ITC process and a payment plan is in place. The orthodontist then completes a thorough exam as part of the specialist diagnostic process, and to meet liability requirements, but the patient is converted into treatment before they even meet the orthodontist, so this appointment is all about affirming the professional relationship.

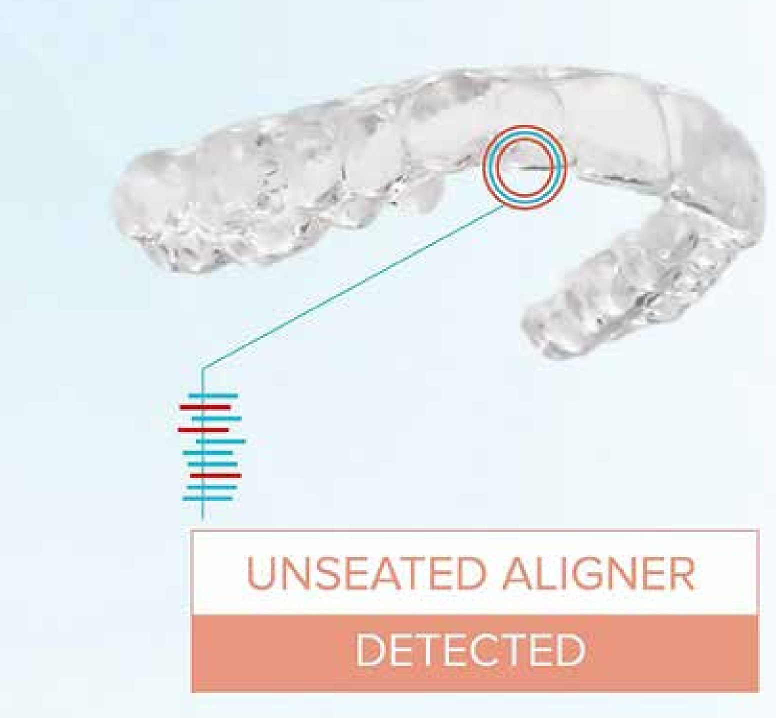
### 6. TREATMENT COMMENCEMENT

With aligner treatment, the question then becomes, when to start. You already have a scan as part of the ITC process. So either the treatment prescription and digital records need to be submitted to a third party set up lab (i.e. Suresmile, Arcad or Exceed) or manufacturing company (i.e. Invisalign, ClearCorrect or Ormco). Or with more recent technology like uLab, it will be possible to do the set up at the chairside. With uLab, the initial part of the process (teeth sectioning and initial automated alignment) can be done by staff before the new patient exam, allowing for the final setup to be done in consultation with the patient immediately at chairside.

### 7. SAME DAY STARTS

Anecdotal data supports increased conversion rates on the back of same day starts. Is it possible to do a same day new patient exam and aligner insert? The answer is yes, if you have the scan taken at the ITC appointment, as all of the set up and manufacturing can be done beforehand, albeit with an element of risk if the treatment plan needs to change following the exam. But this risk is resolved with uLab, as the set up can be finalized at the chairside, as part of the new patient exam. Print the first model, fabricate the first aligner, and same day treatment start becomes a reality.

*"If you print your aligners in-house or in batches at a local lab, then I see no reason why you can't always have same day start by delivering a batch of aligners that "starts" treatment. Then you have time to come back with the further stages that may require more treatment planning."*




## 8. ATTACHMENTS

Many of us used to place attachments at aligner 3 or later, giving patients time to settle in to aligner treatment. But with the newer more flexible materials like SmartTrack, and smaller, more optimized attachments, it is now possible to place attachments and insert aligners on the same day. These simple processes can easily be completed by an orthodontic assistant and are another example of 'wow' factor service, and valuing patients' time.

So, in two appointments, with 5 minutes of doctor time, a patient inquiry has been converted into a treatment start.

## 9. TREATMENT SUPERVISION AND MANAGEMENT

Typically, in the past, orthodontists have seen patients at regular intervals averaging out at somewhere between 6 to 12 weeks. Some doctors change fortnightly, some weekly. But each of these appointments takes time out of the patient's day, and results in practice infrastructure and staffing costs.

Dental Monitoring (DM) is the game changer here, and arguably the biggest advancement in orthodontics since aligners hit the market. Using AI and deep learning garnered from literally millions of patient images, DM uses regular smart phone video images to track aligner fit and detect an array of other data, including oral hygiene, gingival condition and recession. And it does this at a 'pixel' level, rather than by operator clinical visual perception.

So, in a healthy mouth it is now entirely feasible for an aligner treatment to be monitored remotely. But in doing so, the quality of treatment decision making is improved because of the capability of the DM system. DM results in improved patient compliance, improved tracking, almost immediate detection of minor aligner fitting issues, lost attachments, poor hygiene and gingival recession. And without the inconvenience of appointment attendance. The orthodontist only sees the patients clinically when there is a clinical need for intervention.

## 10. INTERPROXIMAL REDUCTION (IPR)

In reality, it is possible that the only time a patient will need to physically attend an aligner appointment is for IPR. And this is precisely what we do: plan our IPR to be done at a stage when the contacts are aligned and in its entirety.

So now we have had 3 appointments, from patient inquiry to IPR, if required.

## 11. REFINEMENT

About 65%, on average, of aligner treatments require refinements. In the past this meant a new appointment, a new scan, and a new insert appointment.

But now, with DM, it is possible to create a digital model from the data of the initial pre-treatment digital scan, and the smart phone video images. It almost beggars' belief that we can manage a midcourse correction, or a case refinement, without the patient coming for an appointment. The smart phone video can be converted by DM into an accurate STL file, from which a new digital model can be created, and a new set up and aligner fabrication completed. You can even just mail out the new aligners and continue to monitor fit and accuracy remotely.

We are still at 3 appointments from patient inquiry, and have completed the first phase of treatment and issued refinement aligners.

## 12. TREATMENT FINISH

Typically, when the orthodontist has run the gauntlet of meeting patient expectations with aligner treatment, which is generally considered to be more challenging as aligner patients seem to develop a keener eye on their dental alignment, the patient attends a treatment completion appointment, where attachments are removed, possibly bonded lingual wires are placed either directly or indirectly, and impressions are taken for fabrication of removable retainers.

The patient then returns a day or so later for retainer insertion.

But there is now an alternative approach. Once again, using another updated STL file through DM, attachments can be virtually removed and bonded lingual wires and/or removable retainers made for immediate insertion at the finish.

So, now at 4 appointments, we have gone from patient inquiry to treatment completion.

### 13. RETENTION

Orthodontic retention can be the most challenging part of orthodontic patient management. We have long known that orthodontic results are inherently unstable, irrespective of treatment approach or appliance selection. Most orthodontists now accept that some sort of permanent retention is required if stability is to be expected.

The challenges have always been, how do we retain, monitor and retreat our orthodontic cases? Long term supervision leads to the observance of relapse in a high proportion of our orthodontic case load. Who is responsible for this relapse? The patient or the doctor? How is retreatment undertaken, and at whose cost?

Once again, remote monitoring gives us a new methodology. Using bi-monthly DM scans, early stage relapse can be detected and managed very efficiently. DM can create the STL file, simple set ups completed, and in a handful of aligners fabricated in-house or at an external laboratory. The patient pays, because relapse is their responsibility, not yours. Perhaps an annual subscription service could be offered. Just imagine the long-term benefits to your patients and your business if patients were to pay, say, $250 a year for such a service. The recurring income would grow to several $100,000's per annum for most practices, for a service which effectively becomes lifetime retention. But you have to commit to scans bi-monthly, or the service is voided.

Now we have gone from patient acquisition to a lifetime patient, with not just a treatment fee, but a lifetime of residual income. And in a total of 4 appointments.

## THE ROLE OF THE SPECIALIST ORTHODONTIST IN A DE-CONSTRUCTED PRACTICE

When we first embarked upon this new practice model in July 2017, there was an obvious and glaring concern. Where does the orthodontist fit in? If so much of this management can be done remotely, doesn't the specialist orthodontist become redundant, and lose relevance. To our surprise, the opposite actually happened. We have had over 300 patients treated with Dental Monitoring, and we can safely conclude the following:

1. There has been no expectation to lower our fees. The service is seen as a high value proposition. Higher quality treatment, with 'pixel level' monitoring on a weekly basis, and fewer appointments. So, better quality, and greater convenience. It is a premium product.
2. Improved patient engagement. To our surprise, patients have engaged at a far deeper level. They have questions and really appreciate the online pathway we have created for them to discuss treatment progress and management.
3. It takes very little doctor time. With over 300 patients currently being monitored weekly, I spend less than 10 minutes a day on clinical decision making.
4. Staff investment steals from the clinic, and adds into admin. We realised, quite quickly, that one of the big benefits of DM was 'wow' level customer service. So, we invested more human resources into this than we initially expected, with outstanding results. And of course, clinical time reduction equates to less clinical staff requirements and costs.
5. There are three levels to this engagement. The first is fully automated through the application of AI, but with very individualised messaging. The next level can be managed by staff, with minimal training. The third level needs orthodontist involvement and relates mainly to an unusual clinical outcome which needs a specialist decision.
6. The orthodontist can massively increase patient numbers under treatment or reduce clinical chair time without compromising patient care. Increased income, or improved quality of life.
7. A local orthodontist is a very important part of the process. The DM application is built upon the trust created by a local specialist orthodontic team doing what they do best, providing individual, quality-based care, in a warm and embracing environment.

In summary, AI and other disruptive technologies can be harnessed to improve treatment outcomes, create a higher level of customer service, and a deeper level of individual patient engagement. It is a premium product, creating a premium service, and can be charged at a premium price. It magnifies the importance of a local community orthodontist, not diminishes it. And it can improve quality of life, by reducing clinical chairside hours, or increasing income, or both.

To learn more about the many solutions I have mentioned, please reach out to Brooke McIntyre at The Invisible Orthodontist at brooke@theinvisibleortho.com or to Robert Kozak at Dental Monitoring at r.kozak@dental-monitoring.com.

# Planning Your Estate

By Carla A. DeLoach, Esquire and Jordan DeLoach Hurlburt, Esquire

In our first ProOrtho article, we stressed the importance of maintaining your estate plan, as well as some of the consequences for failing to do so. We urged you to contact and meet with a local estate planner to provide him detailed information about your unique facts and circumstances. In this article, we want to highlight some of the basic planning objectives that should be met, no matter your unique facts or circumstances. Among other things, your estate plan should plan for incapacity, limit court interaction at your passing, and be coordinated with your assets.

## PLAN FOR INCAPACITY

Your estate plan should address incapacity, to ensure the proper individuals, friends, family members, and advisors, are appointed to manage financial and health responsibilities on your behalf to the extent you are unable to do so. To appoint these individuals, legal documents must be executed. Without these documents, family and friends will be unable to make those important, and potentially urgent, financial and healthcare decisions. Instead, those individuals would be forced to initiate a court-supervised guardianship to obtain authority to make health and financial decisions for you. To avoid this, "incapacity" documents are essential to any estate plan and should be reviewed regularly to ensure they are updated with the current law and your current facts. Planning for incapacity typically includes the following documents:

- Durable Power of Attorney:
A Durable Power of Attorney gives your appointed nominee (or "agent") the power to make financial decisions on your behalf. This can include, but is not limited to: signing tax returns, working with the Social Security Administration, managing bank accounts, and updating beneficiary designations. Your agent should be someone you trust to act in your best interest and who routinely makes good financial decisions.
- Designation of Healthcare Surrogate:
A Designation of Healthcare Surrogate gives your agent the power to make medical decisions on your behalf. This can include, but is not limited to: obtaining medication, hospital admission, and consent to surgery and drug administration. The agent you name in this document typically does not have authority to make decisions regarding the removal of life support. Your agent should be someone who can make decisions calmly and without undue delay.
- Living Will Declaration:
A Living Will Declaration gives your agent the power to make decisions related to life support. Specifically, the agent is given authority to determine whether to maintain life support under specified conditions. Without this document, your loved ones may be forced to obtain a court order, granting them authority to make the decisions. Obtaining the court order can be expensive, untimely, and emotionally burdensome. A properly executed Living Will Declaration can avoid the court interaction. Your agent should be someone who is aware of your wishes regarding artificial life support, and who can remain calm and objective under stress.

## LIMIT COURT INTERACTION AT PASSING

Above, we reviewed the legal documents that avoid court interaction while you are living. And, wherever possible, your estate plan should also avoid court interaction after you have passed. This is accomplished in a variety of ways and can include revocable trusts, transfer on death designations, joint titling, and beneficiary designations.

- Depending on your state of residence, a Revocable Trust, to which assets have been transferred, is an effective means to distribute assets to your loved ones. A trust administration is managed privately, without court supervision or "probate."
- Transfer on death designations can provide beneficiaries virtually instant access to assets, by providing basic information, including a death certificate, to the financial institution without court approval.
- Joint titling, assuming forms are carefully completed, can also be an effective means to distribute assets to your loved ones. At passing, with careful joint titling, the surviving joint owner becomes the sole owner of the property by operation of the titling, without court interaction.
- Lastly, beneficiary designations on insurance policies and retirement plans can by-pass court interaction, sending funds directly to your beneficiaries.

Revocable Trusts, transfer on death designations, joint titling, and beneficiary designations can be effective in limiting court interaction at your passing. Moreover, if used correctly and depending

on your state of residence, these planning tools can provide additional benefits, including asset protection while you are living, creditor protection after you have passed, and tax benefits.

## COORDINATE WITH YOUR ASSETS

Far too often, clients walk through our doors with sophisticated (and expensive) legal documents that have never been coordinated with their assets. This can result in unintended tax consequences, creditor exposure, and legal fees. Further, and perhaps most importantly, it can frustrate the client's desired distribution of assets at their passing. Consider the following:

- The Unfunded Revocable Trust:
  In Florida, a Revocable Trust is a means to avoid probate. However, this is only the case to the extent that one's assets are re-titled into the Revocable Trust, prior to one passing. Suppose Client passes away with an executed Revocable Trust that owns nothing, much to a loved one's surprise and dismay, all assets would be subject to a probate administration.
- The Empty Children's Trust:
  A Will or Revocable Trust can include a trust for your children, to defer distributions over their lifetime. An insurance policy or retirement account can be directed to the trust for your children. Suppose Client signs a Will that contains a trust for his children, one of whom is a drug addict. Client neglects to update his insurance policy beneficiary designation to indicate the trust for his children. Client passes and insurance proceeds are directed, outright and free of trust to his children, including the drug addict.
- The Convenience Account:
  Convenience accounts opened to facilitate emergency access can be useful. Convenience accounts should be coordinated with Client's estate plan. Suppose Client opens a joint account with his daughter intending to provide emergency access for bill paying. Client did not place his sons' names on the account because they were busy and could not come to the bank the day the account was established. Client passes and the account proceeds are owned exclusively by daughter. Although Client probably expected daughter to equally share the $200,000 account with her two siblings, she is under no legal obligation to do so.

Avoid the common scenarios described above by obtaining recommendations on titling changes, beneficiary designations, and any transfer or pay on death designations from your estate planner.

The above article is intended to provide a general overview of basic planning considerations and does not address significant more complicated issues such as community property and transfer tax rules, among others. It is not intended to provide legal advice. Counsel, licensed in your resident state, should be consulted with regard to your unique facts and circumstances.

*Be on the lookout for our next article about maintaining your estate plan. We'll explore recommended timing for estate planning reviews and circumstances that could impact your existing estate planning. For more information visit: www.deloachplanning.com*

# *Meet* Dr. Francisco Garcia

Dr. Garcia is an icon for the rest of us to emulate. His personal story, his beautiful family, his business success, the languages he speaks and those who call him friend all do him great honor. The orthodontic speciality and the world needs more of what Dr. Garcia has to offer. Dr. Garcia is making a difference in the lives of his patients, his community and the specialty and we are proud to have him as this quarter's CoverDoc.

PROORTHO: TELL US ABOUT YOUR UPBRINGING - IT'S A WONDERFUL STORY!

GARCIA: I am the son of a particular Venezuelan couple, my mother Carmen comes from very humble origins, she used to wash her only pair of school uniform socks every night after coming home from school hoping they would dry by the morning, however most of the time she had to wear them moist in the morning. Fast forward a few years mom being the oldest child of 9 found her calling and decided to enroll in nursing, little did she know what awaited her before completing her degree. A Dr. Jose V Garcia, widowed and left with 5 children had laid his eyes on her and being the disciplined German trained Cardio Thoracic surgeon and full-blown type A personality character decided to make her shifts miserable as a means to test Carmen's determination and fitness to marry into such a responsibility of inheriting 5 children.

One episode my mother still remembers vividly to this day. She recalls one afternoon she had spent hours on the dozens of neatly and carefully organized instruments required for the following morning open heart surgery. Back in the day there was no such thing as self-sealing pouches and "Central Sterilization" at a university hospital, instead there were long queues of instruments to be sterilized. All of a sudden, the said surgeon decided to unexpectedly show up right about the time she was finishing her sterilization task, this was no coincidence as it was later revealed to her the doctor had procured a copy of her schedule.

Dr. Jose V Garcia requested at the end of her shift to have a "Visual inspection of all instruments" she then showed him the list and he quickly ignored such list and continued to demand all sterilized items to be opened and within five minutes after sort of pretending to count them decided to step out telling her "Thanks please proceed to pack and sterilize all items as I am performing surgery at 6 am".

I am the oldest of my mother, the nurse which devoted the next two decades to raise my 5 eldest siblings and the three of us that came from this marriage. My father passed when I was seventeen, tough times ensued as a result of his departure but my mother managed to finish her degree

and graduate as a nurse and has for the past 25 years worked ad honorem and has dedicated her time to tirelessly help, as she likes to call it "her patients" to heal and survive what has rather become a warlike scene in a failed state where basic supplies like alcohol and sutures are nowhere to be found inside a hospital.

My education has a couple of interesting stages, I began to study medicine and after reaching the third year I became disenfranchised on what was showing already signs of a poorly run health system. Shortly after I decided to switch to dentistry and within a period of 4 years while in dental school the then ailing democracy in Venezuela essentially would force me to leave the country soon after my graduation in 2002.

PROORTHO: TELL US ABOUT YOUR BEAUTIFUL FAMILY.

GARCIA: We are a happy bunch of 5 actually 6 if you count Chase our dachshund wiener dog. Enrique is our oldest (9) an avid soccer player, very mature for his age and has lately expressed the desire of becoming an orthodontist, he loves to read and write short stories. Isabella (6) is our free spirit, carefree and ever happy child, her smile and personality light up the room. Victoria (3) our youngest is a combination of the two older siblings, with a splendid charm but a very cerebral approach. She will certainly have a lot of options.

Last but not least my beautiful wife Maria Elena, she has been an unconditional wife, always supporting and pushing me to do better, Architect by trade but amazing mother and wife by love. She has been running the logistics at home while I attend a busy thriving practice. As everyone with young children understands a few years went by where the demands of the daily chores left little time to enjoy as a couple but lately as the children have reached an age of more independence and self-sustenance our time to reconnect is coming back and allowing us to enjoy the fruits of our efforts with more satisfaction and appreciation.

And this month of May we both have become new US Citizens after having been 13 years in this most amazing and welcoming land. Certainly, a milestone we treasure and celebrate with pride and respect.

PROORTHO: TELL US ABOUT THE PROCESS OF BECOMING A US LICENSED DENTIST.

GARCIA: Becoming a US Licensed Dentist is quite an ambitious decision. This entails for the vast majority of foreign trained dentist that arrive in this country a long and often times uncertain path filled with the following three challenges:

◆ ADAPT AND EMBRACE:

As an immigrant it is in one's best interest to understand and humbly embrace the culture and the traditions of the land one is given the privilege to live in. It is I should say a rather inspiring and motivating opportunity many dream for. This country now my country has been nothing short of amazing and generous to us, it has not only allowed us to begin a new life but has also given us the opportunity to see our children grow in a land of opportunities and have the chance to rise and shine in the most amazing country in the world.

This I say without hesitation as I have left another life in my troubled motherland to start anew in this my new country. I feel pertinent to share a pearl as we all walk the path of parenthood. And it is to reinforce to our children how blessed and lucky they are to be citizens of "America" and how many possibilities lay before them.

◆ PREPARE FOR TWO CAREERS:

As a foreign trained dentist the common path to become licensed consists of taking the National Boards and going back to school for an additional 2-3 years to receive a second Dental diploma but in combination with this, is the new challenge of trying to gain a sense of orientation by fostering new friends and getting acquainted with your new land. No longer just pursuing a second dental degree is required but also working hard at rebuilding one's social circles and for some that even means finding a new family.

◆ BECOMING A CITIZEN:

After tackling all of these academic and newcomer requirements a long path of naturalization requisites await that usually take up to 10 years by the time one becomes a full rights US Citizen.

PROORTHO: YOU DO A GREAT DEAL OF HUMANITARIAN WORK FOR THE PEOPLE OF VENEZUELA. PLEASE TELL US ABOUT THAT AND HOW READERS CAN HELP YOU HELP OTHERS.

GARCIA: Recently the need for food and medicine has become more and more urgent, I owe the initiative to my wife and a handful of friends. Recently we managed to send approximately 20 thousand dollars worth of non-perishable food and medicine to Venezuela. As the rampant devaluation eats up the savings of the low income people $100 can do a lot and feed an entire family for a whole month. Maria Elena is actively involved in sending medicines, toys, clothing and cash every month and has been doing so for the past 6 years or so.

PROORTHO: YOU'VE HAD INCREDIBLE GROWTH AND SUCCESS IN A VERY TOUGH MARKET. HOW DID/DO YOU MANAGE THAT?

GARCIA: Honestly, we never imagined this was even remotely possible, after associating for 3 years and working in multiple ortho and general dentistry offices (11 offices at a time at some point) and being exposed to so many styles of management and clinical skills I had a good sense of the things I wanted to apply and those I never would as a practice owner.

Miami is such a unique environment and as I have mentioned to many of you during our annual meetings. "I come from the future, Miami is the future." And by that I will clarify again Miami is at the epicenter of all the challenges one could think of over the years to come. As an orthodontist or for that matter any specialty and general dentistry itself, you name it, we have it. Poor ethics and backstabbing amongst colleagues, DSO's in any form and shape, Ortho-Dentists, oversaturation of orthodontists, and the recent promises of the DIY Aligners. Added to the explosive mix one of the lowest income counties in the nation. With this the downward pressure on prices, the deceiving advertisements clogging the mailboxes, the windshield flyers, etc. etc. etc.

On a positive note there is also great well-established names of colleagues in the community. These established practices have and continue to raise the bar and make us all become better clinicians ultimately serving our patients better.

Our success I would attribute to a combination of key elements of which I would like to highlight the three most relevant; the culture of an amazing team that has risen to become a solid name in the community in just 5 years.

A core philosophy of "doctor centric" and "patient first" approach and a relentless commitment to the well-being and happiness of our patients.

PROORTHO: WHERE DO YOU SEE THE ORTHODONTIC PROFESSION IN 2, 5 AND 10 YEARS?

GARCIA: As an analogy the profession is coming to "Miami". All the friction and issues you can imagine will only get more challenging as time goes by. Then again, I may have to side on the bias of living in what is certainly one of the most fierce and competitive areas to practice in the country. The dynamics of an environment like this is what in one way or the other will happen in many of the communities where you all practice. I have to adamantly say with due respect to colleagues the only fear you ought to have is to rest on the laurels of your degree or worse feel entitled to success while forgetting we are called to serve the communities we have been privileged to live in and have the correct strategies in place to ease access of care and serve our patients and their families like no DSO or fancy aligner will. I want to use Neal Kravitz line "Go To Happy" go beyond the line of duty for your people and success will happen. Constantly question yourself and your systems as a means to remain flexible and prone to change.

PROORTHO: WHAT ADVICE WOULD YOU GIVE TO A YOUNGER VERSION OF YOURSELF?

GARCIA: Flow more and worry less, things will happen in its due time and place, believe in the vision hold on tight to it, do not listen to naysayers and keep walking. By all means do not just concentrate on doing what you love but rather loving what you do and yes again "Go To Happy" stretch those shoulders back and breathe you live in the most amazing country in the world and happen to be among the lucky few that partake in the beautiful profession we usually take for granted.

PROORTHO: WE HEAR YOU ARE A CAR BUFF. WHAT'S YOUR DREAM CAR AND WHY?

GARCIA: I have my weakness for German cars and currently enjoy a beautiful Porsche 718 Boxster Sport, beautiful piece of engineering but my dream car is actually a black 1958 Porsche 356 Speedster like the one Bruce Willis drove in the Disney movie "The Kid" (2000).

PROORTHO: HOW MANY LANGUAGES DO YOU SPEAK AND HOW DO THEY COME INTO PLAY IN YOUR LIFE? HOW DO YOU KEEP YOUR LANGUAGE SKILLS SHARP?

GARCIA: I was lucky enough to be brought up in a multilingual environment and lots of traveling. My paternal grandmother was from Italy (Torino) thus early on I was exposed to Italian, my first language was actually German as I was 3 years old when we moved to Germany for my father's sabbatical years at the Heinrich Heine University in Dusseldorf. After this we returned to Venezuela where I learned then Spanish. English was a must in school, but this would be reinforced with the summer vacations in Barbados and thus came very naturally as I was growing up. French was more of a hobby and my father had prohibited us from owning Atari's and Nintendo's and would lock up the 23-inch Sony Trinitron during the whole week and only allow us to watch TV over the weekends. The last on the list was Portuguese, with the proximity to brazil a lot of good dental literature was readily available during my dental student years in Venezuela.

All these languages are actually very handy on a day to day basis. One incredible and eye-opening advantage is the ability to analyze situations from a viewpoint and thought process in different languages. German gives a more analytical viewpoint whereas French and Italian give you a more romantic and artistic assessment while English sheds light with practicality and ultimately Spanish allows me to just have rhythm and read the scene and the person so much better. So cool isn't it?

PROORTHO: HOW MANY LANGUAGES DO YOU SPEAK AND YOU ARE NOW PROVIDING SPANISH LANGUAGE CONTENT FOR PROORTHO. TELL US ABOUT THAT AND WHY IT'S IMPORTANT.

GARCIA: The ever-changing demographic scene of the workforce in the USA requires almost a mandatory trained bilingual team, this is more prevalent in certain areas than others but clearly any big health entity from L.A. to Fairbanks and Portland (ME) to Key West will certainly benefit from catering and being better prepared to serve the patient population. I recently completed a short translation for text snippets to be used on an add-on HIPPA compliant software for patient communication and these features are beginning to become ubiquitous in the healthcare sector.

Funny anecdote a few years back we were at a meeting and the round table suggested I should have "for English press 2" (instead of 1) in the call answering menu, rightfully so recognizing the need to prepare our services in a more efficient way and embracing the new dynamics. Just to clarify I never moved English from option one (1) as I am a big believer that as an immigrant one bears the responsibility to respect and appreciate the culture that received us. Thanks and God Bless you all.

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The new cost effective treatment option with the versatility you want for mild to moderate cases.

**14 stages for $1,199**

**One FREE refinement is included in price of treatment**

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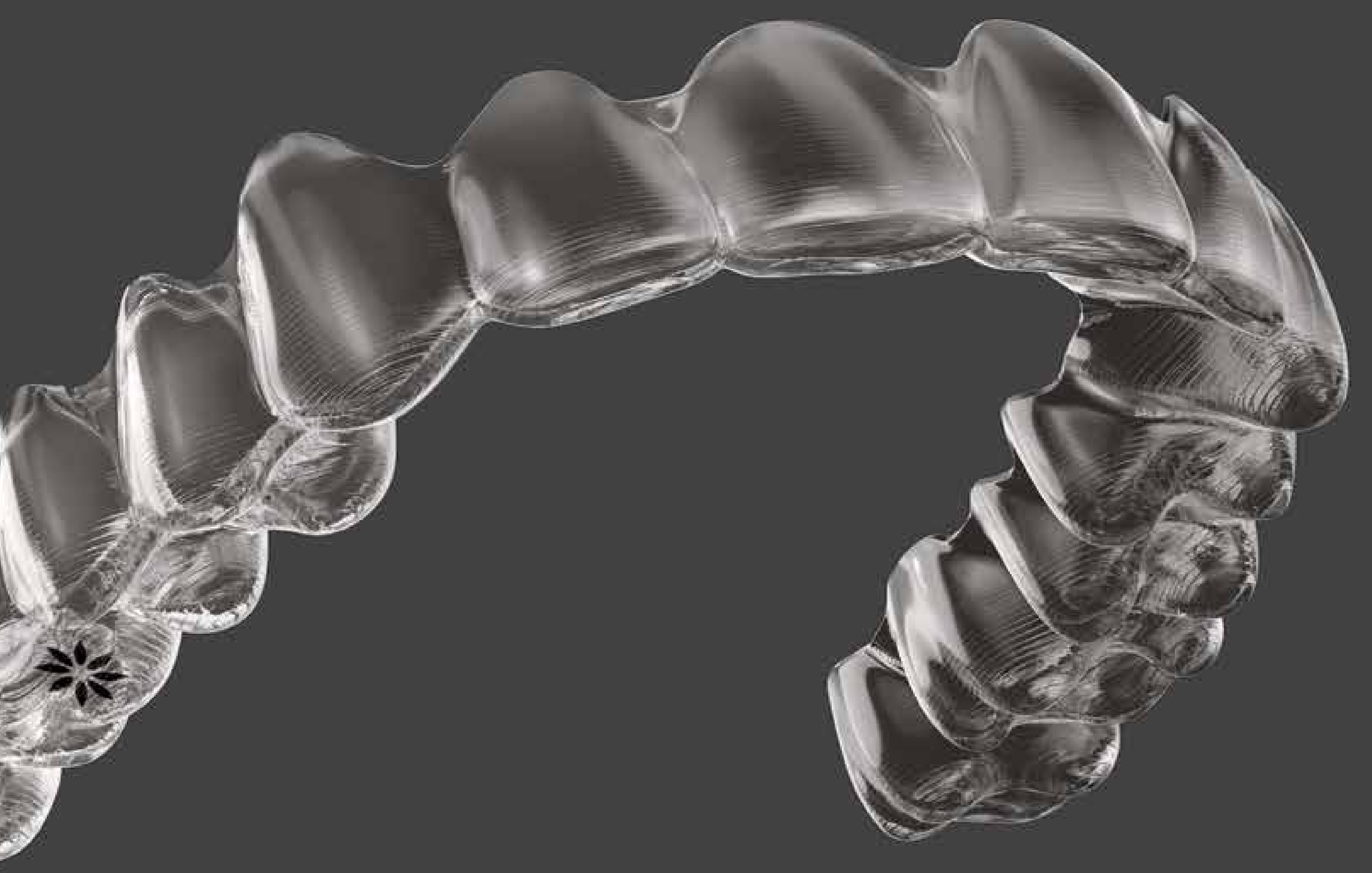


invisalign® | made to move

# Weekly Changes of Invisalign® Clear Aligners in the Treatment of Teenage Class II Patients

By Dr. Tarek El-Bialy


## SUMMARY

Innovations in Invisalign® clear aligner material and design, including SmartTrack® aligner material and SmartForce® features, have helped make it possible to change Invisalign® aligners weekly without slowing down the programmed velocity of tooth movement.


*"Weekly aligner changes may reduce treatment time, reduce the risk of patient burnout, and increase orthodontic practice efficiency."*

This paper details my experience treating Class II malocclusions in growing teenagers with Invisalign® clear aligners changed on a weekly basis. In my experience, Invisalign® treatment can provide similar results to traditional fixed appliances without the need for additional devices like headgear, functional appliances, or Class II correctors.

## INTRODUCTION TO WEEKLY CHANGES OF INVISALIGN® ALIGNERS

With the previous generation aligner material, the recommended aligner change interval was two weeks for every 0.25 mm of programmed tooth movement.

**Align Technology now recommends orthodontists prescribe weekly aligner changes in their Invisalign® treatments.**

This may reduce treatment times by up to 50% compared with changes every 2 weeks.

**This recommendation is based on clinical analysis of more than 200 Invisalign® cases.**

SmartTrack® material offers gentle, more constant force and, in the study of Wheeler and Patel, the amount of tooth movement achieved after 7 days of SmartTrack® aligner wear was greater than the amount achieved after 14 days of wear with the previous-generation aligner material.[1] A shorter lag phase was also observed. This change in material and the improved material properties of SmartTrack® aligner material led me to start changing my treatment protocols to begin treating patients with weekly aligner changes. The transition to weekly aligner changes has improved the efficiency of my practice significantly, especially for complex orthodontic cases. As a result, I now present non-extraction, non-surgical, clear-aligner treatment options to teenage and adult patients across a broad range of malocclusions, including Class II and Class III, deep and open bites, and moderate to severe crowding.

## EFFICIENTLY TREATING CLASS II MALOCCLUSION IN TEENAGERS

Treating teenagers with Class II malocclusion using clear-aligner therapy can be challenging if efficient mechanics are not used. Upper distalization mechanics, for example, typically require a large number of aligners due to the substantial amount of tooth movement needed. Class II elastics are also often used for anchorage control, which increases the compliance burden on the patient considerably. The risk of external apical root resorption (EARR) is also a concern in Class II cases as treatment time increases, particularly in cases with greater movement of the tooth apices.[2] The following cases detail my use of Invisalign® clear aligners with SmartTrack® material and SmartForce® features by setting the upper arch and allowing the lower to reach its full growth potential.

*The opinions expressed in this article are those of the author and may not reflect those of Align Technology.*

# CASE 1

**Age: 14 years**
**Sex: Female**
**Chief concern: Deep bite, narrow smile and improper bite**

**FIGURE 1. Initial records**

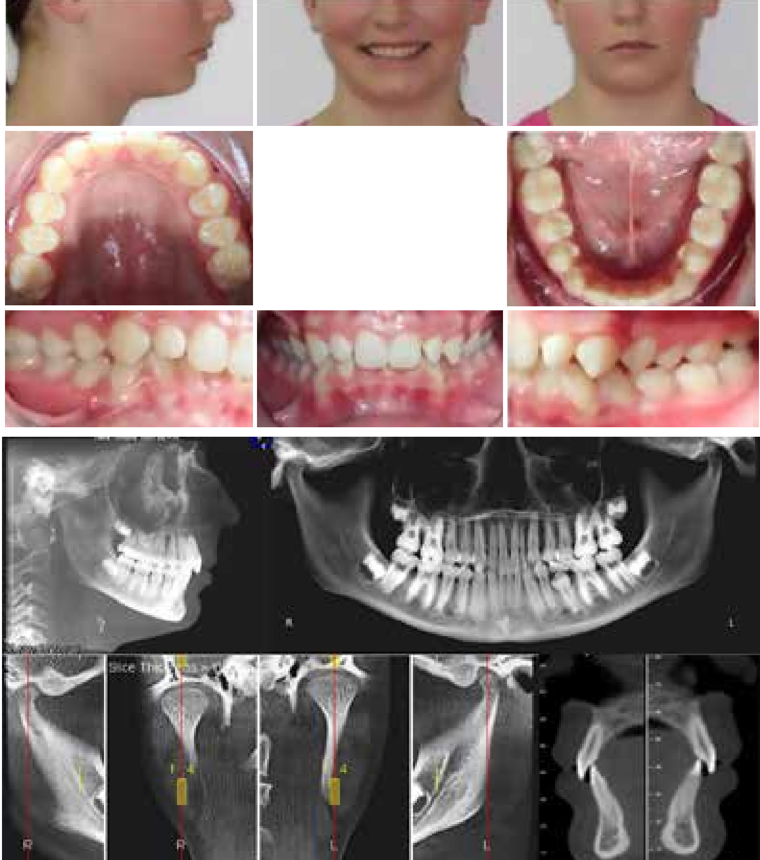


**TABLE 1.** Clinical findings

| Class II bite relationship | |
|---|---|
| Right side | Full cusp Class II |
| Left side | Half cusp Class II |
| Class II division 2 incisor relationship | |
| Skeletal pattern | Class II, retrognathic mandible with forward growth potential |
| Overbite | Deep, with upper incisors tipped lingually |
| Upper arch | Mild crowding, constricted dental arch |
| Lower arch | Mild crowding |

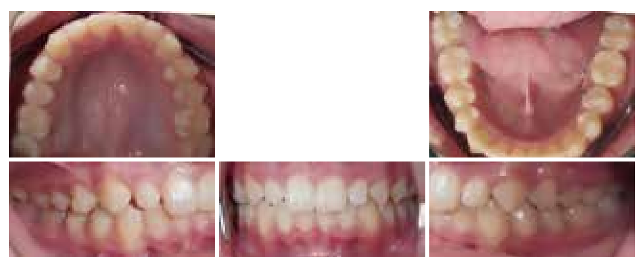
## TREATMENT PLAN

- Weekly Invisalign® clear aligner changes.
- Procline the upper-central incisors to create enough horizontal clearance for the mandible to autorotate forward into Class I.
- Intrude the lower incisors to level the Curve of Spee to avoid an anterior interference when the mandible comes forward.
- Expand the upper arch so that a posterior crossbite is not created when the mandible advances.
- Distalize the upper molars slightly in the set-up. The goal is not to distalize the upper molars into Class I completely, but rather to initiate the mandibular growth process as detailed by Ricketts in his bioprogressive technique.[3,4]
- Add Precision Cuts to the aligners on the upper canines and lower first molars. Light Class II elastics (3.5 oz. 5/16") should be worn during the day and shorter elastics (3.5 oz. 3/16") at night for anchorage control during the distalization.
- Disposable aligner tray seaters need to be used by the patient for 15 minutes three times each day (after meals) to seat the aligners fully and to maximize the expression of any tooth movements built into each appliance.

## TREATMENT OUTCOME

Previous traditional treatment options would ordinarily have required headgear, extractions and/or a separate functional appliance. However, by using Invisalign® treatment, after 6 months with weekly aligner changes (24 of 49 aligner stages), the Class II malocclusion was corrected to Class I. In contrast, with fixed appliances, either a separate functional-appliance phase would be needed initially, or the Class II malocclusion would be corrected near the end using a non-compliance device.

**FIGURE 2. Progress photographs after 6 months of Invisalign® treatment. Class II malocclusion has been corrected.**



A button was bonded to the lingual surface of the lower-left second premolar and connected to elastics stretched over the lower aligner to two buccal aligner slits cut in the area of the lower-left second premolar. These elastics assisted with the correction of the lingually erupted second premolar after exfoliation of the lower-left primary second molar.

**The total treatment time was 13 months (49 upper and lower aligners, aligners changed weekly, no additional aligners). In order to achieve proper overbite, overjet, and Class I canines, spaces distal to the upper lateral incisors were left for composite bonding, due to the anterior tooth-size discrepancy. The patient's oral hygiene and general dental health were excellent.**

**FIGURE 3. Photographs after treatment**

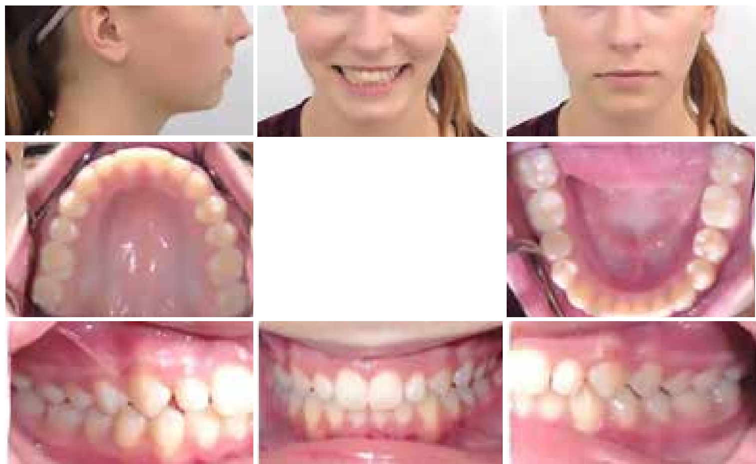
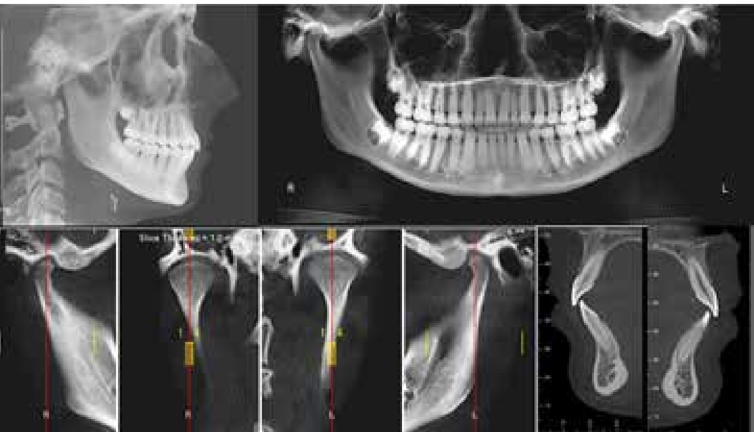


**FIGURE 4. Final records**



Radiographic analysis shows that proper incisor torque was achieved, along with good root angulation. Both condyles were seated, and no functional shift was detected. Cephalometric superimposition on sella-nasion (at sella) revealed forward mandibular growth during treatment, a 1˚ improvement to A point–nasion–B point angle (ANB), proclination of the upper incisors by 5˚, and almost no change to lower incisor inclination (+0.3˚).

**FIGURE 5. Cephalometric superimposition (pre- and post-treatment)**

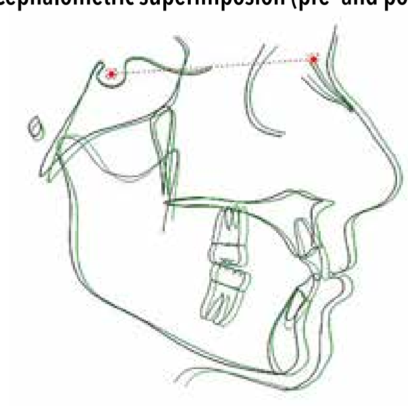


**TABLE 2.** Initial and final cephalometric measurements

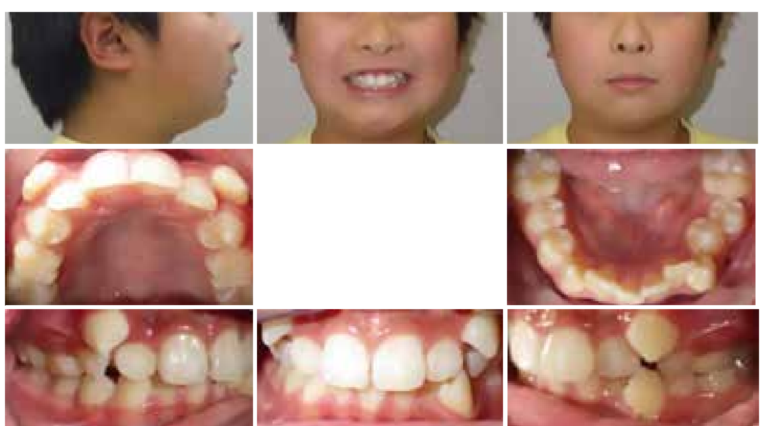
| | | *Norm* | Initial | Final |
|---|---|---|---|---|
| Maxilla to cranial base | SNA (˚) | 82 | 86.7 | 86.8 |
| Mandible to cranial base | SNB (˚) | 80.9 | 82.6 | 83.8 |
| | SN - GoGn (˚) | 32.9 | 27.4 | 25.9 |
| | FMA (MP-FH) (˚) | 25 | 20.7 | 21.7 |
| Maxillo-mandibular | ANB (˚) | 1.6 | 4.1 | 3 |
| Maxillary dentition | U1 - NA (mm) | 4.3 | 1.4 | 3.1 |
| | U1 - SN (˚) | 102.5 | 104.1 | 108.9 |
| Mandibular dentition | L1 - NB (mm) | 4 | 4.9 | 4 |
| | L1 - GoGn (˚) | 93 | 97.4 | 97.7 |
| Soft tissue | Lower lip to E-plane (mm) | -2 | -2 | -1 |
| | Upper lip to E-plane (mm) | -3.8 | -4.1 | -4.2 |

ANB, A point–nasion–B point angle; FH, Frankfort horizontal; FMA, Frankfort mandibular plane angle; Gn, gnathion; Go, gonion; GoGn, mandibular plane; L1, lower incisor; MP, mandibular plane; NA, nasion–A point; NB, nasion–B point; SN, sella–nasion; SNA, sella–nasion–A point angle; SNB, sella–nasion–B point angle; U1, upper incisor.

# CASE 2

**Age: 11 years**
**Sex: Male**
**Chief concern: Crowded teeth and high (ectopically erupted) canines**

**FIGURE 6. Initial records**



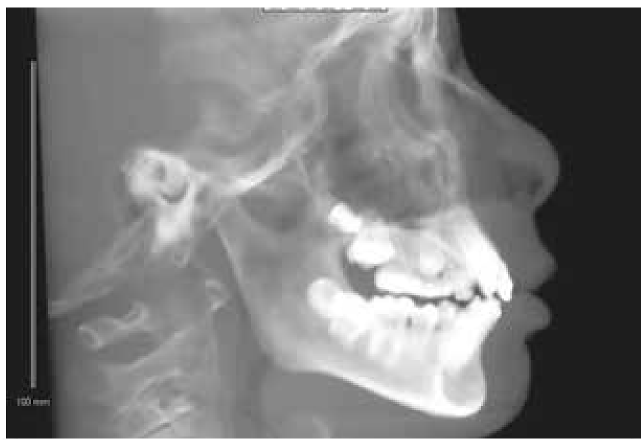


**TABLE 3.** Clinical findings

| Class II malocclusion (bite relationship) | |
|---|---|
| Right side | Half cusp Class II |
| Left side | Half cusp Class II |
| Skeletal pattern | Class II, with a retrognathic mandible and forward growth potential |
| Overbite | Deep, with retroclined upper incisors and slightly proclined lower incisors |
| Upper arch | Severe crowding with ectopic canines and upper primary second molars (Es) still present, constricted arch |
| Lower arch | Severe crowding, constricted arch |

## TREATMENT PLAN

- Weekly Invisalign® clear aligner changes.
- Procline the upper incisors, level the Curve of Spee and distalize the upper molars slightly to optimize mandibular growth using a bioprogressive approach.
- Add precision cuts for light elastics to the upper canines and lower first molars (ultimately, elastics were not needed).
- After the primary second molars exfoliate, utilize the E-space to help relieve the upper crowding.
- Do not incorporate the ectopic canines into the initial upper aligners because of the large vertical discrepancy (which will weaken the aligner). Instead, use canine pontic spaces in the aligner to allow for passive canine eruption while the space is being developed. Include the ectopic canines in the additional aligners after they have erupted into the space developed with the initial aligners.

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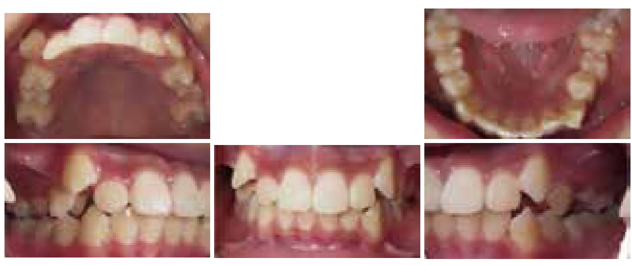
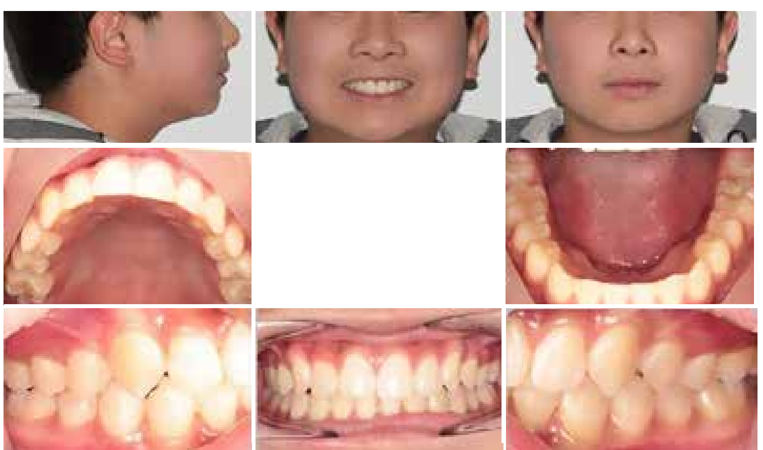
TREATMENT OUTCOME

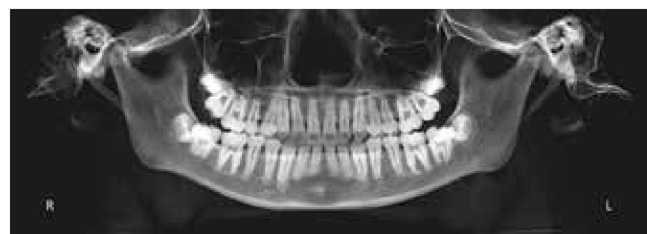
FIGURE 7. Progress photographs after the initial aligner series (9 months, 34 upper and lower aligners, aligners changed weekly)

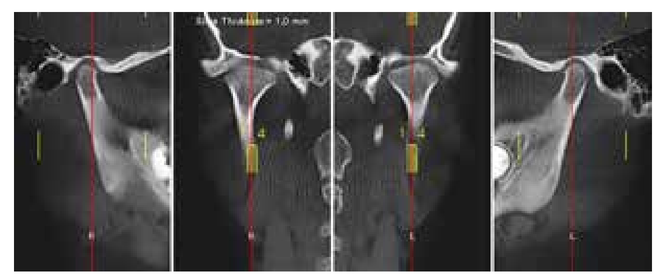


After 9 months of Invisalign® treatment (34 upper and lower aligners, aligners changed weekly), the molar relationship was improved, and the canines started to come down into the space that was created. The primary second molars had exfoliated, but the E-space was preserved by the upper aligners. After 17 months of treatment (35 upper and lower additional aligners changed weekly), both upper canines were in a good vertical position. The severe crowding was corrected in both arches, the right side was corrected to Class I, and the left side was slightly Class II by ~1 mm. Oral hygiene and general dental health were both excellent. After a second set of 30 upper and lower additional aligners (aligners changed weekly), the treatment was finished, with both sides corrected to Class I. The total treatment time was 25 months, which is on par with a typical Phase 1 + Phase 2 treatment.

FIGURE 8. Final records





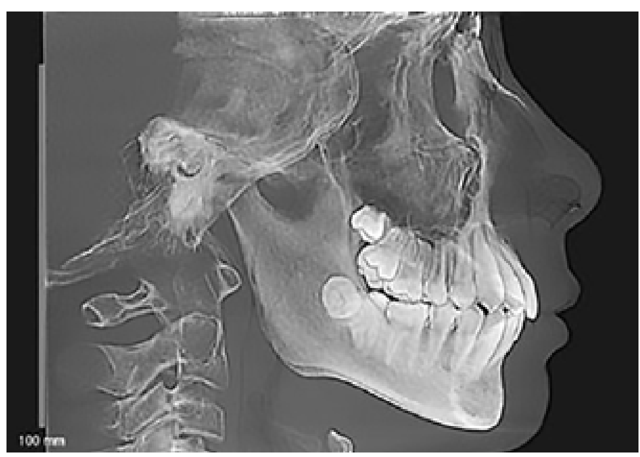



FIGURE 9. Cephalometric superimposion (pre- and post-treatment)

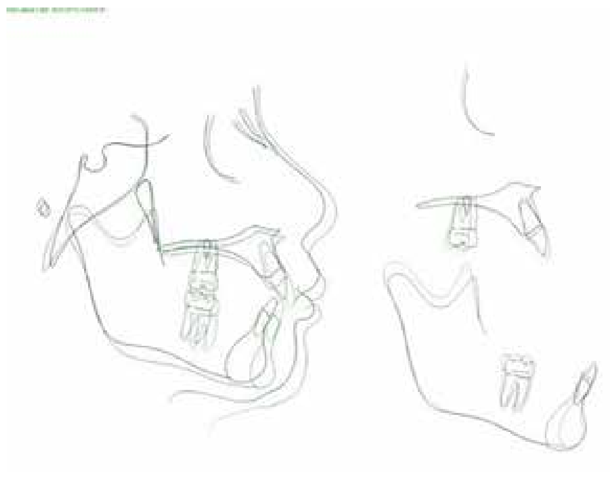


**TABLE 4.** Initial and final cephalometric measurements

| | | Norm | Initial | Final |
|---|---|---|---|---|
| Maxilla to cranial base | SNA (°) | 82 | 82.7 | 81.6 |
| Mandible to cranial base | SNB (°) | 80.9 | 75.8 | 76.7 |
| | SN - GoGn (°) | 32.9 | 37.2 | 34.5 |
| | FMA (MP-FH) (°) | 25 | 24.5 | 20.7 |
| Maxillo-mandibular | ANB (°) | 1.6 | 6.9 | 4.9 |
| Maxillary dentition | U1 - NA (mm) | 4.3 | 1.2 | 2.6 |
| | U1 - SN (°) | 102.5 | 96.9 | 94.1 |
| Mandibular dentition | L1 - NB (mm) | 4 | 7.6 | 5.5 |
| | L1 - GoGn (°) | 93 | 107.8 | 90.4 |
| Soft tissue | Lower lip to E-plane (mm) | -2 | 3.6 | 2.5 |
| | Upper lip to E-plane (mm) | -3.8 | 3.1 | 1.9 |

**ANB, A point-nasion-B point angle; FH, Frankfort horizontal; FMA, Frankfort mandibular plane angle; Gn, gnathion; Go, gonion; GoGn, mandibular plane; L1, lower incisor; MP, mandibular plane; NA, nasion-A point; NB, nasion-B point; SN, sella-nasion; SNA, sella-nasion-A point angle; SNB, sella-nasion-B point angle; U1, upper incisor.**

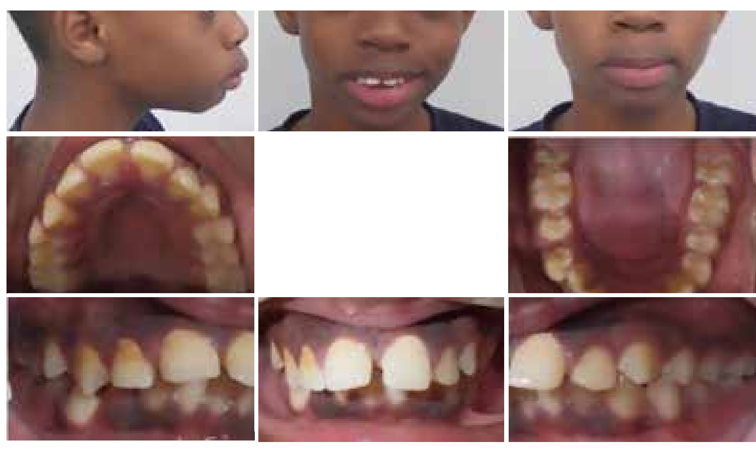
Cephalometric superimposition analysis revealed that good upper incisor inclination was achieved (+6˚), along with forward growth of the mandible, which reduced the sagittal discrepancy significantly (ΔANB = -5˚). The lower incisors were proclined by +6˚ as a result of correction of the severe crowding, which is acceptable, because it has been shown that lower incisor inclination relative to the mandibular plane is reduced with age.[7,8]

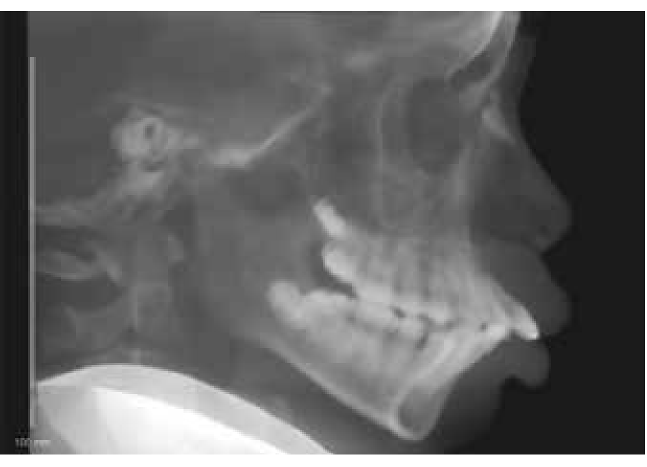
*The opinions expressed in this article are those of the author and may not reflect those of Align Technology.*

# CASE 3

**Age: 10 years**
**Sex: Male**
**Chief concern: Increased overjet, overbite, and teeth sticking out**

**FIGURE 10. Initial records**





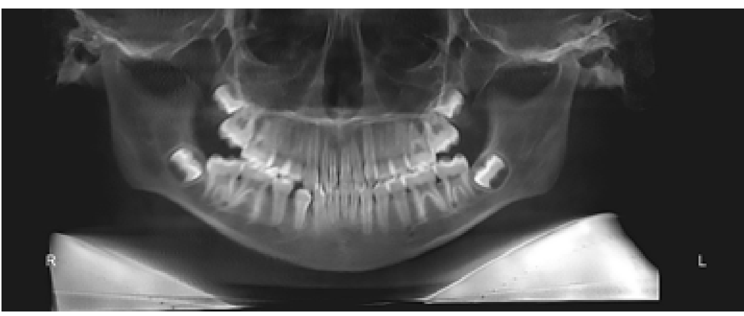


**TABLE 5.** Clinical findings

| Class II bite relationship | |
|---|---|
| Severe bimaxillary dental protrusion | |
| Class II division 1 incisor relationship | |
| Right canine | Half cusp Class II |
| Right molar | Class II tendency |
| Left canine | Half cusp Class II |
| Left molar | Class II tendency |
| Skeletal pattern | Class II, with a severely retrognathic mandible |
| Overbite | Deep, with severely proclined upper incisors (+25°) and lower incisors (+12°) |
| Upper arch | Severe generalized spacing, with a constricted arch |
| Lower arch | Mild spacing, constricted arch, and lingually positioned lower-right canine |

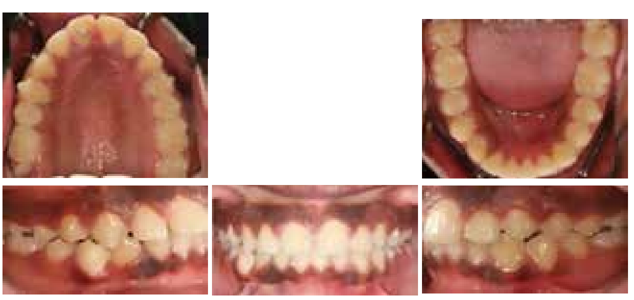
## TREATMENT PLAN

- Weekly Invisalign® clear aligner changes.
- To maximize mandibular growth, level the Curve of Spee to avoid anterior interferences during space closure.
- Dental expansion of both arches by 3 mm per side to create sufficient arch width for incisor retraction.
- After the primary second molars exfoliate, utilize the E-space to help relieve the upper crowding.
- Apply buccal root torque to the posterior teeth to ensure adequate buccal overjet.

*The opinions expressed in this article are those of the author and may not reflect those of Align Technology.*

## TREATMENT OUTCOME

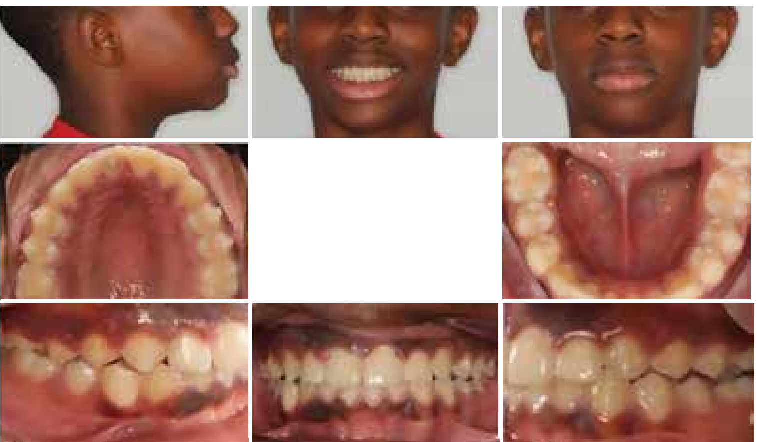
**FIGURE 11. Progress photographs after 6 months of treatment. Class II malocclusion close to being fully corrected**

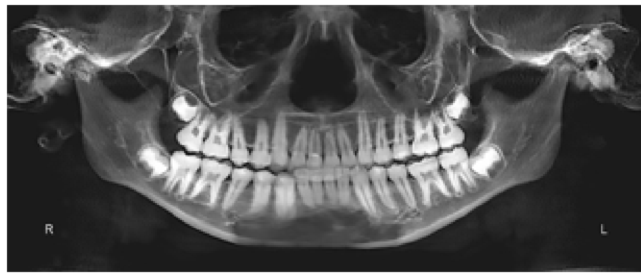


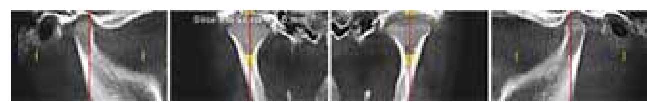
After 6 months of Invisalign® treatment with weekly aligner changes (24 of 37 upper and lower aligners), the proclined incisors were improved significantly. The upper spaces were almost fully closed, and the canines were almost in Class I relationship.

**After 9 months of Invisalign® treatment with weekly aligner changes (37 of 37 upper and lower aligners), arch development was completed, the canines were Class I on both sides, incisor inclination was ideal, and the midlines were centered. Additional lower arch leveling with additional aligners was still needed to close the slight posterior open bite on the left side. On the right side, buccal coordination of the lower first premolar was still needed. The patient's oral hygiene and general dental health have both been excellent so far.**

**FIGURE 12. Final records after initial aligner series**





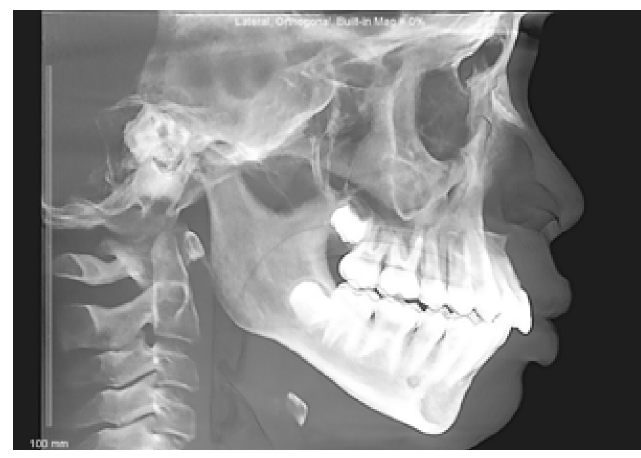



**FIGURE 13. Cephalometric superimposion (pre- and post-treatment)**

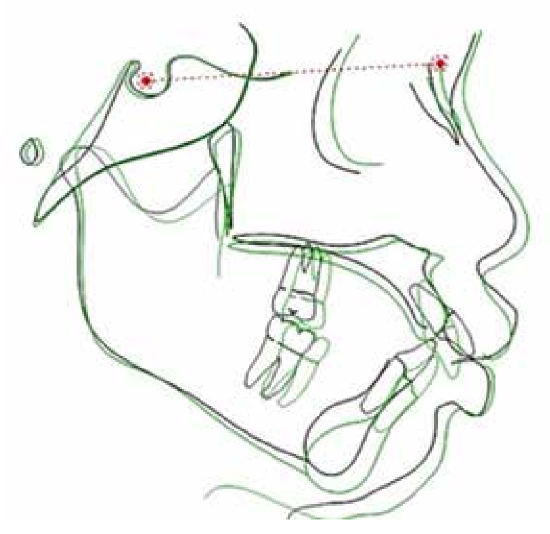


**TABLE 6. Initial and final cephalometric measurements**

| | | Norm | Initial | Progress |
|---|---|---|---|---|
| Maxilla to cranial base | SNA (°) | 82 | 85.6 | 83.9 |
| Mandible to cranial base | SNB (°) | 80.9 | 78 | 79.1 |
| | SN - GoGn (°) | 32.9 | 34.2 | 34.3 |
| | FMA (MP-FH) (°) | 25 | 25.2 | 27.5 |
| Maxillo-mandibular | ANB (°) | 1.6 | 7.6 | 4.8 |
| Maxillary dentition | U1 - NA (mm) | 4.3 | 11.4 | 6.5 |
| | U1 - SN (°) | 102.5 | 127.5 | 103.4 |
| Mandibular dentition | L1 - NB (mm) | 4 | 11.2 | 8.1 |
| | L1 - GoGn (°) | 93 | 104.9 | 98.3 |
| Soft tissue | Lower lip to E-plane (mm) | -2 | 7.4 | 9 |
| | Upper lip to E-plane (mm) | -3.8 | 7.3 | 6.9 |

**ANB, A point-nasion-B point angle; FH, Frankfort horizontal; FMA, Frankfort mandibular plane angle; Gn, gnathion; Go, gonion; GoGn, mandibular plane; L1, lower incisor; MP, mandibular plane; NA, nasion-A point; NB, nasion-B point; SN, sella-nasion; SNA, sella-nasion-A point angle; SNB, sella-nasion-B point angle; U1, upper incisor.**

Cephalometric superimposition analysis shows an improvement of the sagittal discrepancy consistent with mandibular growth (ΔANB = -3°). The upper incisor proclination was improved significantly (-24°). The lower incisor proclination was also improved (-7°).

## DISCUSSION

Each of the Invisalign® clear aligner treatments for the three teenage Class II malocclusions described here had aligners that were changed weekly, with 0.25 mm maximum tooth movement per aligner, and the elastic properties of the SmartTrack® aligner material were leveraged. As a result, the majority of the Class II correction was accomplished in as little as 6–9 months.

Upper incisor torque control was not difficult to accomplish with Invisalign® aligners, especially since Power Ridge® features are automatically built into the aligners whenever significant incisor torque is detected in the ClinCheck® set up. Notwithstanding this, orthodontists need to consider the complete jaw when planning treatment and be experienced in the use of elastics. This efficient treatment approach significantly reduces the risk of patient burnout and gives plenty of time for detailing with additional aligners if needed.

The key to success in these cases was removing the dental interferences that prevented the mandible from growing forward. In the upper arch, this meant proclining any retroclined teeth and expanding the arch to avoid posterior crossbites, as well as slight molar distalization to initiate the mandibular advancement. In the lower arch, this meant leveling the Curve of Spee and using light Class II elastics, if needed, to guide the mandible into the desired location. Dental expansion was the preferred method for arch length creation, but interproximal reduction may be needed if a Bolton discrepancy exists and the patients/parents are not in favor of restorations in the upper

*The opinions expressed in this article are those of the author and may not reflect those of Align Technology.*

arch to restore tooth width.

Oral hygiene and enamel health were excellent. In addition, root health was excellent, with no clinically significant incisor root resorption observed. Similar apical findings are part of a preliminary study presented at the 2017 American Association of Orthodontists (AAO) conference in San Diego, CA, USA.9

## IN SUMMARY

- SmartTrack® material and SmartForce® features lead to an increase in tooth movement predictability. Because of this, aligners made with SmartTrack® material are able to achieve the same or a greater amount of tooth movement with the same predictability as aligners made of EX30™ material, thus enabling weekly aligner changes.

- To maximize the efficiency benefits of weekly aligner changes, the velocity of tooth movement programmed into the aligner should not be slowed down. Simply instruct patients to change their aligners weekly, using the existing maximum lead tooth movement of 0.25 mm per aligner.

- I believe my results with Invisalign® treatment have been similar to those that can be accomplished with fixed appliances.

- The Class II corrections in the teenage patients shown here were achieved in as little as 6–9 months, which is similar to Class II correction times using other methods.

- Greater treatment efficiency helps minimize problems associated with longer orthodontic treatment, such as EARR, gingival inflammation, and enamel decalcification.

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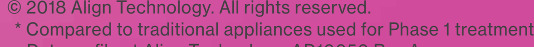
- More comfortable process*




* Compared to traditional appliances used for Phase 1 treatment. Data on file at Align Technology. AD10050 Rev A

# How Much Money Are You Leaving On The Table?

By Nick Tarantino

When you opened the doors to your practice, you were excited that your time and effort had finally paid off. Then your practice grew, and you may have hired associates and more staff to accommodate the growth. You became busy, and slowly but surely your visibility into some areas of the practice declined. Now, anytime there is turnover, you see how your entire team lacks visibility in the receivables process – not just you.

If you can relate to these feelings, you are not alone. One of the benefits of having a partner helping you with administrative tasks is knowing that a best-practice system is implemented and will stay consistent, regardless of in-office turnover or disruptions. Even if you don't have a trusted partner to rely on, there are a few things you can implement today to help optimize your receivables process.

## BE MINDFUL OF CREDITS

There are two main reasons accounts go into a credit status; an overpayment or an incorrect billing process. Having credits in your insurance receivables can often hide potential problems with other accounts and delay future payments. It is always best to do a thorough review of the account to make sure all claims have been paid prior to issuing a refund. If the account is truly in a credit status, it should be returned to the insurance or responsible party.

*TIP: Having your contracts set up properly can reduce errors and result in timely payments from carriers. We suggest reviewing the contract as soon as the first insurance payment is received and adjusting future billings so that you can get a handle on what is expected monthly, or even quarterly, to come in.*

## IMPLEMENT A BETTER VERIFICATION PROCESS

Automated verification does not always get the information your team needs to properly file a claim. Yes, it will let you know if the patient has coverage, but what about which payer ID to file, etc.? Asking the right questions during this process can help you set up the claim properly the first time, and get it paid on time. If the claim is not set up properly from the start, you may be missing out on some of the patient's insurance benefits. These items will cause a delay in revenue if the claim must be refiled, and carriers can take an additional 30 days to pay the claim.

*TIP: Expanding your verification process to include questions such as "Are records covered?" and "Is treatment in progress covered?" will save you time and money in the long run.*

*"When your team changes the tone of their conversations, patients become much more open and honest about what they can afford. This task really lies more with your staff, because they are not afraid of upsetting your patients and patients feel like the staff is there to help."*

## CLAIMS TRANSMISSIONS

After claims are sent to the carrier, it is important to verify that claims were accepted by both the clearinghouse and the carrier. The transmission report will give you this information. This report tells you if the claim was accepted, rejected or denied by the carrier and the reason for the rejection or denial. Correcting the rejected claims will allow you to resubmit the claim and avoid further unnecessary delays. Taking care of denied claims will give you and the responsible party sufficient time to work out financial arrangements for the unpaid insurance portion of the contract. The transmission report also is useful when the carrier denies receipt of the claim. This report gives you a claim identification number that can be referenced to the carrier for further investigation of the claims in question.

*TIP: Review your transmission report daily in order to get paid in a timely manner.*

## KNOW YOUR PATIENT

Changing the way your team approaches the patient collection process can turn a once negative experience into a positive one. Focusing on the patient's investment in getting an amazing smile is more productive than just reminding them how much they owe the practice.

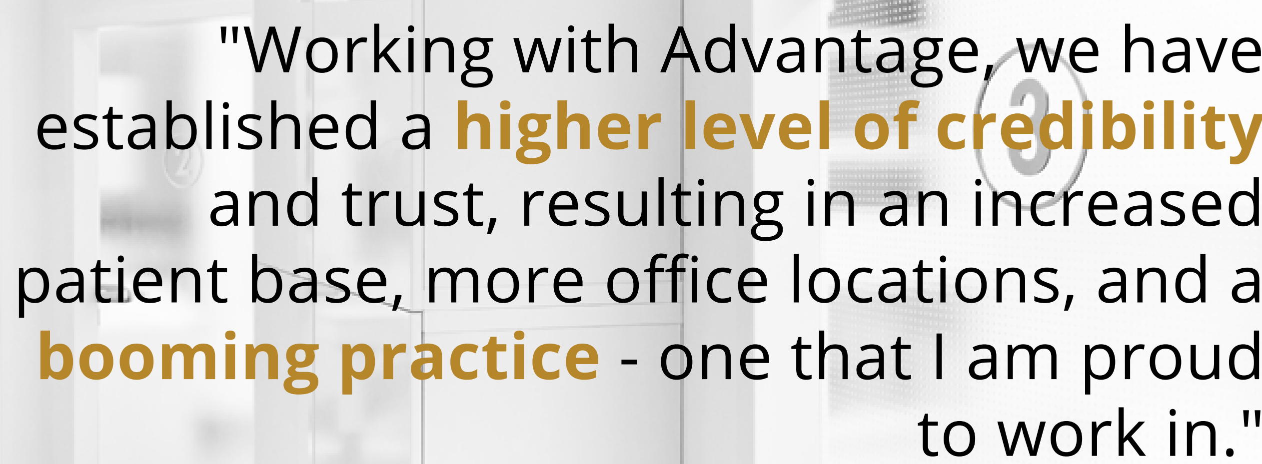
One approach that was developed through a joint effort with Dr. David Herman and his Four Corners Orthodontic location was to tailor the patient conversations on how invested each patient is in the treatment process. For example: define three categories for classifying patients, such as lightly invested, moderately invested and highly invested. For lightly invested conversations, remind the patient of their goal for that great smile and see what needs to be done to get them back on track. Moderately invested conversations are based on the amount of money the patient has already invested, and how it would be such a waste to not be able to get the smile they've always dreamed of now. Highly invested patients are close to completion, so it is vital to stress the fact that they are almost done and see if appointment times can be shifted to work with their payment plan.

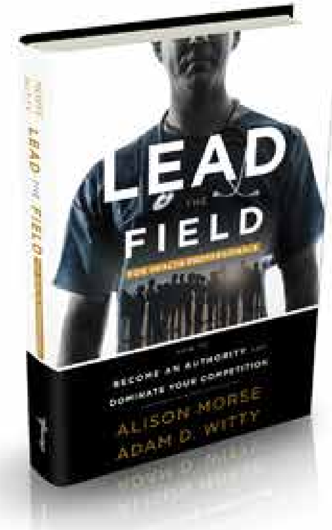
When your team changes the tone of their conversations, patients become much more open and honest about what they can afford. This task really lies more with your staff, because they are not afraid of upsetting your patients and patients feel like the staff is there to help.

Performing these tasks can help increase your collections, reduce bottlenecks, and solidify the relationship with your patient base, creating a better experience for all. People often need to be reminded of why they started their treatment in the first place to guide them to reinvest in their future.

*TIP: Focus the conversation on what your team can do to help the patient complete their investment in an amazing smile.*

Your entire collections process doesn't need to be a secret. If you aren't sure what questions you should be asking your team, you are not alone. The lack of transparency in the collections process is something that is very common in orthodontic practices. You can request a free accounts receivable analysis from OrthoSynetics by visiting www.orthosynetics.com/ar.



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# Long-Term Pending Patients:
## The Low-Hanging Fruit to Boost New Starts

By Brandon Janis

As competition in the orthodontic industry continues to increase and the cost of acquiring new patients follows this same upward trend, increasing your patient conversion rate is the best initiative you can launch to offset these rising costs.

And one of the best places to start this initiative is a simple but little used secret...

Send one text message and one email to all of your past pending patients and you'll immediately schedule some new starts. Long-term pending patients are your low hanging fruit.

At Dentma we call this kind of outreach a Legacy Blast.

### BY THE NUMBERS

Out of hundreds of offices we've seen who have sent Legacy Blasts, here are a few results that are representative of the overall averages:

In our experience, a Legacy Blast has always resulted in at least one new start, and the average has been **15 new starts.** The best result for one location was **81 new starts.**

*"Send one text message and one email to all of your past pending patients and you'll immediately schedule some new starts. Long-term pending patients are your low hanging fruit."*

### BEFORE A LEGACY BLAST

An even more productive initiative to increase your pending patient conversion is to focus on the consistency and quality of your follow-up process immediately after a patient leaves their initial consultation and didn't commit to starting treatment.

Expecting these patients to call you back and set up their first appointment without any direct follow-up from your staff ignores our basic human nature: people are **busy.**

We easily get distracted. We procrastinate. We have fears and anxiety. We want second opinions. We have another decision maker to consult with, who is also busy and distracted.

Thus we need gentle, non-offensive reminders that a final decision is still pending.

| Practice Name | # Patients | # Text Sent | # Text Replied | Text Response % | # Email Sent | # New Start | Blast Conversion % |
|---|---|---|---|---|---|---|---|
| Ries Orthodontics | 245 | 173 | 87 | 50.3% | 42 | 16 | 6.5% |
| Barbieri Orthodontics | 212 | 168 | 47 | 28.0% | 142 | 14 | 6.6% |
| Brodsky Orthodontics | 228 | 152 | 51 | 33.6% | 128 | 18 | 7.9% |
| Michael S. Lyons, DDS/MS | 111 | 83 | 26 | 31.3% | 43 | 9 | 8.1% |
| Corsa Orthodontics | 92 | 75 | 21 | 28.0% | 68 | 8 | 8.7% |
| Brown Family Orthodontics | 295 | 203 | 59 | 29.1% | 142 | 27 | 9.2% |
| Simons/Lowe Orthodontics | 229 | 167 | 56 | 33.5% | 127 | 38 | 16.6% |

## THE FIRST 30 DAYS IS THE MOST IMPORTANT

While memory of your recommended treatment begins to fade in the minds of your uncommitted patients the day after they leave your office, the pending treatment decision is still fairly fresh for a few weeks.

Generally a patient's intent is to make the decision and move forward with treatment, but many of them are also just "kicking the tires" and not ready to commit to one particular practice.

It's essential that these patients receive follow-up communication from your office in the form of text messages, emails, and phone calls **before** they visit the office down the street.

Then when your competitor's treatment coordinator tries to get your patient to same-day start, the patient will be much less likely to commit on the spot without first engaging in at least one more conversation with your staff.

## LONG-TERM PENDING HAPPENS

The reality however is that no matter how consistent and effective your follow-up communication is during the first few months after the initial consultation, long-term pending patients still happen.

With many pending patients, a year later, two years later -- and still a final decision has not been made.

This is why a Legacy Blast can "shake the branches" and cause some of the low-hanging fruit to generate immediate and surprising results.

## WHAT TO SAY

Here's the text message we've used to reach tens of thousands of past pending patients:

"Hi Katrina, this is Emily from Happy Smile Orthodontics. It's been a while since Johnny visited our office and we first discussed starting orthodontic treatment. Are you still considering getting started? Do you have any questions I may help answer?"

It's personal, friendly, not pushy, and invites an open-ended response.

## THREE TYPES OF RESPONSES

The responses you'll receive from your Legacy Blast text will fall into three categories:

1. "No thanks, we _________ (e.g. 'started treatment somewhere else', 'can't afford it', 'already finished treatment')."
2. "Yes, I am still interested but _________ (e.g. 'I have a question', 'we're waiting for such and such to happen')."
3. "Yes, we do need to get started. What time do you have available this week?"

While it's obviously the "yes, we need to get started" responses we all want, even the "no thanks" responses have value because you can put closure to that patient and update the status in your practice management system.

## THE HOW

The four steps to sending a successful Legacy Blast are:

1. Identify all of your past pending patients
2. Segment between child patients and adult patients
3. Send a text message
4. Send an email one week later if they don't respond to the text

While you probably have the tools needed to do this yourself, at Dentma we provide a no cost Legacy Blast tool that simplifies these steps into as little as one minute of your time.

Email info@dentma.com if this no-cost-one-time-use tool would be helpful to see how many new starts you can shake from your past pending patient tree.

## CONCLUDING NOTES

The most critical time for your staff to contact your uncommitted patients is the first 30 days after they leave their initial consultation.

However, be sure to keep a consistent follow-up protocol active for several additional months until the patient either commits or becomes long-term pending.

Then, when patients do become long-term pending, activate your secret weapon and send a Legacy Blast **every three to four months** to shake the branches and capture some low-hanging fruit -- you never know when a patient's circumstances will be ripe for that Legacy Blast text or email to prompt an affirmative final decision.

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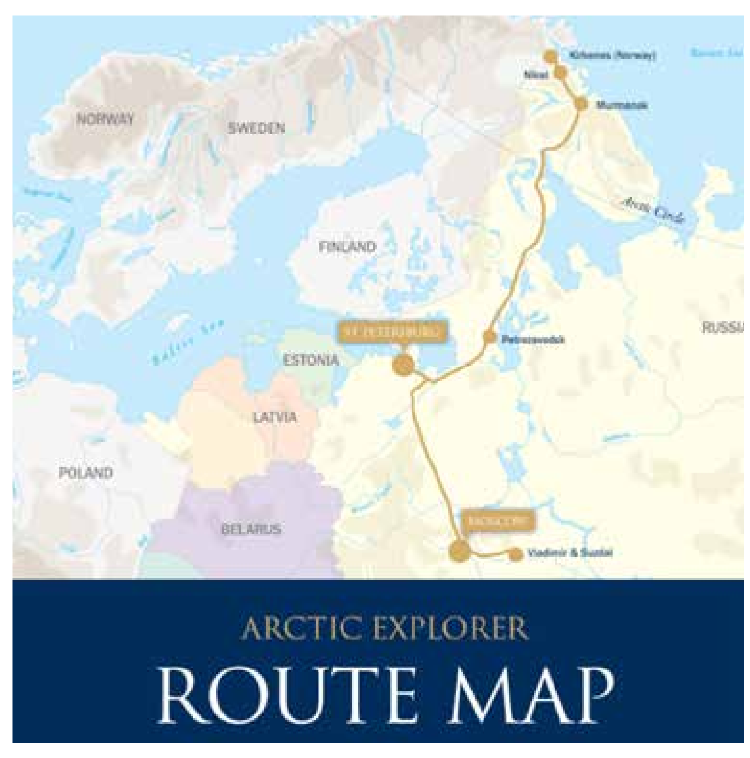
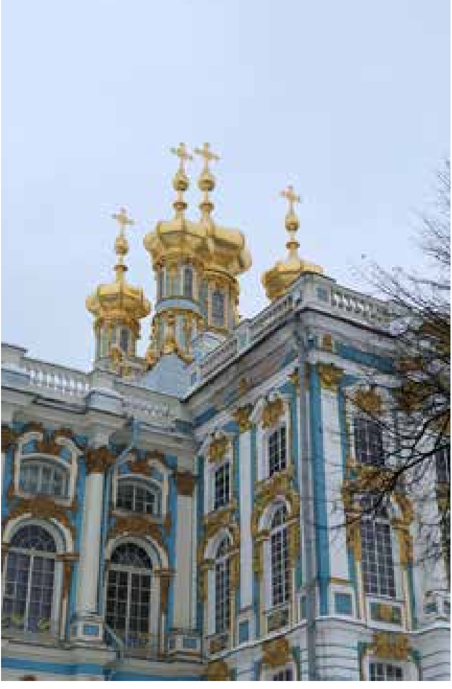
# Russia in The Dead of Winter!

By Dr. Ben & Bridget Burris

I've always wanted to experience Russia. As children of the 80s, Russia played a huge part of our coming of age as it was our country's central focus for decades. In February I finally got a chance to compare all those images we saw on TV to the real thing and I was not disappointed! The journey started in St. Petersburg, Russia where we met the rest of our group and stayed at the Belmond Grand Hotel Europe. It's a great hotel in an excellent location and the Sunday brunch is to die for! Our first outing was to the Catherine Palace – the summer residence located in the town of Tsarskoye Selo (Pushkin) –it was worth the bus ride and the hour wait in the snow to get in. The upside of visiting Russia in the winter is experiencing the fabled Russian winter and the reduced crowds. The downside is that getting into attractions is hindered by the removal/storage of winter wear and the application of booties to one's feet as well as the drastic difference between the freezing outside and the broiling inside. It's important to layer so one can survive 10 degrees while waiting in line and 85 degrees once you get in! The palace itself was impressive and gave a sense of how the nobility lived in a time when peasants were tied to the land and essentially their property. Words fail to capture the grandeur but I've included a couple photos and encourage you to go see it for yourself!





The next day we visited the Hermitage Museum and I found the architecture as well as the exhibits to be excellent – as good as any museum I've visited. I'll let the photos do the talking here but if you only have one day in St. Petersburg this is the place to go.

That evening we visited the Fabergé Museum and it is small but well worth the time to visit. They have a huge collection of Fabergé eggs and one must see them to believe the craftsmanship and artistry.

That night we headed to the train station for the main attraction in our Russian adventure. We boarded the Golden Eagle to begin our Arctic Explorer trip. The trains are very well appointed, the lodging is very acceptable given that we were on a train, the food/beverage was excellent and featured authentic Russian far and the staff was fantastic. There are a multitude of different trips and itineraries to choose from and I look forward to trying some other routes. You can find all the details here http://www.goldeneagleluxurytrains.com

Traveling by train was very relaxing and being jetlagged and off the normal local schedule didn't seem to matter as much given the ability to wander around the train. There is virtually no cell service so being unplugged was also enjoyable.

The train stopped in Nikel and we took a bus to Kirkines, Norway. Exiting Russia and crossing the Norwegian border was an experience in and of itself. The contrast between the extremely efficient and friendly Norwegian border patrol and the, well, not so much Russians was drastic but both were entertaining. We spent a couple nights at the Thon Hotel Kirkenes – a perfectly acceptable hotel with a nice restaurant and view. We actually saw the northern lights a couple nights from our hotel window and despite the city's light pollution the aurora were so bright we could still see them well. While in Kirkenes we learned, first hand, about dog sledding and catching the massive ocean crabs that were transplanted from the Pacific Ocean decades ago. WARNING! Eating crab legs and claws that were in the ocean just minutes before will ruin the local seafood bar for you… We enjoyed our visit to the local ice hotel as well. Lots to do in Kirkenes – go check it out!

From Kirkenes we crossed back into Russia by bus, boarded the train and took the short trip to Murmansk, Russia. Murmansk is an incredibly important city to the Russian people and has played a huge role in their history. Though the city is dreary and losing population, the retreat of the polar ice cap means that Murmansk may play an even bigger role in Russia's future. Murmansk was the Russia we'd been told of as children during the Cold War and, for me, embodied everything I'd imagined being Russian in the 70s and 80s would be. We visited the Icebreaker Lenin, had a delightful lunch and wandered around the town during a local festival where the locals seemed to be immune to the cold. I guess humans can get used to anything but it was a sight to see little ones playing in the snow on what was considered a mild day as it was "only" 10 degrees Fahrenheit.

From Murmansk we took the train to Moscow, retracing much of the track that we took north. It was terribly relaxing to be unplugged and traveling the Russian winter wildness in such a well-appointed train. We were based in the Four Seasons Moscow and explored the city for the next couple days. The Kremlin, Red Square, Lenin's tomb and The Seven Sisters were incredible to see. Moscow delivered on expectations as an icon of the Cold War but also as a modern, metropolitan complex of 12 million people. When I go back to Russia I'll spend several more days exploring the capital.

As a whole I cannot recommend a Russian excursion enough. Of course I only experienced it in the winter and understand it is a totally different country during the short summer. Pack your bags, gather the family and GO! Somewhere!

It's a big planet and you're not getting any younger…

# Brush Up On Your Reading

Straighter:
The Rules of Orthodontics

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, check out orthopundit.com