Ortho Tribune

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The future of ortho

Are the days of orthodontic specialists on the way out? One parent shares his thoughts on where orthodontics is today, how it got that way and what needs to be done to keep the patients going to specialists and not the GPs.

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Recession-proof your practice

You take cost-cutting measures in your personal life when things get tough. It's time to do the same with your practice. Here are some tips — from cutting back on gifts to doing your own cleaning — that can help you make it through the down economy in one piece.

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Sneak peek

With the AAO coming up, now's a good time to start checking out some of the newest products on the market. From steam indicator tape to ceramic brackets to video games, we have you covered.

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Medical disputes in Chinese orthodontic treatment

By Youjian Peng, DDS; Kun Lv, DDS; Xiangrong Cheng, DDS; Xiao Ma, DDS; Qiming Teng, DDS; and John E. Bilodeau, DDS; all of School and Hospital of Stomatology, Wuhan University, China

During the past two decades, the number of malpractice cases in China involving orthodontic issues has risen dramatically. The large settlements associated with these cases have gained the attention of health care professionals and the public.

This situation is related to the current status of orthodontics in China.

The development of orthodontics in China began almost 50 years later than in the more developed countries. The gap in proficiency between China and the developed countries is profound.

In late 1970s, only four orthodontic departments were established in China. The number of orthodontists was less than 30.

By the year 2000, 37 schools of stomatology had established orthodontic departments, but of the more than 2000 graduates, only one-third are in the exclusive practice of orthodontics.

Disputes

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Cross bite was treated inappropriately into bimaxillary protrusion.

Now's the time to plan for AAO Annual Session

Early registration ends March 27

In just a few short weeks, orthodontists and their staffs from around the country and the world will be boarding planes to Boston for the 109th Annual Session of the American Association of Orthodontists, being held May 1–5 at the Boston Convention & Exhibition Center.

This year's meeting, built on the theme "Orthodontics Heard 'Round the World," promises to feature an array of leading clinicians and researchers, along with an exhibit hall full of the newest technologies and products.

Some of the highlights include:

- Clinical simulcasts taking place during the Joint Doctor/Staff Program. All three sessions — featuring presentations on TAD placement, laser surgery and lingual indirect bonding — will have a presenting doctor and dental assistant working live on a patient. These sessions will be offered Sunday, May 3 and Tuesday, May 5.
- A dedicated two-hour block daily, 11:15 a.m.–1:15 p.m., reserved for attendees to experience all the exhibit hall has to offer. No other sessions or events will be scheduled during this time.
- A Life Enhancement Program, featuring several best-selling authors, including a well-known authority on nutrition, a political editor/commentator and experts in financial management. This program is free of charge to all attendees.
- Jason Alexander, best know as George Costanza in "Seinfeld," providing entertainment during the Excellence in Orthodontics Awards Ceremony on Sunday,

AAO

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Learning to look

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

It is the start of a good new year — or is it? Across the country, practitioners complain about patients stating they cannot afford dental treatment because of economics, yet many orthodontists are recording months of record high collections. Are some orthodontists more knowledgeable about the subject than others?

As we enter this period of recession, of reduced economic commotion, in which we are seeing a decline in monetary trade and industry across the nation and globe, what does this mean to us as orthodontists? These economic events usually equate to people having less cash to spend on items they do not consider to be necessary. It is well known that people in general do not think dentistry is a necessity, unless they are in pain.

Before we buy into the concept that people cannot afford dentistry, let us step back and look at ourselves. Do you have patients on the schedule? Do you have at least some new patients every month? Do patients come back for their recall appointments? Do they seem interested in the dentistry you recommend? When do they tell you they cannot afford dentistry? I mean, when specifically do they say this? Is it when you tell them how much it costs?

As most of us are happy to see 2008 disappear into the history books, a new year always brings with it hope for a new start and a new beginning. Yes, 2008 was a precarious year, but 2009 has been forecast to be possibly worse as the global economic news points to prolonged recessionary forces being even more impressive.

However, it is a brand new year, so let us put our fears behind us and get off to a new start by addressing some fresh considerations for ways of seeing our practices and our profession from a plausible and different perspective.

As an outline for the next few issues, we will begin with "learning to look" at our external and internal environment methodically by (a) considering inductive, deductive and abductive reasoning; (b) applying this thinking to improved information technology, higher education and leadership; and (c) developing strategic and scenario planning throughout these depressing and discouraging times.

No longer will it be business as usual, but instead, we will take the attitude of carpe diem — seizing the day with an opportunity to utilize the dynamics of our intelligence. Leave emotion and fear out of the equation and make the necessary changes to practice within this economic slowdown and discomfort zone.

The first phase of "learning to look" at our external and internal environment involves new way of thinking, which includes three separate but interrelated phases:

1. Inductive equals seeing, gathering and collecting data and answering the question: What? (Reason through the details)
2. Deductive equals observing, looking to make value judgment calls and internal editing, and answering the question: So what? (independent of inductive)
3. Abductive equals reflective, go out of the box for different ways of looking; go far away from traditional thinking, and answering the question: Now what?

Leaders need to walk their talk and talk their walk! It is simplicity on the far side of complexity and beckons the following:

1. What we know we know.
2. What we know we don't know.
3. What we don't know we know.
4. What we don't know we don't know.

Artmaking, for example can be used to express feeling, uncover social injustice and gain insight into their practice. The philosophy of artmaking for educational leaders of social justice was used as a form of expression to emotionally connect to the heart, body and mind of the educator. The "learning to look" framework teaches us how to look at an item inductively, deductively and abductively:

1. The first step in the process of "learning to look" reasoning is inductive, and when looking at a problem from an inductive point of view, you are searching out the answer to the "what" of the problem.
2. The second step in the process is deductive, and the deductive point of view is searching out the "so what" of the problem.
3. The third step in the process is the abductive, and the abductive point of view searches out the "now what" reasoning of the problem.

For the most part, fear and emotion drive the stock exchange during this period of economic slowdown. It's not that the consumer cannot afford orthodontics, but rather, fear of the unknown guides their thoughts.

Step back and look for yourself: Do your patients make appointments in your schedule? Are new patients calling for evaluations? Are patients coming in for their recall appointments? Are they interested in the orthodontics that you recommend? When do they tell you that they specifically tell you that they cannot afford orthodontic treatment?

Applying the "learning to look" thinking process leads us to information technology, education and leadership. The next few editorials will concentrate on developing a strategy-and-scenario plan, which will be especially appropriate during these depressing and discouraging times, followed by expanding our vision for "systems thinking" rather than "linear thinking."

Hope this helps!

Tell us what you think!

Do you have general comments or criticism you would like to share? Is there a particular topic you would like to see more articles about? Let us know by e-mailing us at **feedback@dtamerica.com**. If you would like to make any change to your subscription (name, address or to opt out) please send us an e-mail at **database@dtamerica.com** and be sure to include which publication you are referring to. Also, please note that subscription changes can take up to 6 weeks to process.

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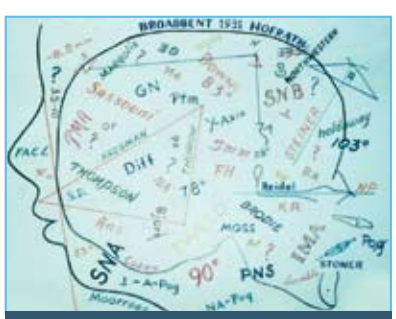

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BPA WORLDWIDE BUSINESS

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AAO endorses staff training program

The American Association of Orthodontists (AAO) actively seeks and supports an adequate pool of well-trained orthodontic staff to assist AAO members in the delivery of treatment of the highest quality to patients. To that end, the AAO has endorsed the International Training Institute's (ITI) orthodontic staff training program.

ITI was established by Rebecca Poling, DDS, MSD, an orthodontist and member of the AAO and a diplomate of the American Board of Orthodontics, in 1998. The company offers more than 40 online courses with training in practice systems of operation with topics including the treatment record, the new patient exam, orthodontic bonding, debanding and cephalometrics.

The ITI program provides a high level of training to the orthodontic team with a focus on training the registered orthodontic assistant. The "ITI Knowledge Management System" permits orthodontists to specify the required courses for staff members to learn. Through pre-test and post-test measures, doctors are able to measure knowledge and document staff members' learning progress.

Detailed checklists assist learners in transferring newly acquired knowledge to the clinic floor. Several practice management forms and spreadsheet programs, such as Bracket Failure Analysis, also are available to correlate learning to real-world situations.

ITI is an American Dental Association-recognized provider of continuing education credits. It offers access to more than 60 continuing education credits for staff and doctors.

Each online course delivers information through professionally narrated multimedia and video. Courses are designed for efficient learning.

Because course offerings are online, they can be taken at any time and from anywhere on a computer with a broadband connection. ITI also can provide hands-on training. Such training can be arranged within a single practice or in any venue in which orthodontic materials and supplies are available.

A free, five-day trial subscription to the ITI Training System is available on the Web site. Individual subscriptions are available for 90 days, one year or two years. A practice subscription that includes five one-year accounts is available for $1,000. ITI offers special pricing for post-graduate residents and faculty.

ITI can be reached at (877) 872-4611. The Web site address is *www.ITICourses.com*.

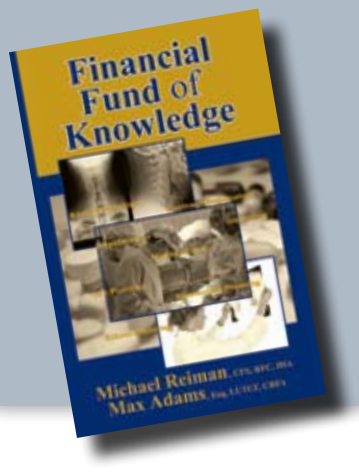
Book offers financial advice to orthodontists

A new book, "The Financial Fund of Knowledge," targeted at dentists, orthodontists and recent dental school graduates and written by Michael Reiman, a certified financial advisor whose national practice, Reiman Financial, focuses on helping dentists and upcoming dental school graduates with comprehensive financial planning, is being offered free of charge to dental professionals.

"While it is important to teach doctors to take care of patients, it is just as important for dentists and orthodontists to know how to take care of themselves," said Reiman.

"This book can help a doctor understand how their career choice specifically impacts wealth accumulation and student loan debts and can help a physician financially plan for every stage of their career — from residency to retirement — in all matters impacting their financial health"

Dentists, orthodontists and dental students preparing to graduate this year who wish to obtain the book should e-mail their complete contact information, including phone number for the shipping air bill, to reiman@attentiongroup.com or visit *www.reimanfinancial.com*.



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Disputes

OT *from page 1*

Because of the relatively small number of orthodontic specialists and the high demand for orthodontics, little time is spent communicating with patients.

With the demand so great, large numbers of general dentists and cosmetic doctors have started practicing orthodontics. There have been many mistakes made, which has made the public question the quality and validity of orthodontic treatment.

The increasing number of orthodontic medical disputes is also related to social influences. Various negative reports have increased the awareness of the public of the legal rights of patients. Sensationalized and unverified reporting in the mass media may have led to a deterioration of the doctor-patient relationships and a loss of public trust in the orthodontic profession. This, in turn, has led to an increase in legal disputes.

In medicine, a number of unscrupulous people are profiting from these disputes. The Chinese Medical Society investigated 116 hospitals and found the highest compensation for a single medical dispute was 920'000 RMB (about $133,000), with an average of 108'100 RMB (about $15,000). Some in the unemployed population were hired to make false claims against the hospitals for profit.

Current governmental medical insurance excludes orthodontic treatment as a regular health insurance item. Consequently, orthodontics is strictly fee-for-service, which also heightens the risk of legal disputes.

The purpose of the present study was to investigate the nature of medico legal disputes of orthodontic treatment in China.

Sixty-one cases of orthodontic medical disputes were investigated. There were 46 cases with patients younger than 18 and 15 cases were adults. Twenty-six patients were male and 35 were female.

These patients were evaluated by three senior orthodontic specialists who were associate professors and professors in a major university. They evaluated orthodontic treatment planning, case records, models, radiographs and photographs. The causes of disputes with some examples are summarized as follows:

- ***Inappropriate treatment plan.*** There were 16 patients with inappropriate treatment plans; a typical example would be orthodontic treatment instead of combined orthodontic and orthognathic surgical treatment in patients who exhibited severe skeletal deformities.
- ***Inadequate communication.*** There was miscommunication with 15 patients. Some examples investigators found were guaranteed results or a guaranteed prognosis or that treatment fees had not been adequately clarified.
- ***Insufficient clinical experience.*** Some examples include excessive retraction of anterior teeth or anchorage loss.
- ***Negligence.*** Examples include direct injury, e.g. a band in the esophagus and/or trachea; or injuring the mucous membrane by a needle holder.
- ***Insufficient compliance.***
- ***Psychotic disorders.*** This could include obsessive compulsive disorder (OCD), depression or emotional changes of orthodontists.
- ***Developmental problems.*** Examples include unilateral condylar hyperplasia that occurred seven or eight years after treatment, causing occlusal changes with the ensuing facial asymmetry. The patient insisted it was the result of orthodontic treatment
- ***Relapse.*** This was not explained and not dealt with.

Reason	Number	Ratio
Inappropriate treatment plan	16	26.2%
Inadequate communication	15	24.6%
Insufficient clinical experience	10	16.4%
False manipulation	3	4.9%
Negligence	4	6.6%
Insufficient compliance	5	8.2%
Suspected psychotic disorder	3	4.9%
Developmental problems	3	4.9%
Relapse	2	3.3%

Distribution of medical disputes.

The data shows that an incorrect treatment plan, inadequate communication and insufficient clinical experience are the three major causes of orthodontic medical disputes (26.2 percent, 24.6 percent and 16.4 percent respectively — see Table 1).

Characteristics of orthodontic medical disputes

Litigation related to the quality of orthodontic treatment has become a major part of malpractice. Communication seems to be the most important issue in doctor-patient relations. In some instances, orthodontists were sued because of poor behavior and attitude, which begot allegations of poor treatment quality. This and compensation have become the focus of medical disputes.

In medicine, despite the judgment of the court, all cases were compensated by government insurance no matter if a suit was won or lost. This is a major problem for medico legal disputes in China. Fee-for-service patients understand this and expect compensation, even if the court judgment goes against them.

Suggestions for the prevention of orthodontic medical disputes

More time should be devoted to communication during the initial phases of treatment. Treatment plan, duration and cost should be discussed before treatment is initiated. An informed consent form should be signed. If there is more explanation and education of patients, fewer disputes will arise. Make sure patients' expectations are not more than can be provided with orthodontic treatment.

Describe the retentive phase before orthodontic treatment is initiated and explain the importance of retention.

Fundamentally, it's urgent for the Chinese orthodontists to improve their proficiency and skill.

Applying no-fault liability to medical injury compensation and adopting the liability insurance system can mitigate many conflicts and would be beneficial to both patients and orthodontists.

Improving the contemporary faulty medical treatment system and the medical liability insurance are necessary and inevitable ways to mediate the medical issues.

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Resolved: 2009 will NOT be the end of the orthodontic specialty

By Brett Blake

In the May 22, 2000, issue of Time Magazine, orthodontics was listed as one of 10 careers that would disappear in the "new millennium." At the time, that prediction seemed ridiculous, not even worthy of consideration. Now, as we approach the close of the first decade of this millennium, there is evidence that might lead one to believe that the profession might be at risk after all.

I'm among the tens of thousands of parents who sent their children to receive orthodontic treatment from a dentist. My two oldest children went to their pediatric dentist to receive treatment. It wasn't until I started working with orthodontists that I learned the difference between a dentist who has "orthodontics" on their door and a specialist who is a practicing orthodontist. Now that I know, my two youngest children are being treated by an orthodontic specialist.

As a parent and a businessperson, I was surprised to learn general dentists were legally allowed to practice orthodontics. I was even more surprised to learn general dentists actually perform more orthodontic cases than do specialists.

Are orthodontists aware that in the United States there are more GPs "trained" to perform orthodontic procedures with aligners than total orthodontists? Align Technology reported it has trained more than 31,000 GPs and has nearly 25,000 GPs now submitting cases, according to the its 2008 investor reports.

It now appears GPs have been seeing dramatic increases in their share of all orthodontic cases for most of this past decade. For example, an analyst report published in January 2008 by Piper Jaffrey estimated that in 2005 there were more aligner procedures performed by GPs than by orthodontic specialists. That same report estimated that GPs continue to perform more and more new orthodontic cases each year and are estimated to have performed about 5 percent of total orthodontic case starts in 2008.

What is shocking to me is the lack of response from the orthodontic profession. Orthodontists are standing still as their profession is being hijacked by their GP colleagues. Do orthodontists think someone else will fight the battle for them? Is the profession without a leader who can effectively take on the GPs? Does the profession understand the lack of a meaningful response leads the general public to assume the specialty is not necessary and that GPs are qualified to perform the work?

As the profession struggles to respond, the GPs are quickly capturing more and more case starts, and patients and parents are becoming more and more confused.

If orthodontists are to have success in recapturing their profession, there must emerge leadership that will: 1) address the apparent complacency among the specialists in the profession; 2) help the specialty adapt to the realities of new technology; and 3) adopt communications and business strategies with clear and measurable objectives.

Creating a case for action

In the past six months, it has been common for me to find orthodontists with practices that are in decline in today's economy. Most of these doctors attribute their decline to the economy, but few mention the increased competition from GPs. As I have looked at available data, I have come to conclude that GPs gained market share during a time of unprecedented growth in demand for orthodontic services. During that time period (2003–2008), the impact of tens of thousands of GPs offering treatment was masked by an even greater demand for treatment (whether or not the GPs helped to stimulate demand is worthy of further exploration).

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AD

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In other words, most orthodontists didn't notice the impact of more competition from GPs until the economy slowed, and then their practices were hit with a double barrel blow.

Redefining the specialty

Tens of thousands of GPs now believe technological advancements, such as Invisalign, have made orthodontic treatment simple enough for the generalist to master on the job. Sponsors of weekend orthodontic certification courses argue their teaching methods allow orthodontics to be taught in days or weeks rather than months or years.

I assume universities offering advanced training in orthodontics would argue that neither new technology nor weekend workshops qualify a GP to perform at the level of a specialist. I hope most orthodontists would feel insulted by any argument that their profession no longer requires specialty training.

Is it possible that new technologies make a GP perfectly capable of treating some orthodontic cases? The answer must certainly be "yes," because if general dentists are not properly treating cases, then the orthodontic profession has no choice but to follow the path of ethics, which would argue that legal restrictions be put in place to protect patients from malpractice.

If GPs can effectively treat some orthodontic cases, then which cases can they start (and effectively finish) and what technology is required? Which cases should be performed by an orthodontic specialist and which cases require a specialist?

The challenge for the profession is to develop the capability of clearly articulating the constantly moving line that separates the generalist from the specialist in light of the ever-changing capabilities of modern treatment technology. Once that line is delineated, the profession must use all resources available to it, both legislatively and via public media, to insure GPs are not allowed to perform treatments beyond the scope of their training or the capability of the technology they are able to employ.

Adopting communications, business strategies

There is clarity around what defines a specialist, and once there is clarity around when a specialist is required, it will be much easier for the profession to see what its communications and business strategies should be.

For example, if GPs can perform many of today's orthodontic procedures, then orthodontists must adopt their business strategies to allow them to more effectively compete with GPs. Orthodontists will benefit from understanding and following well-worn business strategies used to articulate and defend premium products and services. Orthodontists will learn that branding, pricing, patient financing and the in-office patient experience must all be used to differentiate them from the GPs offering similar services.

In my town, the pediatric dentist is the highest priced orthodontic provider. Because the orthodontist charges $1,200 less per case, there is confusion among those of us who understand that higher price typically signals higher quality.

Equally confusing to many patients is the fact that they perceive clear aligners to be newer and more advanced technology than metal braces, and they find more GPs than orthodontists who offer clear aligners. Patients will expect the specialist to use the latest technology and will look for those who can convince them they know how to employ technology to get superior results. Specialists need to develop the capability to quickly adopt new technology that their patients find compelling, and to make it unattractive to the manufacturer to offer the technology through GPs.

In a market that allows GPs to perform many of the orthodontic cases, universities would be wise to make strategic adjustments as well. For example, perhaps it is wise to reduce the total number of orthodontic specialists being trained each year.

Universities also might consider their role in helping specialty students learn how to adopt and adapt to new technologies. These institutions could partner with industry manufacturers to perfect technologies and to teach their students how to employ new technology in ways that will differentiate their results from the GP counterparts.

How will the profession's communications strategies change? Perhaps it will begin with clarity of purpose and a simple definition of success. Surely the messaging will be more powerful and more targeted.

According to current and former members of state orthodontic association boards, the AAO and several states have been asking members for an annual assessment to help educate consumers to the fact that there is a difference between a GP and an orthodontist. I am not surprised to learn from these same sources that it is getting more difficult to get support from association members to continue these programs. Most doctors can see their money is funding a campaign that is not producing the results originally intended.

The AAO may argue its education campaigns are a success, because proponents have conveniently defined success as the ability to get a potential patient or parent to respond to an advertising campaign and to direct the respondents to an AAO member. While these campaign referrals may pacify some members, the profession continues to lose new patients to GPs, and many orthodontists are watching their production decline.

The industry has put the proverbial cart before the horse. When I was a marketer at PepsiCo, we were taught to first spend time identifying who should be communicated with (in this case, not just mothers, but patients, parents, regulators, general dentists, manufacturers and educators); and then spend time refining the message to make sure the message communicated would illicit the desired action. Finally, we were taught to consider the media for the message — to identify the most effective way to communicate the message to the target given the audience and the budget available to spend on media.

In the case of orthodontics, the profession needs a short, powerful and compelling argument to answer the question, "Why should I choose a specialist rather than my GP or pediatric dentist?" Today's messaging seems to stop short of the "why" and simply informs the consumer that an orthodontist has more education.

Once orthodontists have clearly delineated the role GPs will be allowed to play in treatment and the types of treatments only orthodontists should perform, the messages and media for communicating should become simple. I believe the profession will find that public relations, lobbying, staff and patient in-office education programs and general dentist education efforts will be more effective than advertising.

Conclusion

It's time for the orthodontic specialty to define its role precisely and to defend that clearly delineated ground before the profession is completely captured by the general dentists. Orthodontists need to show more resolve and commitment to the task of defending their specialty. The profession must specifically resolve that it will not allow its specialty to be dominated by generalists. If orthodontic specialists do not show more resolve and a willingness to face these alarming trends head on, 2009 may indeed be the beginning of the end of orthodontics as we know it.

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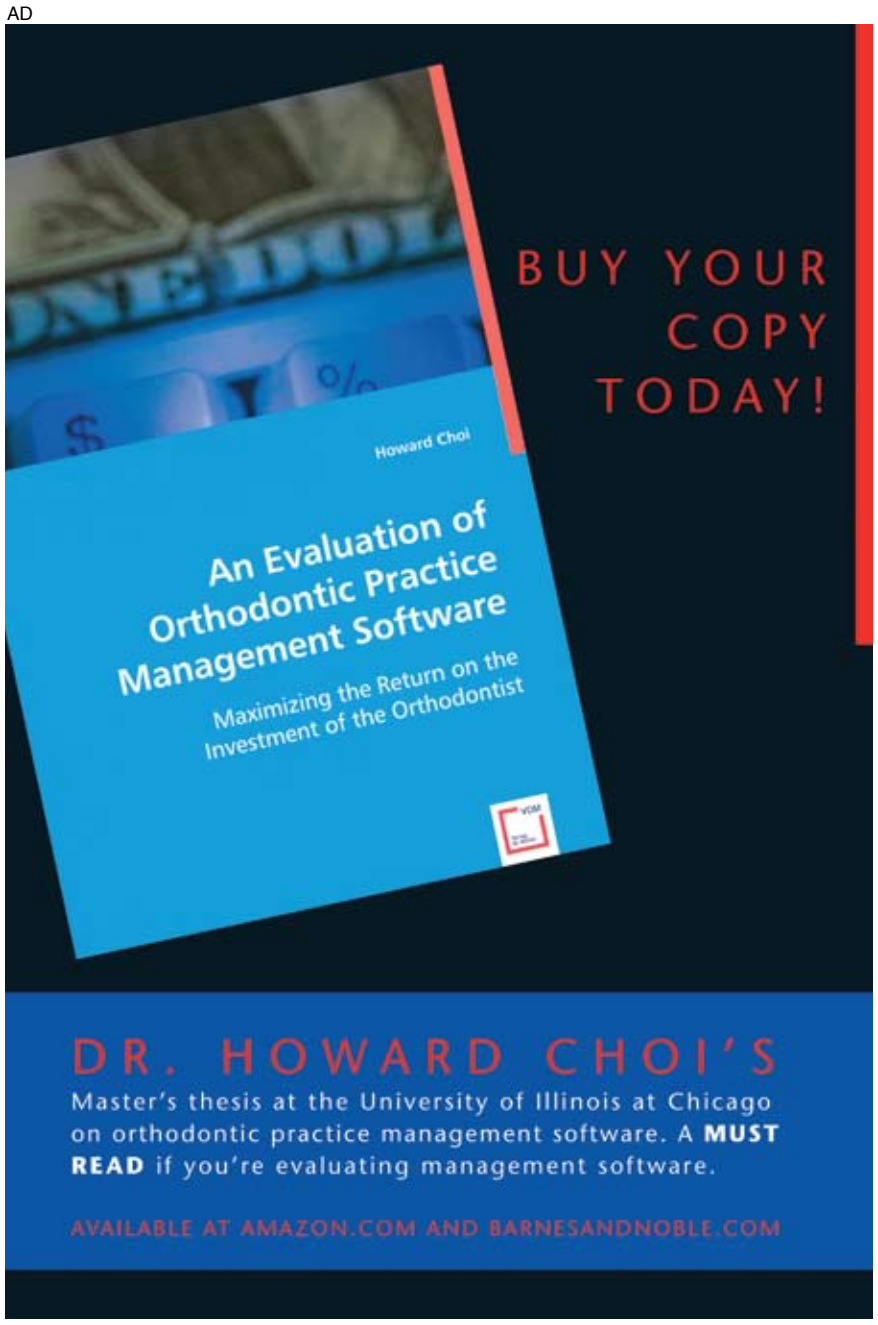

OT About the author

Brett Blake is president and CEO of Utah-based Acceptx Financial Solutions, Inc. where he helps doctors increase case starts and cash flow using Internet-enabled software. Blake advises Wall Street analysts and investment bankers as a Scholar Member of the Gerson Lehrman Group Council. He earned an MBA from the Harvard Business School and graduated cum laude from Brigham Young University. Blake can be reached at brett.blake@acceptx.com or (801) 797-8900.

5 things you can do now

By Roger P. Levin, DDS

The economy has dropped precipitously, and the recovery is sure to be a slow and steady process. In the meantime, orthodontists cannot wait for the economy to recover before starting to rebuild their practices or retirement portfolios.

The power of systems

Systems are the backbone of every business. Businesses succeed or fail due to systems. The key to prosperity is having step-by-step proven systems in your practice. The better your systems, the better your practice performance.

An orthodontic practice's most important system is scheduling, because it controls every other aspect of the practice. Levin Group teaches a method for total success called Power Cell Scheduling™ that provides doctors everything they need to implement a highly effective scheduling system. The schedule is even more important when one realizes orthodontic practices rely heavily it because they see such a high volume of patients each day. An inefficient schedule leads to high stress, poor customer service and patient complaints.

The CEO of one of the most successful manufacturing companies in the United States recently stressed to me the importance of systems in his company and industry. His company often buys underperforming manufacturing firms and quickly increases production by changing their systems, which, in turn, greatly increases efficiency. This company has experienced tremendous growth by becoming experts in implementing effective and efficient systems.

Orthodontic practices are no different. The more efficiently a practice is operated using step-by-step business systems, the faster and better the results.

Five things to do now

The Five Key Practice Expanders™ you can implement immediately are:

1. *Making your referral marketing the strongest it has ever been.* Put in place a professional relations coordinator on a part-time basis and have her extensively involved in outreach to referring offices and patients.
2. *All new patients should be scheduled within seven days.* Many parents are shopping orthodontic practices, and the first practice they see often wins.
3. *Create a strong and highly monitored observation program.* All observation patients should be seen every six months on a prescheduled basis. If the observation patient misses an appointment, a staff member should reschedule it within 24 hours.
4. *Patient financing, available through companies such as CareCredit, is a critical factor in orthodontics today.* Levin Group clients now use financing, which can be approved in less than five minutes, for an increasing number of patients. While there is a discount factor, the practice will receive the entire orthodontic payment upfront without worrying about collection.
5. *Limit the overdue debond rate to less than 2 percent.* Many orthodontic practices do not think that they can handle any more appointments, only to find out they have a 10, 20 or even 40 percent overdue debond rate.

Conclusion

In the midst of a difficult economy, many orthodontic practices are reaching all-time highs in production and profitability by strengthening their systems, replacing their schedules and implementing Key Practice Expanders. The five action steps will help your practice get back on the path to growth!

Ortho Tribune readers are entitled to a 20 percent courtesy on the Total Ortho Success™ Seminar, exclusively for orthodontists, April 2-3 in Chicago. To receive this, call (888) 973-0000 and mention "Ortho Tribune" or e-mail customerservice@levingroup.com with "Ortho Tribune" in the subject.

OT About the author

Dr. Roger P. Levin is founder and chief executive officer of Levin Group, Inc., the leading orthodontic practice management firm. Levin Group provides Total Ortho Success™, the premier comprehensive consulting solution for lifetime success to orthodontists in the United States and around the world. A third-generation dentist, Dr. Levin is one of the profession's most sought-after speakers, bringing his Total Ortho Success Seminars to thousands of orthodontists and ortho professionals each year. For more than two decades, Dr. Levin and Levin Group have been dedicated to improving the lives of orthodontists. Levin Group may be reached at (888) 973-0000 and customerservice@levingroup.com.

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Profiting during a recession

By Scarlett Thomas
Orthodontic Management Solutions

We've been saying for some time now that the economy is in a recession. We have seen plenty of negativity — in home foreclosures, job losses, bank closures. Not to mention, of course, our beloved stock market. This has definitely resulted in tough times, but it will pass and there are many things you can do, not only to get through it, but to thrive and come out on the other side in great shape.

Case acceptance

During these hard times, it's very important that orthodontists become more flexible in their payment arrangements. Many patients with an expressed interest in starting treatment, especially during these economical hard times, should be treated as if they are royalty to the practice.

Consider offering a third-party payment option such as "Chase Healthcare Financial" to combat possible financial resistance. Chase Healthcare Financial offers a zero initial down payment and up to 24 months with no interest. This allows you to stay competitive without compromising your own office payment plans.

Creating budgets

While it is always important to examine the expense side of your practice, it is especially crucial in the present economic environment. A well-planned budget is a magnificent thing. It can help you cut back in areas where you spend too much money. It can also help you SAVE more for your future needs. Creating and following a monthly budget is simple.

First, figure out where you spend your money — track all of your income and expenses for the last 12 months. Be sure to count even the most seemingly minor of expenses. Once you know how much you spend, you can figure out areas to eliminate. Create a budget for each area of the practice and hold monthly meetings to make sure you are obtaining those goals. The following is a standard guideline for establishing budgets within your practice.

- *Staff salaries:* 23 percent
- *Orthodontic supplies:* 9 percent
- *Business management expense:* 9 percent
- *Occupancy expense:* 9 percent
- *Total practice expenses:* 50 percent

Reducing days worked

With a decline in case acceptance, fewer new patients, general dentists not referring and a decrease in income, there is no better time than now to re-think your current schedule. Most practices can efficiently run working only 12 days per month — thus, reducing staff expenses and increasing the bottom line net income.

Staff employment

More now than ever, there are an increasing number of highly skilled employees looking for employment. If you have ever considered replacing some of your higher paid problematic employees with those willing to work for less, now is the time. In addition, offering your current employees a lower wage during these challenging times is not an uncommon course of action.

Credit card spending

Unfortunately, when cash is scarce, many of us turn to credit cards to help make ends meet. And while they can be a very useful part of your financial arsenal, they can easily turn into an enemy if you're not careful! What to do? Cut up all but one or two cards and — whatever you do — don't put more expenses on them than you can afford to pay off IN FULL each month!

Building lease terms

Many office building property owners are experiencing tenants becoming late and/or delinquent on their monthly obligations. Rather than lose good long-term tenants, most building owners are willing to renegotiate the lease terms for a period of time. A simple phone call may save you thousands of dollars in the next few years.

Equipment loans

While you have every intention of paying your monthly long-term loans, the economy may be affecting your ability to do so. Many loan companies are willing to work with you by changing your payment arrangements to interest only for several months and/or for the next year, and thus allowing more positive cash flow on hand for other expenses.

Lab expenses

With many offices delivering up to 50 to 60 retainers a month, lab bills can be very expensive during these economical challenging times. Using Raintree Essix retainers and/or bonded lingual retainers made in-house can reduce this expense greatly.

Inventory expenses

It's easy to become reliant on one or more companies when ordering supplies. You've worked with these companies for years; you know the sales reps and they know what you order. However, most orthodontic supply companies are offering significant deals. When purchasing supplies, take the time to comparison shop between vendors.

Gift giving

Although gift giving is an essential way to say "thank you" to referring doctors, taking them to lunch is a more cost-effective way to maintain the relationship. Deband bags filled with goodies on removal day is a fun way of celebrating patients' accomplishments. However, during this recession, I think most patients will be just as happy getting their braces off without the gifts and the added expense. T-shirts with your logo on it may bring a temporary smile to a patient's face; however, during these hard times, it's more likely to bring a long-term frown to your checkbook. Monthly games in the office do create excitement but can be limited to once a quarter rather than monthly.

Miscellaneous savings

Although elaborate letterhead is a nice representation of your practice, creating a similar look using your own practice management software system will save you thousands of dollars a year. In addition, you can order larger quantities of your current letterhead to lower the expense significantly.

Rather than continue to purchase new printer cartridges, find a refillable cartridge service in your area. Have a staff member re-fill them once a week. This service alone will cut the expense of printer ink in half.

If your cleaning service is weekly, assign chores to staff members to eliminate the expense. If you have a yard surrounding your building, have the gardener come once a month rather than weekly. Make sure all computers are turned off nightly as well as reducing the heater and air conditioner as much as possible prior to leaving the building.

When money is tight, even reducing the most basic of necessities can increase or maintain your net income. If you would like to learn more about these options, I invite you to attend one of my upcoming workshops in San Diego. Please visit *www.orthoconsulting.com* to learn more.

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. Contact her by phone at (858) 435-2149 or by e-mail at scarlett@orthoconsulting.com.

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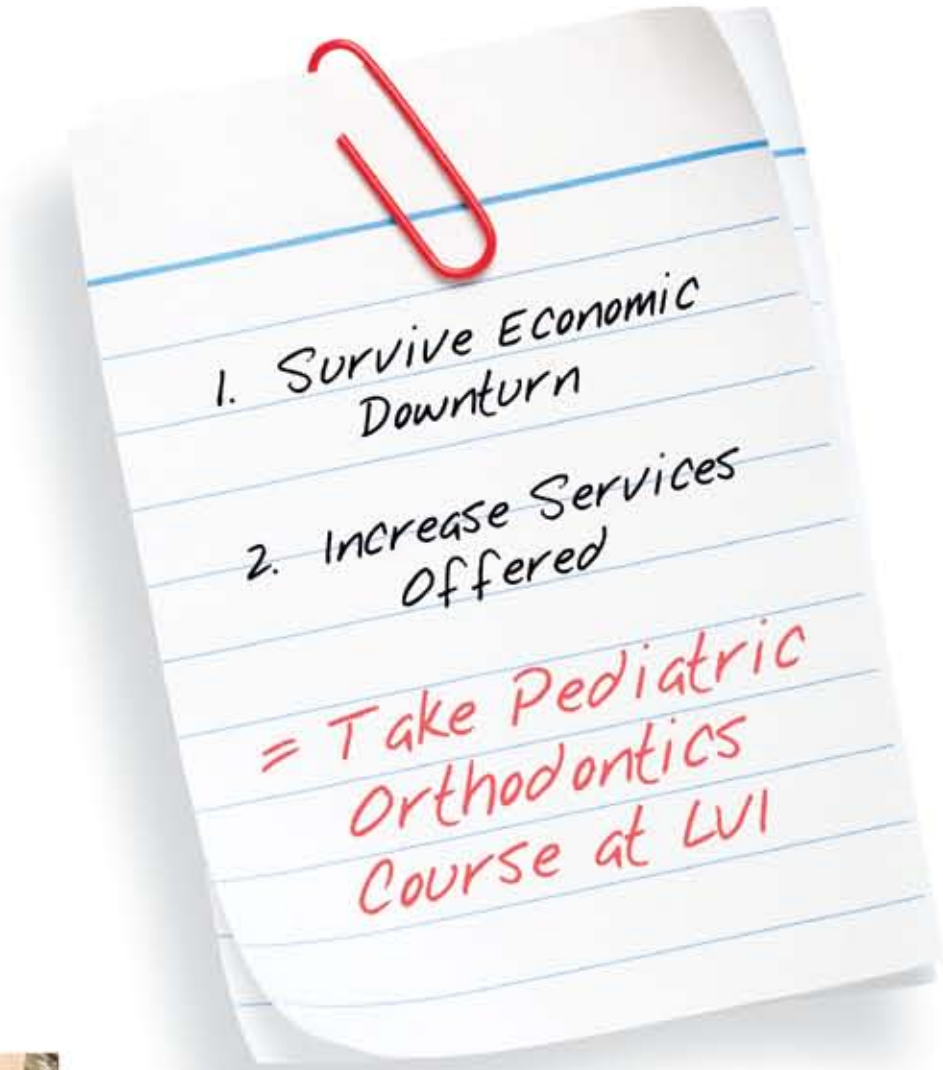

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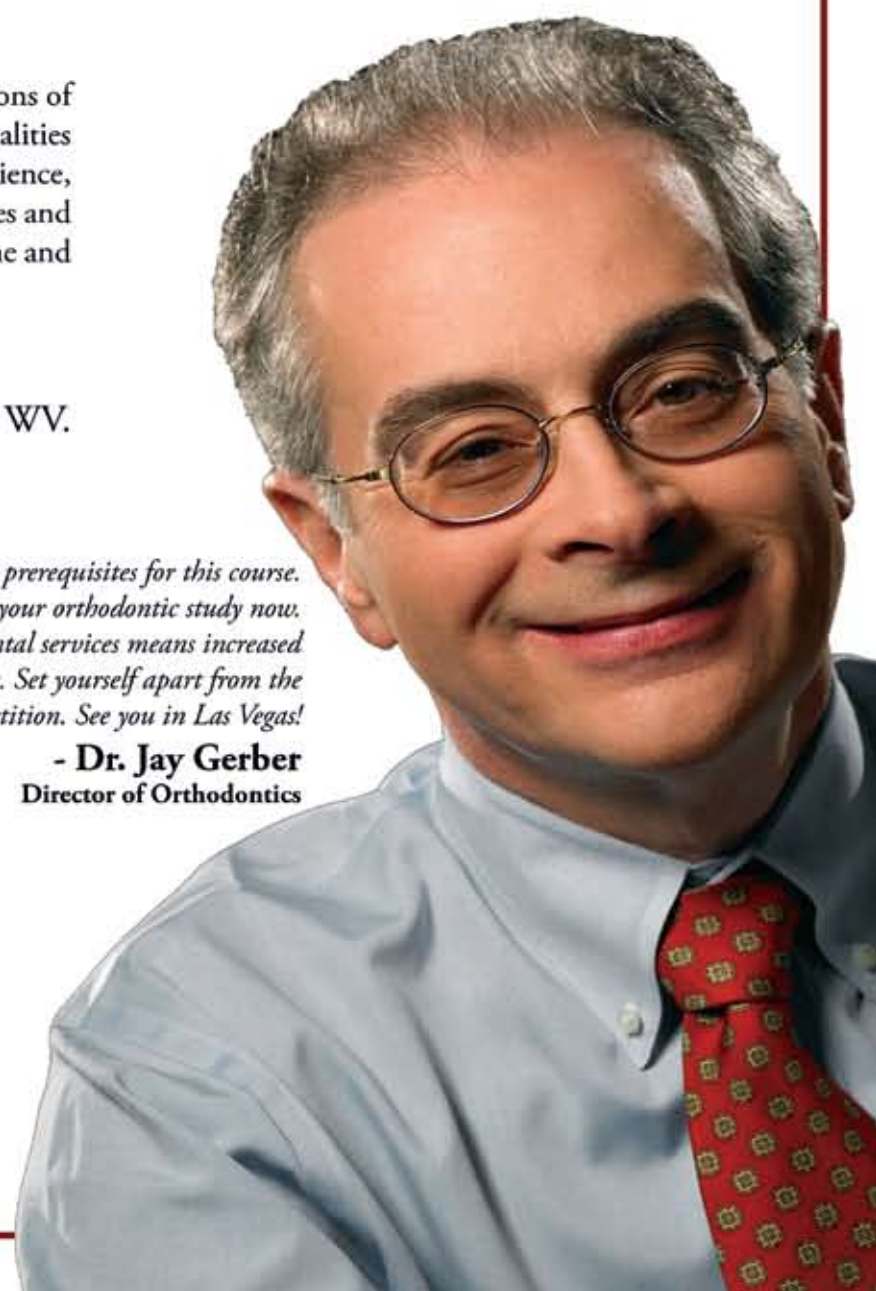

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