Ortho Tribune

The World's Orthodontic Newspaper · U.S. Edition

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Inside this issue

Win a makeover!

There is still time to win a complete makeover for your practice. Find out all about it, then make sure you enter before Sept. 30.

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Reports, reports and more reports

Every day, every week, every month and every year you are bombarded with a variety of reports — most that you probably don't even read. But here are some reasons why you should rethink that strategy — and what might happen if you don't!

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Dental school ethics

The profession of dentistry, and thus its educational institutions, is given high regard and trust by the public. So why then is cheating and other ethical issues such a concern? USC student Michael Meru explores the issue.

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Make it your way

Boyd Industries has been in business for more than 50 years, providing customized operatory equipment to practices everywhere. We check in on the company and its newest products.

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The critical missing element

Where orthodontics and orofacial myofunctional therapy meet

Part 1

By Joy L. Moeller, RDH, BS, COM (Certified Orofacial Myologist)

Before and after 14 months of myofunctional therapy. Patient presented with a lateral tongue thrust, mouth breathing, stomach sleeping, orthodontic relapse, difficulty chewing and swallowing and forward head posture.

Problems that can be addressed

- Does your patient complain about chronic headaches?
- Does your patient have an open mouth rest posture?
- Have your patient's teeth moved after orthodontic treatment?
- Does your patient exhibit an open bite?[1]
- Does your patient complain of temporal mandibular dysfunction (TMD) or neck pain?
- Is the patient's tongue always "in the way" when you are adjusting wires?
- Does your patient exhibit a scalloped tongue from pressing against the teeth?
- Have you noticed oral habits such as thumb or finger sucking, nail biting, lip licking, hair twirling or chewing?
- Does your patient lisp when saying the "s" sounds?
- Do you see the tongue come forward against the teeth when swallowing?
- Is your patient a mouth breather contributing to anterior gingivitis or open mouth rest posture?
- Does your patient grind or clench his/her teeth?
- Does your patient have chronic stomachaches, burping, drooling, hiccups or acid reflex?
- Does your patient have a forward head posture?
- Does your patient have a short lingual frenum or a tight labial frenum?
- When you check for oral cancer on the sides of the tongue, have you found lesions from tongue thrusting caused by chronic irritation?

These are all signs and symptoms of an orofacial muscle functional imbalance that can be addressed by an orofacial myofunctional therapist (OMT).

History of orofacial myofunctional therapy

OMT is an area of specialization arising out of orthodontics.[2] The field of OMT is unique because the therapist helps the patient make major life-enhancing changes, which affect the entire body.

Element

01 *see page 4*

Three biggest challenges women in dentistry face

By JoAnne Tanner, MBA

Dr. Shaina vividly remembers working summers as a child at her father's dental office. Her dad would stroll in the office each morning, look over the day's schedule and simply walk over to see his first patient. Not only did he love his chosen profession, but he did it with such ease and joy that Shaina knew she would follow in his footsteps.

Fast-forward through the years, and Shaina is now the proud owner of her own office. Is life as easy as dad had it? Not even close!

A combination of many factors that greatly differ from her father's situation results in challenges that paint a far different picture in her own office, and many of them have

to do with the simple fact that she is a woman. Let's explore those issues:

- *The spouse effect.* While it's true not all male orthodontists have their spouses helping them in their office, it's a much higher percentage than the amount of spouses female orthodontists have helping them. In Shaina's father's case, her mother acted as office manager, allowing a safe distance between doctor and staff, leaving him free to focus entirely on dentistry as opposed to dealing with the business and staffing issues.

Women

01 *see page 3*

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Orthodontics and social justice

By Dennis J. Tartakow, DMD, MEd, PhD, Editor in Chief

Orthodontists have many similar attributes, but a common thread that binds us is the desire to help and care for people with needs. In order to define those limitations even further, one must recognize we all have an obligation to act morally and ethically for ourselves, our patients, the communities in which we are members and society in general. These are some of the principles of social justice.

What is social justice? It is a term that refers to the concept in which justice is achieved in every aspect of society, not just the administration of laws. This term can refer to self-contradictory values of justice and is sometimes considered amorphous or unstructured. Most often, social justice refers to an individual's, or group's, fair treatment of an impartial share of the benefits afforded by society, or the distribution of advantages and disadvantages within a society.

To help define how orthodontics and social justice are related, one must recognize that professionalism is the central cog in this wheel. To be professional means we prescribe to the code of ethics that are taken for granted in dentistry; if we prehend an approach to learning, we have to make it part of us.

Medicine, of course, requires all graduating medical students to abide by the Hippocratic oath, but dentistry does not have such an oath. Is it truly necessary? Without an oath is the physician less likely to perform his or her duties with any less professional responsibility? Therefore, what exactly are we bound by that makes doctors do what is right? Whether we act with or without a conscious effort, it is our ethical and moral duty and behavior that advocates the principles of social justice.

In order to clarify how social justice principles affect our behavior we can consider four separate ethics.

An ethic of individual choice and justice as procedural fairness

One prominent view suggests that each one of us should be understood as independent with the capacity for, the right to define and desire to pursue our distinctive interests and values. Our responsibility is to decide for ourselves what is right and to act accordingly; it is a matter of personal ethics. With regard to our interactions with others, our responsibility is to devise principles and practices that are neutral in offering an equal opportunity for all individuals to pursue a life of their own preference. The emphasis, therefore, is placed on individual rights and individual commitment to abide by decisions that result from democratic procedures in terms of social justice.

An ethic of individual choice and justice as community obligation

This ethic of justice suggests we should follow Aristotle as a member of a community, rather than regarding ourselves only as individuals. We are obligated to learn the fundamental values of our specific community and to act in accordance with those values. Therefore, this view claims that ethics is a matter of building character, which is formed and sustained by one's community membership and involvement with community activities. Emphasis is placed on teaching community values and providing support for the primary institution (family, religion, neighborhood, educational institutions) that sustains community life.

An ethic of individual choice and justice as close attentiveness to others

This ethic refers to the orientation of care for the well being of others, which is recognized through (a) careful attention to concerns and needs of others, (b) acknowledgment of the complexity, and (c) even vagueness that concerns the circumstances of ourselves and others. Social justice requires an acknowledgement of the complexities that attend individuals, the need for close attentiveness to such complexities and support for practices within institutions and consistent application to fixed rules.

An ethic of individual choice and justice as social transformation

Many scholars claim the above concepts disregard the views of ethics and social justice held by those from other cultures, or whose identity is neither that of particular individuals, community members or based on the standpoint of all other people who are excluded due to marginalization, minority, racial, gender or sexual preferences biases. Ethically, this means people should be understood and respected in terms of support for their own identity, whether in terms of culture, gender or in other ways. Therefore, social justice principles and practices require that support be provided to all individuals for sustaining different identities (language, primary group associations, etc.) Those individuals who view social justice ethics through the lens of identity often call for social transformation as a necessary building block for a more just social order.

For the orthodontist, these principles can be paraphrased as:

An ethic of individual choice for procedural fairness. Orthodontists have an opportunity to promote (a) knowledge and ability, (b) distinctive interests and values, and (c) an equal opportunity for all individuals to pursue a life of their own preference by devising principles and practices that encourage integrity and fairness in an ethical manner.

An ethic of virtue as our community obligation. Orthodontists have an opportunity to act with a commitment for our community obligation to promote oral health care interests, needs and education.

An ethic of care for close attentiveness to others. Orthodontists have an opportunity to promote (a) the well being of staff, patients and friends; (b) a positive school culture for our school-age patients; and (c) the best practice for oral health education.

An ethic of identity for social transformation. Orthodontists have an opportunity to understand, respect and support people's right to live and be identified in terms of their own culture, gender, etc. This ethic suggests that the orthodontist must (a) provide all written forms that require a patient's signature or understanding, i.e., informed consent, instructions, etc. in their own language, and (b) all spoken instructions and correspondence in a language that the patient understands.

Whether we are libertarians or pluralists, professionalism demands theoretical grounding in leadership praxis. Conceptions of ethics, morals, and social justice explore assumptions and perspectives regarding issues in education, leadership and life.

For more on ethics, see Michael Meru's article on page 12.

OT Corrections

Ortho Tribune strives to maintain the utmost accuracy in its news and clinical reports. If you find a factual error or content that requires clarification, please report the details to Kristine Colker, Managing Editor, at k.colker@dtamerica.com.

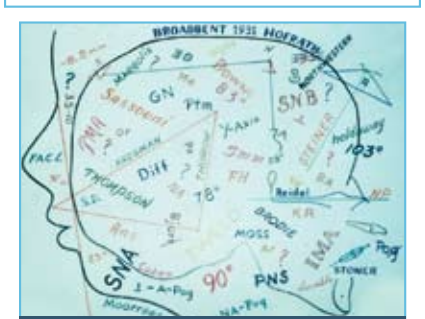

Image courtesy of Dr. Earl Broker.

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BPA WORLDWIDE BUSINESS

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Women

OT *from page 1*

• *The family equation.* In a few short years, Shaina is planning on starting a family. For her father, this didn't cause any disruption with his practice or ability to handle the patient workload. Due to the mere physical process of bearing children, she will need to take time off. Therefore, the need to get another doctor to fill in is essential.

Every orthodontist confronts dozens of challenges daily, but my research shows that most women orthodontists put three basic tasks at the top of their lists:

• *Creating productive teams.* In general, there is a different dynamic to an orthodontic practice led by a woman. Men tend to try and keep an arm's length approach by filtering non-treatment-related information to and from the staff through an office manager. On the flip side, women usually like to take more direct control of staff matters and create a more personal approach to managing, creating a more familial relationship where there's a slight mix of work and one-on-one nurturing and direction. With this special dynamic in mind, the female orthodontist needs to create a team that functions and interacts on a similar level to be productive. Even more importantly is a carefully balanced personality mix that creates trust and functions smoothly together.

• *Finding an effective management style.* Once a team is assembled, an effective management style needs to be implemented to match both the doctor and the structure of the team. One good tool is using a Forté Communication Style Profile for the doctor and each team member along with Forté Interaction Reports. Forté is a system based on studying individual strengths and how successful people and teams balance and adapt to one another. The system is updated as often as every 30 days, ensuring that as a practice grows and needs change, all relationships continue to grow and patient care remains positive and sustainable.

• *Balancing business and family.* Although times are changing, most women still take on the majority of family responsibilities. This special dynamic creates a greater burden on top of running a successful practice. When a woman decides to start a family, the physical aspect of pregnancy and childbirth alone will require a great amount of planning and an arrangement for another doctor to treat the patients during times of absence.

Yes, the challenges are different for women, but they are not impossible to handle.

Learn more about the Forté system at www.theforteinstitute.com *or get a complimentary profile by e-mailing your name and e-mail address to dentalservices@theforteinstitute.com with Women In Dentistry as the subject.*

Practice management in Napa

Experience a combination of premium learning and the fine indulgence of life at a practice management workshop from Aug. 28–30 at the beautiful Villagio Inn and Spa in Napa Valley, Calif.

JoAnne Tanner will present "Successful Business Strategies for the Dental Team" and "Providing Outstanding Customer Service."

Joining her will be Scott McDonald, former marketing manager for the California Dental Association, who will introduce "The Female Professional Brand." The fee of $495 includes nine ADA/CERP-accredited hours of continuing education, a welcome dinner reception, a chauffeured afternoon wine tour and a bottle of the area's chardonnay.

For further details and registration, please e-mail Julia at juliawehkamp@gmail.com.

OT About the author

JoAnne Tanner brings compelling insights to dental practice management from her more than 25 years' experience in the dental profession. Her ability to provide dental professionals with management skills needed to maintain control, create an environment for achievement and instill enthusiasm in the entire dental team has made her a strong asset to the dental profession. Tanner holds a master's in business administration with an emphasis in strategic planning and a bachelor's in marketing management. You may contact her at joanne@joannetanner.com, (916) 791-2720 or her Web site at *www.joannetanner.com.*

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Entries rolling in for Levin Practice Makeover

Enter before the Sept. 30 deadline

Dreaming of explosive growth for your orthodontic practice? Dream no more. Or at least one lucky practice will dream no more.

Levin Group, in conjunction with Ortho Tribune, is in search of an orthodontic practice that is ready to reap the rewards of a free* year-long orthodontic practice management consulting program.

Especially with the doom and gloom of our economic downturn, all orthodontists need to take a critical look at their practice and take proactive measures to stay on a positive growth track.

Imagine having the leading orthodontic management consulting firm working with you and your staff for an entire year to catapult your practice into the next level of growth, productivity and fulfillment. No more days of inconsistent starts, a chaotic schedule, staff conflicts, flat or declining growth, no-shows and daily stress.

With Levin Group's expertise and guidance, the winning orthodontic practice will experience improvements in every aspect of running the practice.

This free one-year management makeover will be a customized approach based on the selected orthodontic practice's unique needs, goals and potential.

As orthodontists, you know the importance of having the right business systems in place. So ask yourself, when was the last time you took a close look at your practice's systems?

Levin Group Orthodontic Practice Power MAKEOVER

And keep in mind, the systems that worked well early on in your practice are not the systems that will take you to the next level of growth. Growth is always within your reach — even in this weak economy. The Levin Group Orthodontic Practice Power Makeover may just be the answer to achieving your dream practice!

All Ortho Tribune readers will benefit from the Levin Group Orthodontic Practice Power Makeover as the winning orthodontic practice's 12-month journey will be profiled throughout the entire process. Updated articles every few months will highlight how the Levin Group consultants and the orthodontist work together to achieve the desired results. These articles will get you thinking about ways you can start on your own practice power makeover!

How do you enter to win this opportunity of a lifetime? Visit *www.levingroup.com* and click on Levin Group Orthodontic Practice Power Makeover on the homepage to access the online entry form. Deadline for entries is Sept. 30. Good luck!

** Winning practice receives a free, one-year Levin Group orthodontic management consulting program. Travel expenses for Levin Group consultants and orthodontist during the year-long program are the responsibility of the orthodontic practice.*

Element

OT *from page 1*

Many dentists during the 1800s and early 1900s recognized tongue rest posture, mouth breathing and oral habits influenced occlusion. Edward H. Angle, justly termed by some as "the grandfather of orthodontics," wrote "Malocclusion of the Teeth,"[3] appearing in Dental Cosmos in 1907, in which he recognized the influence of the facial muscles on dental occlusion. In his research, he concluded mouth breathing was the chief etiological factor in malocclusion.

The first program of OMT began in 1918 with an article written by an orthodontist, Dr. Alfred P. Rogers,[4] entitled "Living Orthodontic Appliances." He was one of the first doctors in the United States to suggest that corrective exercises would develop tonicity and proper muscle function and thereby influence proper occlusion.

In the 1970s and '80s, there were two different organizations representing therapists. Daniel Garliner and Dr. Roy Langer founded the Myofunctional Therapy Association, and Dr. Marvin Hanson, Richard Barrett, William Zickefoose and Galen Peachey founded the International Association of Orofacial Myology (IAOM).

Currently, the IAOM, located in the United States, is the only professional organization promoting and developing orofacial myofunctional therapy in the entire world.

The team approach

Today the field is expanding to include many professions. Through a team approach, the patient can experience the best of all worlds and achieve remarkable results. The interdisciplinary approach to patient wellness includes but is not limited to:

- orthodontics,
- speech-language pathology,
- dental hygiene,
- periodontics,
- oral surgery,
- ear, nose and throat specialty,
- cranial osteopathy,[5]
- allergology,
- pediatric dentistry,
- pediatrics,
- physical therapy,
- chiropractics,
- gastroenterology,
- plastic surgery.

Failure to help many patients

Through 30 years of practicing orofacial myofunctional therapy, some questions asked me by patients or their parents are:

- Why didn't someone tell me about this earlier?
- I knew I had a tongue thrust, but I didn't know there was a special person to help me.
- Why didn't someone tell me my habit of tongue thrusting, thumb sucking or nail biting could be easily eliminated in therapy?
- I have tried multiple splints, medications and occlusal adjustments for my TMD problem. I was even referred to a psychologist for counseling because they told me it was stress related. Why didn't someone recognize my facial muscle imbalance and refer me for orofacial muscle therapy sooner?
- This is the third time my orthognathic surgical result has relapsed. Why hasn't anyone referred me to an orofacial myofunctional therapist?
- My child was traumatized by wearing a "rake" is his mouth to stop his tongue thrust. His speech has gotten worse, and he has withdrawn. After the rake was removed, the tongue thrust just returned. Why wasn't I given the option of seeing a therapist who specialized in treating this disorder with exercises?
- My child wore a palatal expander for a high narrow palate. After the expander was removed, the palate collapsed because the tongue was resting down. Why wasn't I referred to an orofacial myofunctional therapist immediately following the expander being removed?
- I was told I was tongue–tied and needed a lingual frenectomy. After surgery, my tongue reattached and scar tissue formed and was worse than before we started! Why wasn't I told to see a therapist immediately following surgery to prevent re-attachment?

Patients can learn to develop healthy muscle patterns. Healthy muscle patterns, when permanently habituated, can be proactive in preventing or treating:

- orthodontic relapses,
- articulation disorders,
- breathing disorders due to allergies or mouth breathing habits,
- TMD when it is a muscle or habit related issue,
- digestive disorders from not chewing properly or swallowing air,
- postural problems,
- and faster normalization of the facial muscles and neuro-muscular facilitation post orthognathic surgery.

(How can orofacial myofunctional therapy help the orthodontist? Find out in part two, appearing in the next issue of Ortho Tribune. The reference list is available from the publisher.)

Study OMT

Joy Moeller will teach an IAOM-approved, five-day course on orofacial myofunctional therapy Sept. 16–20 in Culver City, Calif., and Oct. 19–23 in Philadelphia with Barbara J. Greene, COM, and Licia Coceani-Paskay, MS, CCC-SLP, COM. For more information, contact Greene at bgreene@tonguethrust.com or call (805) 452-4302.

OT About the author

Joy Moeller is a certified orofacial myofunctional therapist and a licensed registered dental hygienist. She is in private practice in Pacific Palisades and Beverly Hills, Calif. Moeller is a former associate professor at Indiana University School of Dentistry and an ongoing guest lecturer at USC, UCLA and Cerritos College. She attended the Myofunctional Therapy Institute in Coral Gables, Fla., and the Coulson Institute in Denver, Colo., and studied with Dr. Mariano Rocabado, Santiago, Chile, on head and neck posturing. She is a founding member of the Academy of Orofacial Myofunctional Therapy and has taught courses at USC, the Gutenberg University and Freiberg University, both in Germany, among other locations.

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Increase starts with first call

By Scarlett Thomas

The initial phone call is one of the most vital parts of an orthodontic practice. If the new patient phone call is handled properly, the potential new patient will have a positive outlook regarding the practice, often resulting in an increase in case acceptance.

I recommend all new patient phone calls be handled in the same manner. The format and guidelines should be identical, and the scripting should be memorized. One of the ultimate goals should be to educate, motivate and excite the new patient about the practice.

Creating a flow sheet will generate a guideline for staff members learning the process of new patient phone calls. Frequently, staff members forget to ask vital questions, which results in a lack of collecting needed information. Visuals for staff members to look at while speaking on the phone will help aid them in proper scripting.

After the basic information is gathered, the new patients should be asked, "Whom may we thank for referring you?" When the answer is given, something positive should always be said regarding that individual. In addition, new patients should be asked if that individual has had the opportunity to inform them about the doctor.

At this point, take the opportunity to inform the new patients over the phone about the doctor's background. I recommend choosing three bullets about the doctor.

- Dr. Smith has been practicing orthodontics for more than 18 years.
- He is board certified.
- He practices using the most advanced technology available.

Promoting the doctor over the phone builds confidence and excitement about the doctor and sets your office apart from competitors.

It's also important to ask, "Are there are any medical concerns the office should be aware of?" Often, patients are allergic to latex gloves, have a heart murmur or may be handicapped. Knowing this information ahead of time will allow for a better experience.

Another key question is asking whom the new patients' general dentist is and when was their last cleaning and/or checkup. I also recommend asking if they are aware of the referring dentist's main concern and if they have any additional concerns of their own. These questions will help prepare the treatment coordinator in advance concerning any obstacles he or she may have in starting to treat the patients.

Most importantly, new patients should be offered the opportunity to have insurance verified prior to being seen. Doing this will allow the treatment coordinator the opportunity to properly address financial concerns while presenting fees.

When asking for the new patients' insurance information, it should be asked in a manner to convey you are providing them with excellent customer service. "Is there any insurance we may check on for you?" You should not say, "Do you have any insurance?"

Furthermore, it's important to ask new patients, "Are there any additional family members you would like us to see?" Often, the answer to this question is similar: "I have another son who is only 7 years old — is he too young to start?" Or, "I've often thought about braces for myself, but I'm too old." This question gives the perfect opportunity to further educate patients about reasons for early evaluation along with advancements in orthodontic care for adults. Consistently asking this one question will increase your overall new patient exams without any additional marketing efforts.

For a limited time only, Orthodontic Management Solutions is offering a complementary recorded spy call of your practice's initial phone call process. Call our office and mention this article in Ortho Tribune.

To learn more about initial phone calls, increasing case acceptance, building a successful schedule and/or marketing, Orthodontic Management Solutions invites you to attend its workshop in San Diego, Sept. 19–20. Visit Orthoconsulting.com *for more information.*

OT About the author

Scarlett Thomas is an orthodontic practice consultant who has been in the field for more than 23 years, specializing in case acceptance, team building, office management and marketing. As a speaker and practice consultant, she has an exceptional talent to inform, motivate and excite.

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All those reports — do you read them?

By Pat Rosenzweig

> "We can learn a lot from our experiences, but only if we pay attention to them."

One of the most important areas we discuss when evaluating orthodontic software is reports. Does it run good reports? Does it give us all the reports we need? Is software "A" worth more than software "B" based on the quality of its reports? We have all these discussions and base our software purchases heavily on answers we get, so one can only assume every orthodontist everywhere is diligently poring over daily, weekly, monthly and yearly reports.

Are you laughing yet?

I'll bet many of you are because you know all those excellent reports just pile up on your desk and you rarely, if ever, even glance at them. And, from a consultant's view, I know the person in your office running those reports probably doesn't look at them either! That's a lot of wasted paper and a lot of unused information. Let's take a look at some of those neglected reports and investigate why it's so important to give them your full attention.

First are the daily reports. You certainly want to look at what your office produced and collected to keep aware of any trends before they get out of hand, but what you really want to see is the end-of-day reconciliation report. This will have your production, collections and adjustments on it. You also should be seeing the bank deposit slip and credit card batch receipt.

Your office should be closing for the day only after the last production has been entered and the last payments have been collected and posted. You should be able to see that the deposit plus the credit card payments matches the daily collections. You also should be reviewing any adjustments from the day to be sure they seem reasonable.

While my most fervent hope is that all your employees are decent, honest people, the sad fact is embezzlement in dental offices is in the 30-plus percent range and is not likely to get better. A doctor who makes it clear he or she checks the reports every day will not invite temptation.

Your weekly reports give you a quick snapshot of how well your scheduling template is working. Did you produce one-fourth of your goals for the month? If not, what went wrong and how will the practice catch up next week or in the following weeks? While we certainly want to review all our statistics at the end of every month, it's really too late to make a mid-course correction when the ship has already sailed.

Next we have the monthly reports. You want to start by looking at your production and collection numbers: How did you fare for the month, and how does it compare to last month and to the same month of the previous year? If you didn't do as well as last month, but exceeded the same month last year, you're fine. You're weathering the cyclical nature of orthodontics and improving yearly. This also is where you look at whether your staff needs to make better efforts at collections and/or follow up more closely on insurance claims.

Next area to check is how many new patients you saw this month and how that compared to previous months and to the same month last year. You'll always have slower months, but you don't want to lose ground from last year. In conjunction with your number of new patients, a very important number to look at is the percentage of exams that actually became treatment starts. Once an office has been functioning for a year, any percentage less than 50 percent should be unacceptable — 75 to 80 percent is a realistic goal.

In the same vein, if you're seeing plenty of recalls but not starting many cases, this warrants investigation. It may well be that many of the patients are still not ready to start, but it also could be that you're doing a very cursory recall exam without the enthusiasm you showed at the initial exam. Recalls really are your "money in the bank," and you want to be aware if they're not returning for treatment.

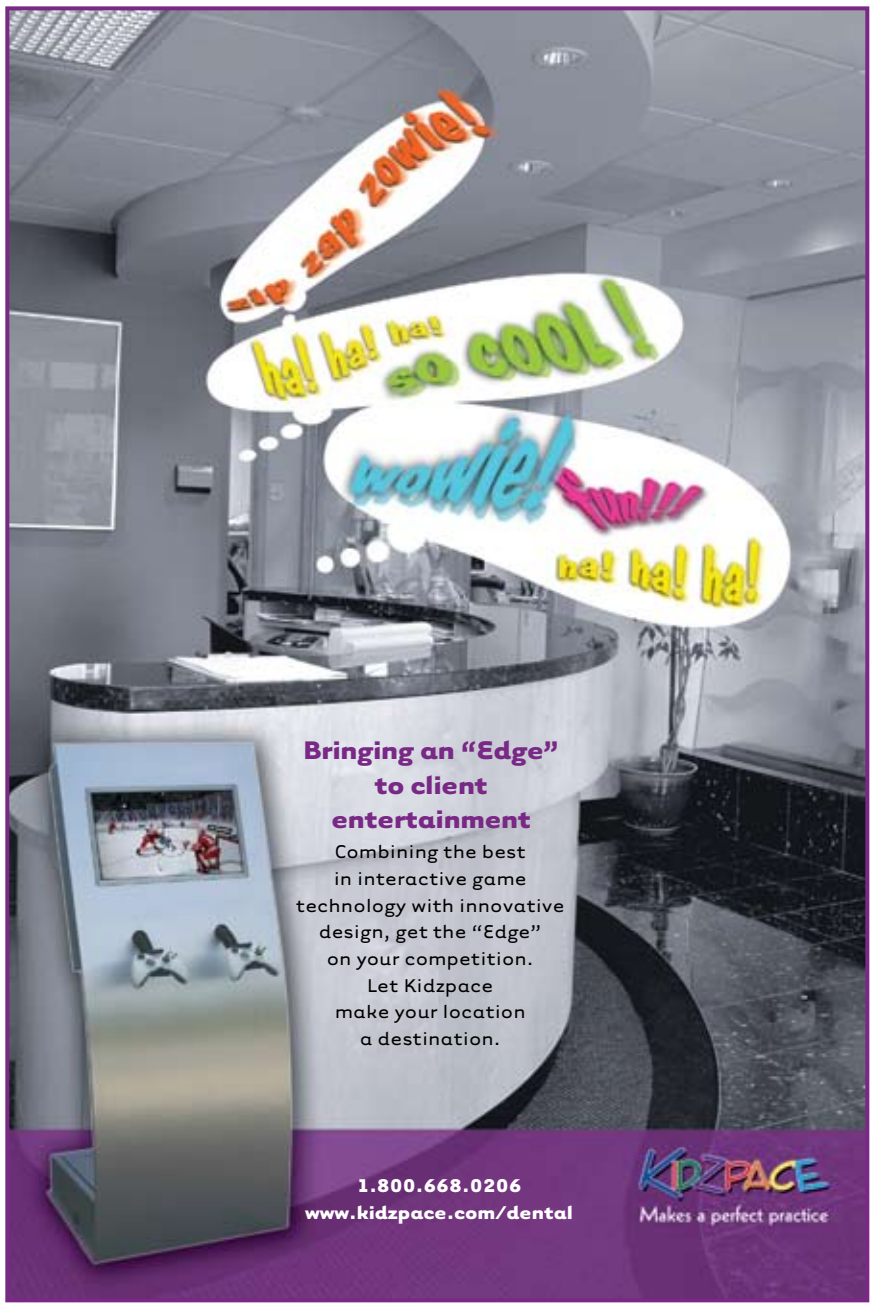
End-of-month reports are great places to look at how many patients missed appointments and how many emergencies you saw. These are both real wasters of productive time and need to be tracked carefully. One last number to review tells you how many days you worked this month and what your average daily production was. This is an important and easy-to-track goal, and I would encourage you to set your templates so each day has a good mix of exams and production time.

Finally, you have the end-of-year reports. These are a full capsule description of how the practice did this year. They're what you need to study to prepare your plan for next year and to evaluate your growth. Where did you lag? That's where you should be prepared to add marketing next year. When were you extremely busy? That's probably not the best time to plan vacation. We can learn a lot from our experiences, but only if we pay attention to them.

These are the basic reports that you absolutely should review on a regular basis, but all the current software has so much more to offer that it's a real waste to have spent all that money and use so little of its capabilities. You can track patients by ZIP code (Where should you be advertising or sending mailers?) or by referring dentist (Who should you be taking out for an afternoon of golf?). You can see how many patients and how much production is coming from your status as a provider for all your insurance companies — and decide when it's time to drop the unproductive ones.

In a nutshell, you can track just about everything happening in the practice without ever leaving your desk, so go get those reports and start reading them!

AD



OT About the author

Pat Rosenzweig is co-founder of Mosaic Management Professionals, providing management and business consulting for orthodontic offices, as well as general dental and other specialty offices. Mosaic Management Professionals functions on a belief that every office is unique, with its own special dynamic and its own consulting and systems needs. Mosaic is committed to creating an individual plan for each client that puts the office's particular strengths into play to keep the office at the top of its game.

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SCARLETT THOMAS is an orthodontic practice consultant who has been in the orthodontic field for over 23 years, specializing in case acceptance, team building, office management and marketing.

As a speaker and practice consultant, Scarlett has an exceptional talent to inform, motivate and excite!

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Grow 30 percent in a bad economy!

By Roger P. Levin, DDS

Orthodontists today have tremendous opportunities to build great practices, even in a bad economy. Since 1990, orthodontic practices have doubled or tripled their capacity without increasing overhead. Thanks to this increased capacity, orthodontic practices can become larger than ever before. Doctors can double or triple their income while working three-and-a-half to four days a week.

At orthodontic seminars, doctors tell me, "I'm already at maximum capacity. There is no way I can handle any more patients." Others are probably thinking, "I have the capacity, but where am I going to find patients in this economy?"

Orthodontic success depends on having the right methods. The methods you create, develop and implement will determine whether you have a $500,000, $1 million, $1.5 million or $2 million practice. The use of advisors also can expedite the creation of the right method and systems.

Different times, different methods

As a practice develops and grows, it is critical to update your methods to achieve greater success. Too many orthodontists employ one method to reach a certain level, but then fail to realize that this same method becomes the No. 1 factor restricting their growth.

For example, the new patient system varies from practice to practice but contains these basic steps:

- New patient (or parent) calls the office.
- New patient is appointed for consultation and exam.
- New patient appointment is confirmed.
- New patient presents to the office.
- The doctor or treatment coordinator meets with the new patient and follows a series of exacting steps to complete the consultation, exam and presentation in one or more appointments.
- The new patient is presented with the treatment option.
- The financial arrangements are worked out.
- The treatment is scheduled to start.
- The treatment is confirmed.
- The new patient arrives at the office on the day of treatment.

Each office will apply a new patient method differently, and offices with extremely high case acceptance will continue to apply their method in the same way. However, when these practices want to reach the next level, their methods must change.

For instance, was there a recommendation made for the mother to have orthodontics along with her daughter? Does the practice have a sibling program offering a 10 percent courtesy if two children from the same family have orthodontic treatment concurrently? Were patients offered a 10 percent courtesy if they agree to have all appointments in the morning? Was motivational scripting used to encourage patients to alternate morning and afternoon visits, thus creating a more balanced schedule?

These are the types of questions that influence how a method can change when a practice is ready to go to the next level.

Changing methods as practices grow

Based on 23 years of experience consulting to orthodontists, Levin Group has identified $1.2 million in annual revenue as the current threshold point for orthodontic practices. Those operating below this figure have often maxed out their systems and will need a new method to reach the next level. Those above $1.2 million will need to update their method to achieve continued growth

Both will require a change of method to reach their true potential.

One might think that smaller revenue practices would be more streamlined with lower stress. In fact, it is often the opposite. Practices generating below $1.2 million are often stretched beyond their systems and are more hectic, more stressful and more chaotic, which reduces their overall practice profitability. This occurs because these practices have failed to design new systems allowing continued growth.

I have spoken to many orthodontists with annual practice revenues below $1.2 million who say they can't possibly handle any more growth or patients. At Levin Group, we know this is not the case.

Grow
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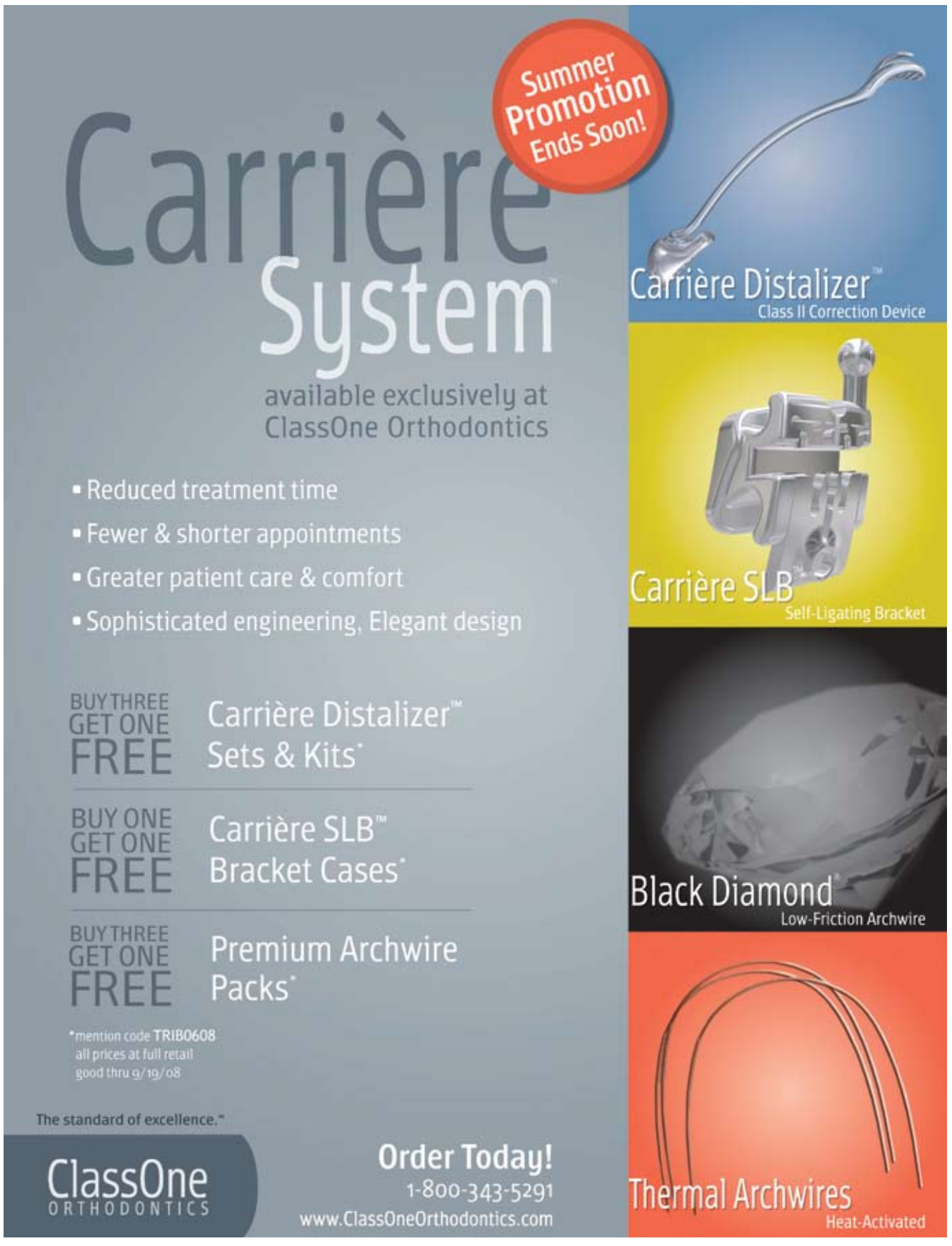

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