

The Progressive Orthodontist

CHANGE IS GOOD!



Meet
Dr. Hardik Kapadia

Q4 2017

**BUSINESS PRACTICE
& DEVELOPMENT**
THE INVISIBLE ORTHODONTIST
- BY NICK DUNCAN

ORTHOPUNDIT
BIGOTS BEWARE - HISTORY WILL NOT
FORGIVE OR FORGET YOU
-BY DR. MARC ACKERMAN

CLINICAL CORNER
STABILITY IN ORTHODONTICS
-BY DR. DEREK BOCK

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.

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

For more information about the book and seminar, check out orthopundit.com

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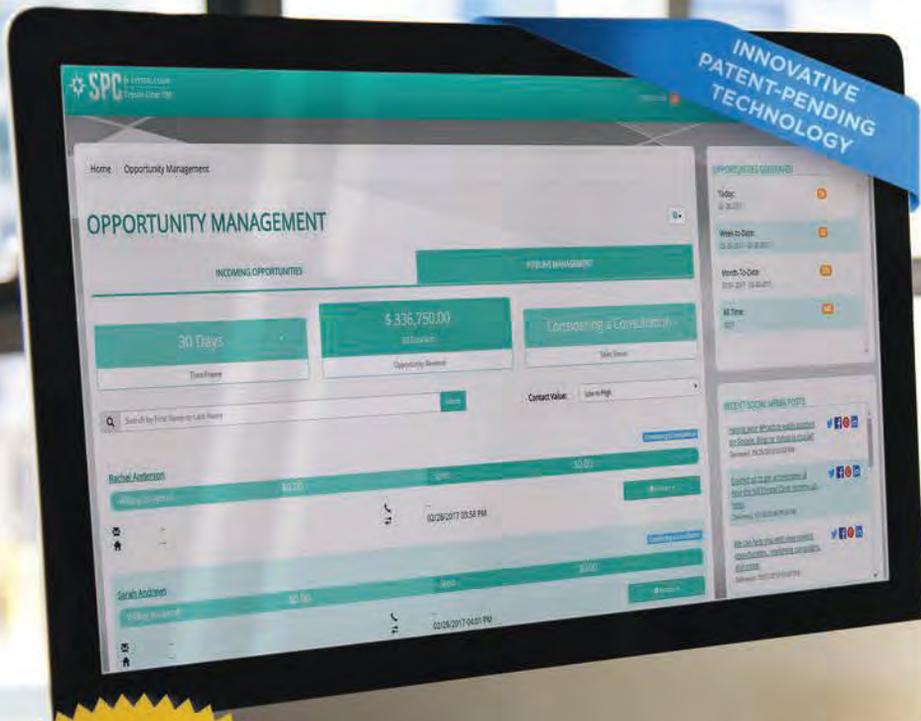
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EDITOR'S NOTE

Wow! A great deal has happened in the orthodontic community in 2017. This industry needed some upheaval and I have enjoyed watching the progression of players on the orthodontic stage over the course of 2017. Since earlier this year when the 2000 member Ortho101 Facebook group was disbanded, it's been fascinating to watch the multitude of groups and communities that have arisen online and to see what they collectively focus on. Each and every group has its own leadership and unique personality and it doesn't take long to recognize what that is. Some groups weep for the good ole days and rage against change. Some groups focus on

showing the most impacted canines and sharing where to get the cheapest pens with your name on them from China. Some groups discuss parenting, food preparation and what to wear to work. Some groups discuss whatever comes to mind... And all of it is good for orthodontics. No matter where you stand or what you believe, it's great to be connected with other, like minded orthodontists who can help you navigate the uncharted territory that lies ahead. Of course, I have my opinions as to the best way to do so but doesn't everyone? Time will tell which is the best path and I suspect that more than one will lead to success.

The other great part about all these online communities is that everything that is said or done is recorded for posterity. Won't it be fun to go back in time through the old posts in a couple years to see who said what and when? To see what was popular and what was reviled? I can't wait! What is outrageous and offensive now will be common place in two years - just as what is normal now was unthinkable just a few years ago. We orthodontists tend to think of ourselves as static and unchanging. We tend to believe that the beliefs we have now are the same ones we have always had and to think otherwise is to admit we were wrong. The truth is that we all tend to shift and slide to adapt



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to the changing times and technology around us. It's generally slow and slight to the point that we don't notice it but almost all of us do change over time. And there is nothing wrong with that. We try new things, keep what works and discard what does not... then repeat. That is life. As we close the books on the last issue of The Progressive Orthodontist Magazine in 2017 I can't wait to see what 2018 will bring and how the orthodontic space will unfold. A couple of changes I know about already:

1) In an attempt to be more environmentally friendly we will only send paper copies of The Progressive Orthodontist to those who have subscribed

at TheProOrtho.com during the 2017 calendar year. The digital version will continue to be available to all on the website.

2) I'll be opening a new orthodontic office in Orlando, FL and implementing all the things I've learned. The office footprint, pricing, marketing, branding, treatment planning, template, calendar and employee strategy will be wildly different than the traditional office and based on what I've learned in the last couple years from the modern orthodontic delivery channels. As I've done in the past, I'll welcome visitors so come see us in Orlando and make a "business trip" out of it.

One more thing. Marc Ackerman and I have written a book designed to share our thoughts on the new reality. Straighter: The Rules of Orthodontics is a practical guide to the orthodontic practitioner who wants to service the 99 percent of the population who doesn't traditionally seek orthodontics and reap the benefits of serving the 99 percent. We will also have a two-day implementation course in Orlando, FL a couple times a year. Information on both the book and the course can be found at OrthoPundit.com

Cheers!
Ben



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

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Dr. Derek Bock grew up in Massachusetts, near Cape



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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.



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Hardik Kapadia, D.M.D. graduated from Boston Univ Dental (2007) and

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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 innovative marketing practices.

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Nick holds degrees in accounting and finance. After starting his career as a CPA in Boston, he returned to his native Australia to form The Invisible Orthodontist (TIO) with his father Dr. Grant Duncan. Over the past 7 years, TIO has built an international network of more than 100 doctors and worked with them to significantly increase their Invisalign cases. Through his leadership at TIO, Nick has developed a diverse set of skills encompassing marketing, technology and business development.



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Master the "ASK"

By Scott Hansen

Want to know four words that will increase your case acceptance, guaranteed?

Research shows that about 90% of sales conversations end without the salesman asking for the sale even one time. In orthodontics, by not asking for the sale (treatment start), we significantly lower our odds of converting our treatment recommendation into a "start."

In my five years of creating growth and managing an Inc. 5000 orthodontic practice in Kansas City, I trained a number of treatment coordinators while also performing sales and management

consulting for other high-growth orthodontic practices in the Midwest.

Most practices have the same problems with case acceptance. They don't follow-up well (...if at all), they don't schedule a specific follow-up time with "thinkers," they don't make/let their treatment coordinators focus on sales (exclusively!), they don't take relationships with seven year olds and their parents seriously enough, and they don't respect their list of Recall patients like they should. However, the most common problem plaguing many of our exam rooms is the complete absence of asking for the sale.

I'm guessing your post-exam treatment conversation goes something like this:

"So, Mrs. Jones, here are a few treatment options. We can do this with braces or Invisalign. Here are a few different financing options. Based on everything we've talked about, what do you think? Do you have any questions?"

Then they say something very predictable...

"I'm going to think about it and talk it over with (insert spouse's name here)."

 A close-up photograph of a person's hands holding a white rectangular sign. The person is wearing a dark grey suit jacket over a light-colored shirt. The sign has the text "People Buy From People They Trust" written in a large, bold, black sans-serif font. The background is slightly blurred, showing more of the person's suit and hands.

**People Buy
From People
They Trust**

This happens all over the country, every day, in most offices and with most TC's. Most likely even yours! With this method you shouldn't expect a lot of same day starts or a high case acceptance. In fact, Dr. Jamie Reynolds in a February 2017 article on Orthopundit showed us that when a patient does not start treatment on the same day, the likelihood of the patient starting treatment at the practice reduces by 20% the moment they leave and subsequently declines to about 50% over the first two weeks.

“Trust is a powerful word and we have found it to be the single best thing on which to focus the entire consultative process.”

Fortunately, asking for the sale is the easiest way to increase your same day starts and your subsequent case acceptance...and it's free! It takes no training, no extra effort, and can make you millions more over the next few years.

There are many different ways that you can ask for the sale. However, I learned our most impactful closing phrase from

a successful HVAC business owner I know. He teaches his technicians, after completing a bid, to simply ask the customer, “Will you trust me to take care of this for you?”

HVAC jobs and Invisalign treatment have a remarkably similar sales process. Many patients “price-shop” and collect “bids” at consultations. Unless you can stop the sales process sooner by producing an immediate decision from the patient, they are much more likely to end up at Dr. Competitor across the street.

So, because we understood the similarity of the process, we just borrowed the idea of “will you trust me?”

Trust is a powerful word and we have found it to be the single best thing on which to focus the entire consultative process. Once we have adequately built rapport with the family and clearly expressed our practice's value proposition in terms of the family's desires, we ask for the sale using four magical words.

“Will you trust us?”

“Will you trust us to get started with Sally's care today?”

...silence...
...”

Boom! You just boosted your case acceptance significantly!

You will close more cases if you are the one asking for the sale, doctors. You can teach this phrase to your TC's, but if “working smarter not harder” is your motto, don't rely on your TC. By asking for the sale yourself, you don't have to wonder if it's being done correctly once you leave, and you will have the advantage of asking for the sale from an authoritative position.

If, however, your practice has scaled past your ability (or desire) to go in every consultation appointment, this is a crucial phrase for your TC's. When you and your team master the concept of asking for the sale, your practice will be leveraging one of the easiest and least expensive (free) practice growth hacks imaginable.

Case acceptance is largely tied to same day starts, and you can dramatically impact your same day starts by asking for the sale.

“Will you trust us to get started with Sally's care today?”

Practice the phrase in the mirror tonight. It will sound a little funky the first few times, but you will get used to it. Once you systemize it into your exam flow, you will never have to think about it again.

Master the “ASK!” 🎲



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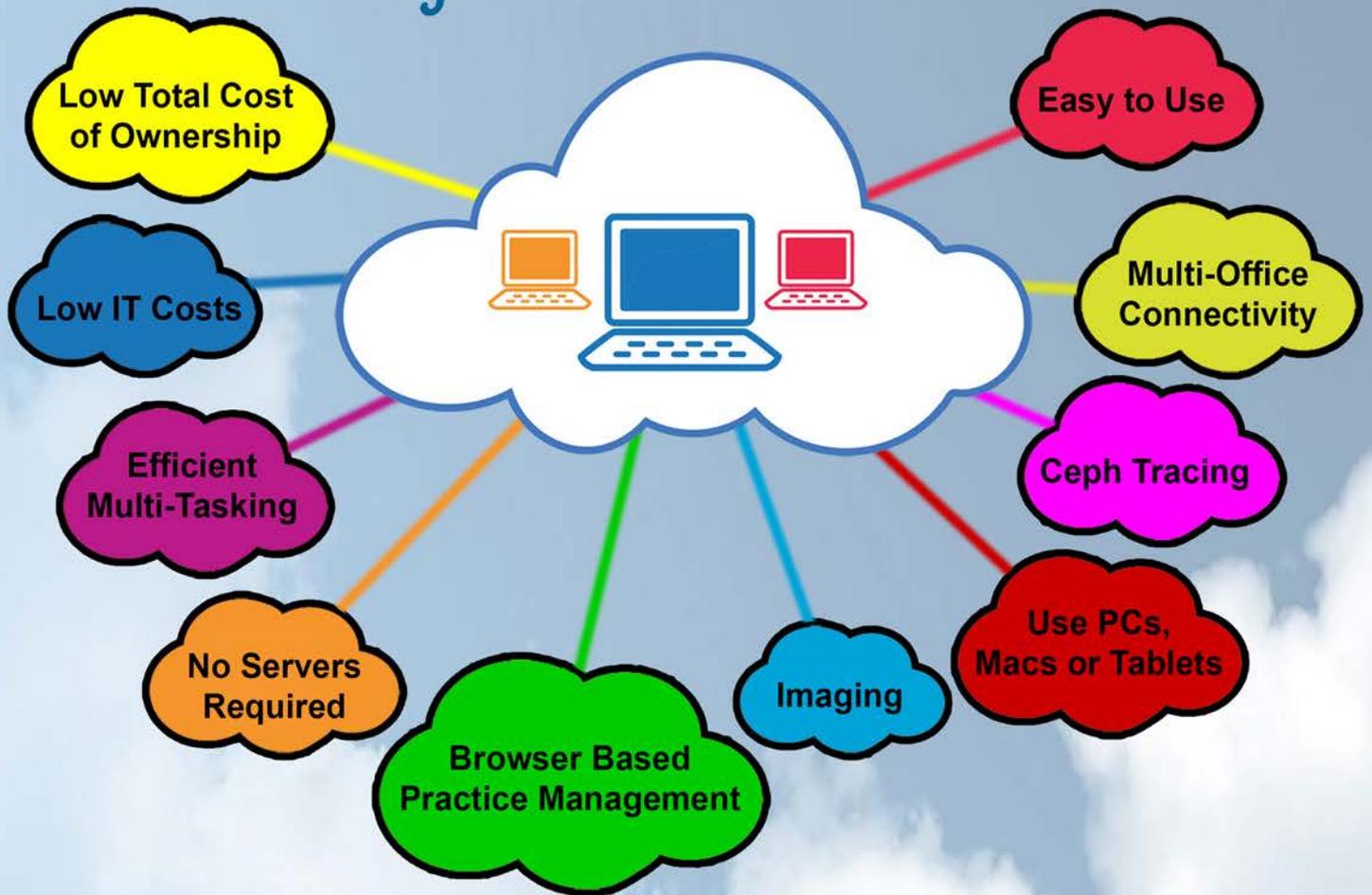
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Bigots Beware – History Will Not Forgive or Forget You

By Dr. Marc Ackerman

The current events have raised the spectre of overt bigotry in America. Bigotry of any form cannot be defended. Apologists for historical bigots always fall back on the argument of cultural relativism. Cultural relativists would say that if bigotry is deemed morally acceptable by a particular society at a particular point in time, then it shouldn't be rebuked by someone outside of that

society or someone from a different era. I'm sure that at least some of you have heard the excuse that "everyone was racist, anti-Semitic, sexist, and homophobic back then so you can't hold it against so and so because it was acceptable!"

Fifteen years ago, a colleague sent me two letters* that Edward Angle wrote to Charles Tweed in 1929 (Highlighted sections shown below).

These letters are in the Library of Congress and can be accessed by the public. The man that Angle disparages in these letters, Rodrigues Ottolengui, was an orthodontist and the Editor of Dental Items of Interest. Ottolengui was born in Charleston, S.C. in March 1861 one month prior to the outbreak of the Civil War.

lengui printed in sheet form for that purpose. But I think overwhelmingly and by all means your answers to Ottolengui - both of them - should be published, and, as he gives you an opportunity to answer him in his Journal, I would think it highly advisable that you do it - straight out from the shoulder, just as you have written it to him, but you should insist that your letters be published complete. Do not permit him to take extracts from them that he may misconstrue and even misquote as he has been known to do. Remember that he is a Jew.

Dear Tweed,-

I have been quite sick; still far from well but am, I think, recovering. The trouble seems to be (not certain, however), trench mouth. This will explain my apparent neglect in answering your last splendid letter.

As time is important, I will add here, you are exactly right about the importance of answering "Fagin, the Jew", as we used to call Ottolengui, and no one can do it like yourself. It should be written and it will do you good to write it. Strike in, and I will do the very best I can to get it published. Can't do much myself for I am always in a row with Anthony and Kirk of the COSMOS on this same subject, but I can pull some strings that may be effective. Anyway, go ahead on it hard and we'll get it published someday.

Yes, I read "Fagin's" editorial when it first appeared - just in keeping with the kind of man he is.

Kindest and best wishes,

Edward H. Angle

“It is very hard for us to come to grips with the fact that some of our heroes are not infallible.”

Why did Angle write such anti-Semitic epithets about Ottolengui? Here's the short story. Angle decided that orthodontics should secede from dentistry and engineered a bill in the California legislature to license orthodontists without a dental degree. Ottolengui wrote an editorial presenting arguments against the Bill in *Dental Items of Interest*. The Bill was rejected by the legislature.

It is very hard for us to come to grips with the fact that some of our heroes are not infallible. I am an avid baseball fan. As such, I fondly remember being 9 and the Philadelphia Phillies winning the 1980 World Series. My favorite player was Pete Rose who holds the record for the greatest number of career hits in baseball-4,256. However, Pete Rose will never enter the Baseball Hall of Fame because he bet on baseball while serving as a player-manager. Thirty years later, I cannot celebrate his accomplishments on the diamond without at the same time thinking about his lack of a moral compass and unrepentant attitude that still persists to this day. There is no such thing as the Pete Rose Award, the Pete Rose Lecture, or the Pete Rose Society.

As monuments that honor the bigoted men who seceded from the Union are taken down in the night, orthodontists should reconsider bestowing the name of a bigoted man on an award, a lecture, and a society. It's time to secede from the tyranny of our specialty's past and shine a bright light on who we are today. 🇺🇸

** Correspondence of Edward H. Angle, The bulk of the materials are letters and telegraphs from Edward H. Angle to Charles Harold Tweed. The correspondences are related to the practice of orthodontia and to dental legislation in Arizona. AZ 176, University of Arizona Libraries, Special Collections*

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

Featuring Dr. Jae Brimhall and Dr. Francisco Garcia

Interview with Dr. Jae Brimhall



Dr. Jae Brimhall and his wife Kristin have lived in Pueblo since 2014 and are proud to call Pueblo "home." Dr. Jae, as pretty much everyone calls him, studied both dentistry and orthodontics at the University of Kentucky. His passion is in people and loves to spend each day working alongside an outstanding team and helping his patients obtain the most "selfie-friendly" smiles possible. He recently sold his orthodontic practice and is now thrilled to be a part of the Smile Doctors ever-growing family. When Dr. Jae is not at the office straightening teeth, he enjoys to be with his family, out fishing or hiking, barbecuing, or cheering on his Kentucky Wildcats.

"You have the ability to change that person's life for the better."

PROORTHO: TELL US ABOUT YOUR FAMILY AND ALL THE FUN STUFF YOU GUYS DO. HOW DO YOU ACHIEVE THE GREAT WORK/LIFE BALANCE WE KNOW YOU HAVE?

BRIMHALL: My wife and I met on Match.com seven years ago and the rest is history! We both have a child from a previous marriage and have been able to successfully "blend" our family together and now have added two more kiddos to the mix. Step-parenting and co-parenting, let alone just plain parenting, can be difficult at times and we have tried our best to be as resilient and graceful as possible through the "merger" of our two families. It is an added element that brings with it an incredible amount of traveling (my daughter lives in Texas and my stepson's dad lives in Utah while we live in Colorado) and an exponential level of complexity, but in looking back at my life, I wouldn't have it any other way. My situation made me really realize early on that parenting and how we go about it is totally a choice and I chose to be as involved of a parent as humanly possible. Between the two of us and our co-parenting, we have easily logged in 300,000 miles of traveling to ensure we keep as connected as we possibly can. Thankfully, we have been successful up to this point and we all have a great connection together no matter who is physically in our home at any given time.

Maintaining a work-life balance can be difficult in general, particularly with the co-parenting efforts we strive to maintain. For me, the most important thing for our family unit is spending quality, screen-free time together. I

applaud my wife in her efforts to have family dinner each night all together. While we aren't perfect, we do it more often than not and it has strengthened our family. We also make time to vacation all together exploring new places and trying new things. Recently we explored Muir Woods and San Francisco, hiked the tallest sand dunes in North America, and made it to the top of two of Colorado "14ers" (mountains 14,000 feet tall).

"Parenting and how we go about it is totally a choice and I chose to be as involved of a parent as humanly possible."

PROORTHO: WHAT DO YOU SEE AS THE GREATEST OPPORTUNITY AND THE GREATEST THREAT TO ORTHODONTICS?

BRIMHALL: The greatest opportunity in orthodontics is that patient who is right in front of you in your chair. Period. You have the ability to change that person's life for the better. This is where my energy comes from. This is how you "spread the love" of your practice throughout your community. This is where you get passion and fuel to show up to work each day. Look outside that person in front of you and things will become empty pretty quickly. Conversely, the opposite is also true in my opinion. The greatest threat of orthodontics is not that primary care

dentists are doing more orthodontics. It is not Smile Direct Club or any other mail-order aligners that are attempting to remove the local orthodontist from the equation. The greatest threat is if we as a profession "take our eye off the ball" so-to-speak and quit focusing on that person who is in front of us in the chair and chase after someone who is not. While orthodontics has changed over the years, it appears to me in my young career that the amount of change we are all experiencing in the profession is going into hyperdrive. There is more disruption occurring each day in orthodontics and it is easy to gain some anxiety over it. But, regardless of this landscape of change, I feel we will always have a predominant seat at the table when we continue to focus on our patients and impact their lives. This core element has made our profession so successful and will continue to do so as long as we make it paramount in our practice lives and our teams' cultures.

PROORTHO: WHAT ADVICE WOULD YOU GIVE YOUNG ORTHODONTISTS AND RESIDENTS?

BRIMHALL: My advice to young orthodontists and residents is that we are so lucky to be part of such a great profession. This is not a time for "doom and gloom." In my opinion, it is just the opposite. There are more opportunities in orthodontics now than ever before. While it may take some creativity and it will require work and possibly some failures along the way, we are truly blessed to do what we do "on the daily" and have the ever-increasing opportunities that are presenting itself in orthodontics. Work hard. Don't buy stuff you don't need. Reach for opportunities. Fail big and grow from it. Search for mentors and seek their counsel. And spread the love along the journey. We have a damn great job if you step back and look at it. 🎲



Interview with 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. Francisco J 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.

PROORTHO: HOW DO YOU SEE THE GROWING HISPANIC POPULATION CHANGING ORTHODONTICS IN THE COMING YEARS AND WHAT ARE THE ADVANTAGES OF BEING FLUENT IN ENGLISH AND SPANISH? HOW DO YOU LEVERAGE THAT IN YOUR BUSINESS?

GARCIA: It is estimated by the bureau of labor and statistics in the year 2050 approximately 30% of the population will be Hispanic. Having said this it is imperative that the health care provider and its team review the importance of this factor and incorporate the pertinent systems to further improve the ever-expanding needs of a multicultural, multiethnic patient demographic.

Being fluent in both English and Spanish among other languages has certainly been a valuable asset as I practice in a predominantly Hispanic area. Understanding the nuances of the different cultures has certainly been quite the experience as in Miami you have a melting pot of all Caribbean, Latin-American, Asian and European immigrants and each require varied levels of care and communication.

“Concentrate on the high yield tasks, smile frequently and be good for no reason.”

PROORTHO: YOU’RE SUPER ACTIVE WITH YOUR FAMILY, YOU GUYS ARE ALWAYS DOING FUN STUFF TOGETHER. TELL US HOW YOU ATTAIN SUCH GREAT WORK/HOME BALANCE?

GARCIA: Work and Life balance is a constant moving target and maximizing the efficiency on all decisions and actions

that surround our lives is imperative, there is less and less of a boundary between one and the other.

Old proven tips will never go out of fashion, go to bed early rise earlier and plan your week Sunday evening. Things fall into place so much faster and easier in this Tetris game of life.

Concentrate on the high yield tasks, smile frequently and be good for no reason. Take time off, you need this multiple times a year, it does not need to be fancy, expensive or exotic, but you need to relax.

PROORTHO: WHAT ADVICE WOULD YOU GIVE YOUNG ORTHODONTISTS OR RESIDENTS?

GARCIA: Be genuine, be generous and engage your patients and their families in a welcoming loving environment. Create a team culture second to none, this takes time but will become one of your best assets. Instill a DNA of positive hard-working people with little to no drama.

The constantly expanding corporate dentistry world is posing a big challenge to recent graduates and to well established dental practices around the whole country, but corporate dentistry at this point lacks a personal touch and most of the time the quick turnover of a dental team misses out on the opportunity to capitalize on one of the most important elements which is getting to know and to create lifelong bonds with the families we treat.

Yes, the good old model of delivering the best personal service is back in fashion and is among the few and most noble ways to tackle the challenging professional arena in these days.

Fluent English is good, Spanish is great if you know it but more important than this is for you to look your team and your patients in the eye and help to make them a better version of themselves, then we all win. 🎲



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The Power of Not Knowing

By Dr. Dustin Burleson

The Polish poet and Nobel Laureate, Wislawa Szymborska, said, “Our certitudes keep us small. There is a generative power of not-knowing.” Whatever inspiration she has had in her life, she says it is “born from a continuous ‘I don’t know.’” A generation later, artist Ann Hamilton wrote a brilliant essay titled, “Making Not Knowing,” adapted from her commencement address to the School of the Art Institute of Chicago in 2005:

“One doesn’t arrive — in words or in art — by necessarily knowing where one is going. In every work of art something appears that does not previously exist, and so, by default, you work from what you know to what you don’t know. You may set out for New York but you may find yourself as I did in Ohio. You may set out to make a sculpture and find that time is your material. You may pick up a paint brush and find that your making is not on canvas or wood but in relations between people. You may set out to walk across the room but getting to what is on the other side might take ten years. You have to be open to all possibilities and to all routes — circuitous or otherwise.”

You might be thinking, “Why is Burleson talking about art?” I’m glad you asked. Your life is the greatest work of art you’ll ever produce. Bulgarian Writer, Maria Popova, insightfully summarizes the power of the unknown in building your greatest piece of art, your life: “The daily act of living is the act of chiseling destiny through choice — from the bedrock of all possible lives we could have had, we sculpt with our choices the

one life we do have. Those choices can be difficult or easy, conscious or not, made for us or made by us, but whatever their nature, they require a leap into the unknown.”

“Your life is the greatest work of art you’ll ever produce.”

Mark Twain put some practicality on the power of the unknown when he said, “It ain’t what you don’t know that gets you into trouble. It’s what you know for sure that just ain’t so.”

Think about the certitudes in your life that are keeping you small. Ask how the generative power of not-knowing can make you stronger and help you build a better life. Sit down tonight and write down at least five “I don’t know” statements. Then, think about them. Open yourself to new solutions through the possibility of leaping into the unknown. It’s been one of the most powerful exercises in my life and for my orthodontic practices.

I dove into the unknown with all of these “don’t know” statements: I didn’t know if opening my office late in the evening and weekends was a good idea or not. I didn’t know where to get better at marketing and customer service training and I didn’t know if I could afford it. I didn’t know how to train employees from

scratch to be exceptional clinicians and business leaders and I was intimidated by the steep learning curve required for me to get good at those things. I didn’t know if sending direct-to-consumer advertising would work and whether or not I could afford it. I didn’t know what would happen if I offered a lifetime satisfaction guarantee. I only knew that other smart companies had tried all of these strategies and had tremendous success with them. I knew that I was curious and stubborn enough to take them seriously, study them extensively, try them, see what worked and what didn’t.

Luckily for me, leaping into all of these unknowns forced me to become a better student of my practice. Based on my embrace of the unknown and my insistence that we shun the “certitudes” in our profession and marketplace, my destiny has been chiseled by choice. Luckily for my family and my community foundation, so have my bank accounts.

Ben often quotes Paul Saffro, Director of Palo Alto’s Institute for the Future, when he says you should have “strong opinions, loosely held.” He’s absolutely right. General Norman Schwarzkopf said he didn’t know many soldiers who would march off to battle with a wishy-washy general who led by “It depends,” or “Well, what do you think?” Generals become great leaders because they have strong opinions, but they stay in power by their ability to hold onto them loosely and to pivot when the evidence demands it.

If you must be certain, be certain in your ability to recover from bad decisions.



everything else, be willing to hold loosely. Unless you are absolutely perfect in your life and in your practice, you might want to be open to changing some things from time to time. Be open to empirical evidence.

“If you’re honest with yourself (the first step to growth, by the way), you’ll admit that you have a death grip on too many things in your practice and in your life. Why?”

Unfortunately, most orthodontists aren’t making enough decisions to get anywhere near the level of empirical evidence. “If

it didn’t work once, it must not work at all in my area.” I hear doctors say this all the time about direct mail. I’ve mailed over 3 million pieces of direct mail and guess what? It didn’t work for me the first time either. But I was curious enough to pay attention to what pharmaceutical companies and other healthcare providers were doing via direct mail and I was determined to run enough tests that eventually some empirical evidence, no matter how small, would start to show up. I wanted to know for sure what I should and should not believe, based on holding everything loosely until something stuck. How many new ideas are you testing when it comes to hiring, managing, motivating and rewarding your employees? What about your marketing and your clinical treatment systems? How strong or loose is your grip on all of this?

If you’re honest with yourself (the first step to growth, by the way), you’ll admit that you have a death grip on too many things in your practice and in your life. Why?

We avoid trying new things because we don’t want to fail. It’s much easier to cling to our alibis and convince ourselves “It would have never worked anyway.” Why risk getting tackled when we can be a Monday-morning quarterback?

What do you “know for sure” that’s chiseling your destiny in a way that is less powerful, less inspiring, less successful and less abundant for you, your practice, your family, employees, your patients and community than it would be if you embraced the unknown and leaped into uncertainty? What would your life and your practice finally look like if you got over your fear of failure? How certain are you that you will bounce back quickly from any bad decisions you make?

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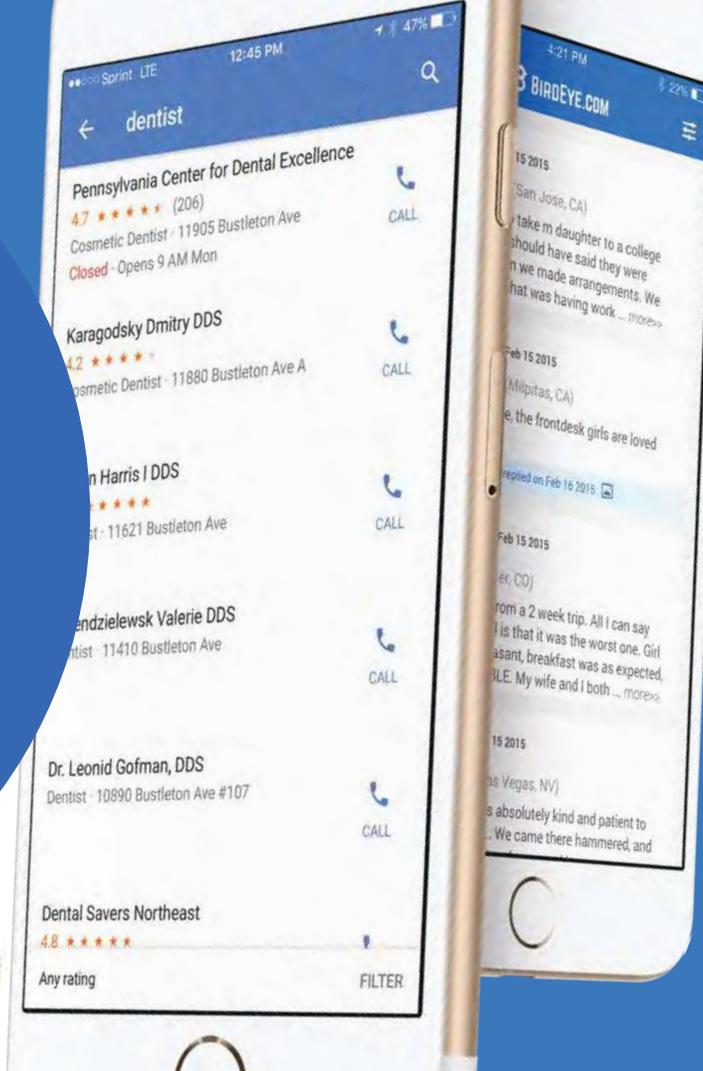
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Does a Living Trust Provide Enough Asset Protection?

By Jarom Hillery

A living trust is a popular tool for estate planning, but clients frequently ask if these trusts can also be used as a tool for asset protection. As is often the case with legal topics, the answer is complicated.

The term “living trust” applies to a trust that is created and funded with assets while the creator of the trust is still alive. The living trust is by no means a new invention. It originated in England in the 1400s as a means to help nobility avoid taxes from

the crown. The concept of a living trust followed settlers as they arrived from England. The first living trust on record in colonial America was created for Francis Fauquier, Governor of Virginia, in 1765.

While living trusts have existed for hundreds of years, using a living trust as an estate planning tool is a relatively modern concept. Modern living trusts are most commonly used as a secure way to pass assets to future generations.

Generally speaking, a living trust focuses on providing easy management of and easy access to the property it holds. However, it also gives creditors access to the property as if you owned it yourself. A living trust will offer no asset protection until after the person creating the trust has passed away!

If living trusts do not protect assets from a creditor, why are they so popular across the United States? Living trusts provide a relatively



simple way to avoid probate in most states. Only property directly owned by an individual is required to go through a series of court proceedings called probate. Because property owned by the living trust is not held in the name of the person who passed away, probate is not required for this property.

There are three primary reasons that people want to avoid probate. First, probate is a matter of public record. Because probate is a series of court proceedings, it means that it is fairly easy for people to see the assets held by an estate.

Second, probate can be complicated. While most states follow a generally similar protocol for how property is transferred from one generation to the next, the process varies enough from state to state that it can quickly

“While most states follow a generally similar protocol for how property is transferred from one generation to the next, the process varies enough from state to state that it can quickly overwhelm people with no legal experience.”

overwhelm people with no legal experience. Between satisfying creditors, filing final tax returns, and proving that various estate planning

documents are valid, it can take years to successfully probate an estate. Attorneys may be able to handle small estates in a matter of days, but larger estates often languish in the court systems for decades.

Finally, paying for a probate attorney can eat away at the estate’s assets. The estate is often left footing the bill for lengthy probate. The bill largely depends on the size of the estate, and can easily equal hundreds of thousands of dollars in attorney’s fees.

The living trust has a long history, and there is some misunderstanding on how it works to protect assets. While the trust does not protect the assets it holds until after its creator has passed away, living trusts are still a valuable resource in avoiding probate and its pitfalls. 🏠



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When You're Called to Temp

By Dr. Tuhina Roy

Imagine if you couldn't go to work tomorrow. Of course I know you can't imagine it because we orthodontists never take sick days. It's a badge of honor to work through the flu, as long as you hide behind your mask and nap in between consults. So instead maybe one of your colleagues is suddenly ill in a hospital bed, unable to speak and with both hands and feet not working. Maybe this colleague is fortunate to be part of a coverage group, and you've now been called to cover the office. Or you've learned through the grapevine that there is a temp opportunity to fill in for a doctor. Or you are being kind and generous and just want to help your distressed colleague out. What does it entail to step into someone else's solo office when the doctor is in the ICU?

1.) Take the job. Your colleague is likely in a precarious medical state and may not even be conscious. This isn't the time to discuss unimportant details like wire sequence and pan vs. cone beam and practice philosophies. The doctor may not even be able to talk and you will be hired by non-orthodontic family members trying to do what they can. You will literally be propping the doors open on a quickly declining office.

2.) Walk in with a smile. The staff probably know very little about you. They may know very little about the doctor's condition depending on what the family has told them. It's been scheduling chaos for days or weeks and today is the day there will be a doctor in the office. Of

course it's going to be overbooked. Every single non-delegatable appointment is going to land on the schedule that first day. It's probably not going to be an easy day so smiling is a must. Don't let anyone see you losing it at patient #75 when you are only used to seeing a leisurely 20 patients a day.

3.) Assure every mom that the doctor is still alive. And that you are the doctor's friend. Even if you've never met or spoken to the doctor. Parents and patients like to know that the doctor sent their trusted friend in this time of need. With a serious illness, not all families feel up to posting details on Facebook, so parents and referring dentists are in the dark and wondering "where did the doctor go?"





Everyone is looking to you for assurance that they haven't been abandoned in the middle of treatment. I still remember dragging myself to that first local dental meeting when I finally felt up to moving just to assure the community dentists that I wasn't dead.

“Pick up on the good, make a mental note not to repeat the bad and keep up the patient morale and the doctor’s reputation.”

4.) Compliment the treating doctor, even if it's the most mundane thing. “Dr. Stuck-in-the-ICU put powerchain on last time, he's so smart. Let's keep going with new powerchain this month.” For a retainer check - “Wow, Dr. Stuck-in-the-ICU did an amazing job with your smile, he's the best.”

5.) Treat the office like it was your own. Imagine what would happen to all your numbers if you started zero patients

next month. If you can't imagine it then just trust me, it's really bad. We all use our own choices of appliances to achieve our goals. The cases might have bands on 50% of the teeth and the doctor did all the work while you only use the latest self-ligating appliance with the most optimized wire sequence and highly trained assistants. You may be seeing an office full of removable palate expanders when you would only ever do fixed. It doesn't matter. Now is not the time to “educate” parents on your treatment philosophy. Work with what's already there and move the treatment forward like you would in your own office. Don't just do a bunch of reties so the doctor returns to a mountain of stalled cases. Nor is it the time to criticize Dr. Stuck-in-the-ICU's practice management style. Pick up on the good, make a mental note not to repeat the bad and keep up the patient morale and the doctor's reputation.

6.) Be humble. There will be angry parents. In one office, a notice had been sent that there was an associate helping the doctor. The associate wasn't able to cover all the days so I was hired very suddenly as a temp. During one of my early days in the office, I had an

impeccably dressed mom side-eye my ridiculously pregnant self and finally say “You aren't the associate doctor on the memo. I didn't get the memo about you being here.” I was at a loss of words and somehow managed to tell her this was a true emergency situation and that I could relay any concerns she had to Dr. Stuck-in-the-ICU, even if that last part was a complete fib.

7.) Malpractice carrier provisions. Last summer when I was Dr. Stuck-in-the-ICU and it came time for me to hire temps, it was pointed out to me that my malpractice carrier needed to make a special provision to cover a temp doctor under my policy. I called my carrier and they said it was super easy. I just had to print out and sign some papers, fill in the dates the temp would work and fax them back. All tasks that are impossible to do when you are confined to a hospital bed. A few years earlier when I was the temp, it never crossed my mind to call anyone's malpractice carrier. I felt really bad for Dr. Stuck-in-the-ICU and made it my duty to see his patients and keep the doors open. But each doctor probably should do things the right way. 🧐



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THE ART OF INTERVIEWING

By Tim Twigg and Rebecca Boartfield

No management function is more important than hiring the right people. Without the right people, everything else declines—production, customer relations, profits, happiness - and the stress that it creates--Whew! Nothing brings on stress (and drama) quite like having an employee that does not fit.

“Wouldn't it be great to reduce that cost and get the right people onboard the first time?”

Did you know that the number one reason for turnover is lack of fit, coupled with misunderstandings? You know the reasons: the employee's not a team player, not motivated, can't multi-task,

doesn't pay attention to detail, isn't good with customers, doesn't hold themselves accountable for their actions, etc. The list goes on and on.

Turnover is costly, emotionally and financially. Studies indicate that at a minimum, the cost is equivalent to the annual salary of the person who is being replaced, but it can be as much as two to three times that amount depending on the position, the applicant pool, the job market, etc. Wouldn't it be great to reduce that cost and get the right people onboard the first time?

When a bad hire happens, most people wonder how it happened. The person “aced” the interview along with all the other steps in the recruiting process, so why did s/he turn out to be a nightmare? How does it happen that the person ends

up being nowhere near the person who was presented in the recruiting process, particularly the interview? And more importantly, how do you prevent it?

There can be a lot of reasons that account for bad hires, but one primary reason is poor interviewing techniques. When's the last time you actually prepared for an interview? Don't we normally just “wing it?” We've got a handful of questions we love to ask and we don't take the time to go much beyond that. We then use our “gut instinct” and figure it will be right.

If this is working for you, that's great. If not, you might want to consider fine tuning your interviewing techniques, and specifically the type and kind of questions you ask. This can help get you closer to seeing the “real person” during interviews.



One major interviewing pitfall is not allowing the applicant to talk very much. Instead you think that your role is to “sell” them on you and your practice--wrong. The interviewee should do about 80% of the talking. Interviewers sometimes get uncomfortable with silence or an applicant struggling to answer a question. When this happens, the interviewer will sometimes take over and explain, describe, provide his/her own opinions to promote more conversation. This can have the effect of leading the applicant into knowing what to say or simply agreeing with the interviewer, which does not serve the purpose of getting to know the applicant. You’ve just confirmed your own thoughts and/or feelings, not his/hers.

Another pitfall is asking too many yes/no questions. Ideally, keep the questions as open-ended as possible to keep the interviewee talking. You want to collect as much data on this person as possible. The best way to do that is through carefully crafted interview questions that go beyond simple yes/no responses.

The art of interviewing means knowing what legally cannot be asked in order to prevent potential liability. Generally-speaking, if a question is not related to important or essential job duties, skills, or work behaviors and attributes, it should not be asked. Under multiple federal and state regulations, it is unlawful to discriminate against applicants based on protected characteristics unrelated to a job. Raising a topic or asking a question pertaining to any of these protected characteristics could be perceived as discriminatory, particularly if the applicant believes s/he was denied employment opportunities as a result. Bottom line, ensure that all questions are job-related and eliminate any that serve no purpose in determining someone’s ability to perform his/her job duties.

Interview questions typically land in one of five categories: 1) Credential = education, certification, licensure; 2) Technical = knowledge necessary

for the job (e.g. computer software); 3) Experience; 4) Opinion = self- evaluation; yields the candidates opinion about a given situation; and 5) Behavioral = work-related, behavioral responses from the candidate’s past. The table below illustrates the percentage of use for most interviews:

Credential/Technical	17%
Experience	28%
Behavioral	1%
Opinion	54%

Notice the high percentage of opinion questions in the typical interview. What could be wrong with putting so much emphasis on those types of questions? Simply this: the person being interviewed would give an opinion that s/he believes you would find more favorable even though that’s not the “real person” s/he is. Without the right questions, acing an interview can be easy with an experienced interviewee who knows the right responses to give to each answer.

The table below illustrates the recommended interview question mix:

Credential/Technical	10%
Experience	20%
Behavioral	60%
Opinion	10%

Note the emphasis here on behavioral-based questions. Different from opinion questions, although frequently confused with them, behavioral-based questions focus on past behavior from real work-related experiences to determine an applicant’s future behavior. Because the underlying proven premise is: past behavior is the best predictor of future behavior. It is this information that allows for greater understanding of the “real person” behind the interview and whether or not that person will be the right fit for you.

Behavioral-based questions typically begin with the words: describe, explain, tell me, or how did you, which focuses on present or past situations, rather than would you, could you, should you, or will you, which focus on the future and are opinion-based.

Behavioral-based questions require preparation on the part of the interviewer before they can be effectively implemented. That is because the interviewer must identify a situation, or situations, relevant to the position to be filled that are key job competencies and behaviors which, if not handled well, would result in job performance dissatisfaction. For example: high stress, angry patients, multi-tasking, fast-paced, and detail-oriented.

From these job competencies or behaviors, questions are then formed to specifically target gathering this information from the applicant’s past. Here is an example of a behavioral-based question:

People aren’t always busy at work. Describe the slowest time at your last job. What action did you take? What was the result? And when I check your references, who can I verify that with?

In this case, the behavior or job competency desired is being able to fill slow time at work and to keep busy with relevant duties and responsibilities. During the interview, the applicant must recount a previous specific time in which it was slow, and then state his/her response to the slow time and the result of his/her behavior.

Be mindful of the applicant stating an opinion rather than a real situation. You’ll often know this has happened because s/he might say something like, “If it were slow at work...” Key word: if. This is not a factual account of a real situation; it’s a hypothesis and an opinion. Re-direct the applicant to respond with a real situation to answer the question.

An important component to these questions is how an applicant acted in response to the situations. Some aspects to consider are:

- ◉ Was the action well thought out?
- ◉ Does the person hold him/herself accountable or responsible for anything?
- ◉ Was the action immature?
- ◉ How closely does the action match your desired response in a similar situation?
- ◉ Did the action create improvement or not?
- ◉ Does the applicant relate his/her action to the result, whether good or bad?
- ◉ Is s/he blaming others?

Be sure you allow the applicant time to recount the situation from his/her past. It may take some time, there may be some awkward silences, and you may have to push a little. Not being able to answer the question at all is a red flag. Whatever you do, don't over-explain the question and lead the person to a proper response.

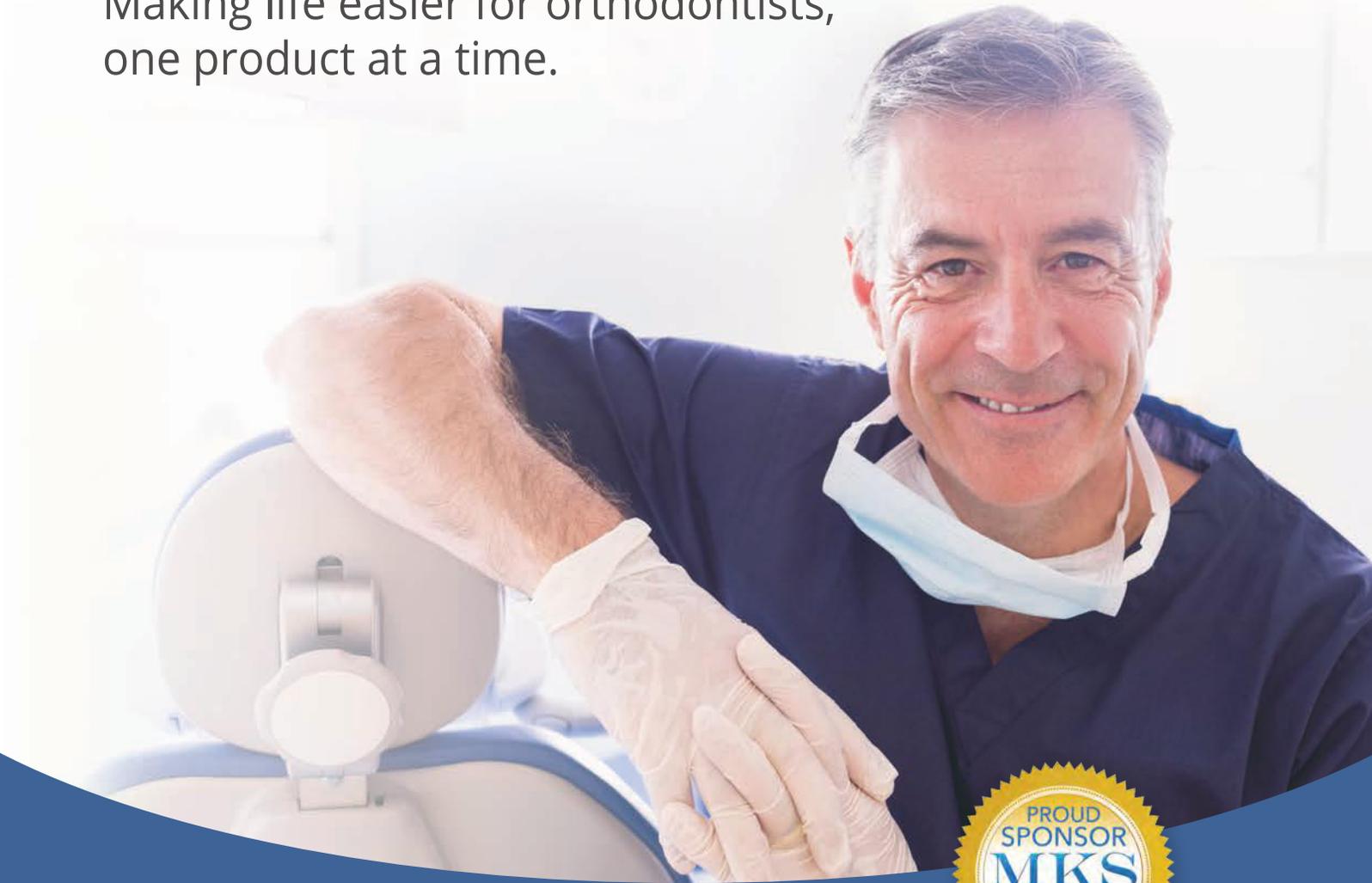
CONCLUSION

Can you do more than you may be doing currently to interview candidates better? Yes. Improving your interviewing skills, and specifically incorporating a high percentage of behavioral-based questions, is essential to that process. Interviewing in this manner is not as easy as "winging it" with your favorite opinion-based questions, but it will prove to be worthwhile. Nothing feels better than getting the right person on the team. Everybody wins - you, your practice and the applicant. 🎲



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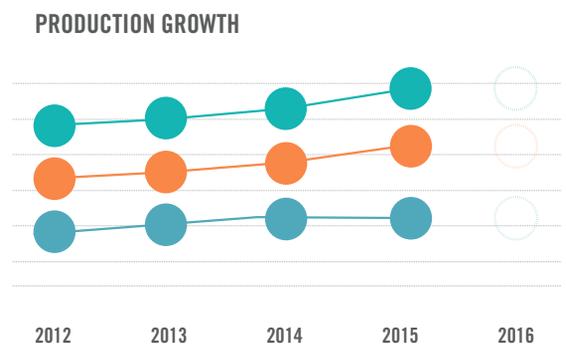


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Meet Hardik Kapadia

Dr. Kapadia is a shining example of a successful clinician who overcame student debt and the difficulties of starting a practice in a major metro area. His willingness to work hard, play the long game and progress methodically towards his goals yielded excellent results. We appreciate Dr. Kapadia's willingness to share his insight to the benefit of all.

PROORTHO: WHY DID YOU DECIDE TO BECOME AN ORTHODONTIST?

KAPADIA: My story began many years ago on another continent. I was born and raised in Mumbai, India where my dad still practices general dentistry. Because of his passion and commitment to dentistry, I became inclined to join the dental field, and because all Asian parents want their kids to be doctors. I graduated from dental school in Mumbai, a 5-year program, after which I moved to the US, and joined Boston University for my DMD program. This is where I realized how prestigious and extremely competitive getting into an orthodontic school was. Very little hands-on Orthodontics was actually taught at the undergraduate level. I had the need to learn more. My friends thought I was crazy that I was applying to 47 schools. But I wanted to give it my best shot the first time! Louisiana State University helped me fulfill my dream to become an Orthodontist.

I believe that a smile is silent, yet one of the most powerful things you can say about yourself. It shows self-confidence,

self-image, health, and happiness. If I could be the one that gives that power to a person, there's nothing else I would rather be doing. I love being an Orthodontist and believe I have the best job in the world!

PROORTHO: STARTING FROM SCRATCH IS HARD. HOW DID YOU MANAGE IT?

KAPADIA: Starting from scratch is very hard indeed, but I would do it again in a heartbeat. After graduating Ortho school, I worked in corporate dentistry for 7.5 years. Just like today's new grad, I had to repay my parents and the student loans. I was happy doing a corporate job, but I certainly wanted to have my own solo practice. At the "chain", I gathered valuable experience about how a high-volume practice functions and what systems they had in place. It was a great learning experience. Six years into my corporate job, I opened doors to my start-up. My Ortho peers and colleagues supported me tremendously with the set-up.

A successful start-up needs the right ingredients. If you have those, anyone can be successful with their start-up. Firstly,



start-ups need a lot of personal time and commitment. While I was at my corporate job 3 days a week, I worked at my start-up for another 3 days a week. This was a strategic decision I made to work only 3 days, leaving 3 other days free to focus on my start-up. After seeing patients all day, I would spend the evening hours catching up on paperwork, learning and organizing the systems, and thinking of new ideas for a better practice. I was putting in at least 12-14 hours a day during those initial 18 months.

“Whether it's a start-up or established practice, one certainly needs to find that balance between work and family time.”

I was so focused on making the practice a successful endeavor, that I was not able to spend quality time at home. Time for family and friends was limited. Not intentionally, but family gets placed on the back burner for a while. Luckily, my spouse was extremely supportive during those formative months and I could give the new office the attention it needed. Whether it's a start-up or established practice, one certainly needs to find that balance between work and family time.

For the first 8 months of the practice, I had only one employee – my treatment coordinator, Kandice Brumley. Here's my shout out to her! She understood my vision and was the right cultural fit for my office. She helped with everything in the office – reception, records, insurance, financials, treatment coordinator, marketing, to even helping with some clinical adjustments. In those initial months, we would be running

around the office trying to do everything. I wasn't and am still not shy to answer phone calls and help with the non-doctor tasks in the office. After 8 months in, I hired my first clinical assistant Stephanie. Then came along Jenny, my receptionist, and Mildred, clinical assistant.

It was important for me, as a start-up, to be right sized from a staffing standpoint. I also wanted to have the right team members to get the job done correctly. Having a team that is cross-trained for admin and clinical duties was immensely helpful. We all have lives outside of our work, and so do team members. In addition, my team rarely takes time off on a patient day. But when they do, cross-training helps, and the other team members are happy to pull harder to make the day successful.

Another important ingredient is practice cash flow. I worked on a budget before opening doors and tried my best to stick to it. Understanding the basics of cash flow is essential and maybe your accountant or loan officer can help you setup a spreadsheet. Reach out to me if you want to use my cash flow sheet. There are 1000 ways to spend money in the practice. It is essential to buy only those things that you absolutely need. The AAO annual meeting is a great place to look at all the practice items you will possibly need.

Lastly, I worked hard on marketing the practice every possible way I could. I don't want to be the best-kept secret in town. Making a start-up successful certainly requires a lot of hard work, the right location, a great team, and a well planned and executed budget.

PROORTHO: WHEN DID YOU DECIDE TO STOP WORKING OUTSIDE YOUR PRACTICE AND WHAT HAPPENED WHEN YOU FOCUSED YOUR ENERGY ON YOUR PRACTICE ALONE?

KAPADIA: The initial few months of the start-up were very challenging.

Maintaining the part-time "traveling corporate orthodontist" position certainly helped pay the personal bills. But my private practice needed more time. After being open for 18 months, I finally felt I was able to breathe easier. I could pay my business bills and start saving some money. The practice showed a healthy cash flow and stable P&L. It was finally able to support itself and not depend on the initial working capital from the bank. That's when I decided to leave my corporate job.

A dear friend and orthodontist once told me, it takes 18 months for a start-up to feel afloat. I didn't believe him until I reached the 18-month mark! Once I left the corporate job, I could focus my energy on my private office only. I was able to refine the systems, run reports, train the team better, and understand the nuts and bolts of the practice. I started to spend my time in the office on admin days as well. Even though I had put in countless after hours during the corporate job, being in the practice on an admin day helped me understand what challenges the team faces and manages on a daily basis. Also, I could do more marketing events and meet with my referring dentists. My team and I worked at making the office a great place for patients and their families. I wanted to create an environment that is fun for the team and the patients. These efforts have led to amazing practice growth. As I said before, it's the time and commitment one puts in, that yields success.

PROORTHO: WHY DID YOU CHOOSE TO PRACTICE WHERE YOU ARE?

KAPADIA: When I first started searching for an office location, I looked at sites within the city that were close to Dallas downtown, with all the hustle and bustle around. I soon realized that with the rent prices and demographics I would have had a hard time setting up shop and growing a start-up. So, I started to look at sites about 30 - 45 minutes driving distance



from home. Sachse, is a city with a growing population, lots of young families, and plenty of good schools. The new household index was higher than the national average. Furthermore, the city did not have an Orthodontist. I wanted to serve a community where it would be mutually beneficial for them and me.

It is important for a start-up to choose the right location that is affordable with an underserved population.

“I don't want to be the best-kept secret in town.”

PROORTHO: WHAT MAKES YOU SPECIAL?

KAPADIA: I am very good as a clinician and can give people the smile they have been waiting for. I am honest and always put myself in the patient's shoes. I believe I am a fun-loving guy who enjoys working with both kids and adults. I can easily connect with kids because I get to be goofy and express my inner child freely. Also, I am a people person and animal lover. I give 100% to make sure each and every patient has a unique experience in our office.

PROORTHO: WHY DO PEOPLE COME SEE YOU FOR ORTHODONTICS?

KAPADIA: In today's world, our patients have many choices. People come see me because they've seen my results and have heard of our stellar customer service. My team and I are willing to go above and beyond to make the patient and their family happy. We are also the most affordable practice and are willing to work with everyone's budget. Orthodontics can be pricey for a family with multiple kids. We customize payment plans and work hard to make "getting a new smile" fit in any family's budget.

PROORTHO: WHAT ADVICE WOULD YOU GIVE A NEW GRADUATE?

KAPADIA: 1.) Work Hard and Smart. REAL HARD and SMART

Explore your options while in first year of residency. If you want to do a start-up, start working on your game plan as soon as possible. Start looking for a location, run demographic reports (doctordemographics.com), work on a budget. You can learn a lot by visiting other start-ups and meeting with general dentists in the area. Every market is unique. Find a way to cater to the underserved segment.

2.) Spend Less, Save More

When you have a ton of student debt to repay, it's okay to open your own shop in a few years. It's ok to work for another Orthodontist or in a corporate chain. It's ok to have a part-time job while you work on your own office. Many orthodontists hate corporate dentistry, but they've never worked in corporate to actually know what it is like. Not all "chains" are made alike. Find a part-time job that you like. It is important to spend less and not accumulate

too much debt. Live below your means as a student (and after you graduate). I am a spend thrift and struggle with saving money. But my spouse is the opposite and that certainly helps bring balance.

3.) Be Open Minded/ Don't Be Prejudiced

Welcome everyone into your practice, accept as many insurances as you can and treat a varied demographic. If patients can't afford treatment, make it affordable and help them out. Be amenable to change and learning new things. Being willing to change will lead to progress. Stay abreast of the emerging trends in Orthodontics.

4.) Find A Great Location

If you want to do a start-up, set yourself up for success by choosing a location that is growing and underserved. Find an affordable rent space rather than building from the ground up. Look at the national overhead averages presented by Bentson and Clark, JCO and make sure you can afford the space before leasing it. Look at the average new household index and population age groups in your desired area.

5.) Gather A Great Team

Finding team members that have great

work ethic and personality is not easy. But you will know in the first few months if they are the right fit for you and your office. Team members work hard for the practice every day and treating them with respect is essential. Equip the team with the tools they need to excel. Guide them when they ask for help and give timely feedback every day. Take care of your staff. Invest in them; take them to conferences and CE events for their professional and personal growth. What type of culture do you want in your practice? Define it, refine it. Find the right fit and retain them. You won't always be successful with every new hire. So be prepared to part ways when it's not the right fit.

6.) Offer Convenient Hours

Depending on the area, demographic, and competition you choose to practice in, you might have to open early mornings, late evenings, and/or Saturdays. Saturdays can either be extremely popular or have a lot of no shows, it depends on your demographic.

7.) Offer Great Customer Service

The doctor sets the tone of the practice. As a business owner, you are not allowed to have a "bad day" at work. No matter the



personal struggles, one must learn to keep a calm mind and smile on their face while at work. Providing stellar service and going above and beyond should be the norm. Everyone has a child within! Let the child out and have fun at work.

8.) CEs, Councils, Camaraderie

Join the various free online groups that provide practice tips and clinical pearls. Educate yourself on the business aspects of orthodontics by attending new and innovative meetings like MKS and Orthopreneur. Many a new grad has no idea how hard the AAO has worked in the past decades. Support your state and national constituencies. Without a unified front, the AAO or your state constituent can't do much. If you feel your state association isn't doing enough, serve on the board for a year before you decide not to renew the membership. Keep in touch with your colleagues, enjoy the camaraderie, and bounce ideas off of each other. These will be friends you make life!

9.) Get Awesome Branding

Don't just settle for a stock logo and print material. Differentiate yourself with branding. Let your brand reflect who you are and what you offer. Tooth logo or no tooth logo... doesn't matter. Pick your favorite colors and hire a great graphic designer. Get a sexy website. Stay in touch with the new and cool things on the market.

10.) Introduce yourself to PCDs and Specialists

Don't be afraid to go out and meet the doctors and their teams. They are our colleagues. Tell them about yourself and your practice. Don't stress out if they do some Ortho in their practice. My best PCD referrers do or did some Ortho in their practice. It takes time to build referral relationships. Don't quit working on it.

11.) The look

As a new kid on the block, be well groomed and professionally dressed. I find myself most comfortable in dress clothes. I love my ties and tie bars so I use them often too. You might be most comfortable

in scrubs. Great! Have them embroidered with your office logo and iron them. Give yourself straight teeth. If you haven't already, get braces/ clear aligners and straighten your teeth! "The look" also includes your office team. Their scrubs or biz clothes need to be wrinkle free and clean. It works best if the team uniforms are coordinated rather than everyone wearing different colored scrubs. Doctors, invest in team uniforms!

12.) Learn Social Media

I had to learn this. Learn how to create and manage a Facebook page. Learn how to run FB ads, Instagram ads, Google ads. Learn how to do Snapchat and make geofilters for your office (try pepperfilters.com). As a start-up it's hard to spend money on hiring an external company to do your marketing, so you must educate yourself with this.

13.) Tips from my Treatment Coordinator, Kandice

It's all about the relationship. From the moment the patients walk through the office door, treat them like you have been friends for years. Welcome them with a smile, say their name, break out the good guest towels, and keep the casual conversation flowing. Most importantly make them feel comfortable, like home. Keep the patient at ease and engaged. Remember that it is all about the patient and keep it real. Patients and parents will be able to tell if your interest in them is not genuine.

PROORTHO: WHAT DO YOU WISH YOU'D KNOWN WHEN YOU GRADUATED?

KAPADIA: I wish I had paid more attention to learning the business aspect of Orthodontics. It is very difficult for a resident to understand without actually being involved "hands-on" in a practice. My suggestion is that residency programs should send residents out on rotations to private offices to work for a month.

I also wish I'd have known that Invisalign is going to be this huge hit with the public. I love using it and it's a great

practice partner. I wish the corporate chain I worked for had offered it for their patients.

"I can easily connect with kids because I get to be goofy and express my inner child freely."

PROORTHO: WHAT WOULD YOU HAVE DONE DIFFERENTLY?

KAPADIA: I would have left the corporate office a little sooner and worked on the systems in my own office. I also would have spent more energy on advertising before opening doors, but due to my part-time job I was not able to. I believe that would have helped grow the practice faster.

PROORTHO: WHAT'S THE BEST DECISION YOU'VE EVER MADE PROFESSIONALLY?

KAPADIA: Being a member of the online Orthodontic forums has helped me grow professionally and personally. It has motivated me to try new techniques. It has opened my eyes to what's possible. It has kept me abreast with the latest technologies out there. And most importantly, it has connected me with the greatest minds in our profession.

PROORTHO: WHAT'S YOUR BIGGEST MISTAKE?

KAPADIA: My biggest mistake is not being able to find the ideal work life balance. I put my health and family on the back burner and took care of everything else. I need to get better at staying fit, eating healthier, and spending more time with family. I am aware of my weaknesses and am working to overcome them. 🚩

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Stability in Orthodontics

By Dr. Derek Bock

Stability in Orthodontics? What the hell is that? It's an age old debate that continues today in every clinical forum and study group; Like The Pragmatic Orthodontist and The Pragmatic Orthodontist Elite groups that I run. I often hear younger practitioners claiming that nothing is stable and ignoring basic mechanics and biology. While it may be true that absolute stability is a farce, we should not use it as a cover to produce REALLY unstable results. I'm not going to sit here and pretend that my cases don't relapse, because that wouldn't be true, but I am going to explain how I like to see it coming WELL before it happens. There are many reasons that 35% of my case starts are Phase I. One of those reasons is that it allows me to have relapse transparency.

Another reason is that it allows for my 2nd phase to be treated in a shorter amount of time, most of the time with a digital treatment modality.

Let's talk about relapse transparency. I've executed thousands of 2-phase orthodontic cases in my career. I've come up with a systematic approach for efficient and impactful change. I routinely use Haas palatal expanders (yes even in the absence of crossbite) with Damon PSL brackets. I skeletally expand Phase I cases between 9-12 mm and coordinate the maxillary and mandibular arches with Damon PSL brackets to match the expansion. I create arch length for the un-erupted permanent teeth, overcorrect maxillary anterior torques and retain. I use bonded retainers for the maxillary

and mandibular incisors with nighttime Hawley retainer wear (FIGURE 1). The Hawley retainers are discontinued when the maxillary and mandibular permanent canines begin to erupt (FIGURE2). I remove the fixed retainers when the upper and lower 4-4 are fully erupted, and I sit back and WATCH for potential relapse. Every case shows me some relapse, I view this as an golden opportunity for overcorrection in the 2nd phase. We explain to the patients and parents that we do all the 'heavy lifting' in the first phase and that some movement in between phases is anticipated. We explain to them that we want to see what movements we'll need to over-engineer in the 2nd phase so that we can provide a better, long term retention plan. 🎲



FIGURE 1



FIGURE 2



Initial: 4/25/2011
8Yrs 2Mos



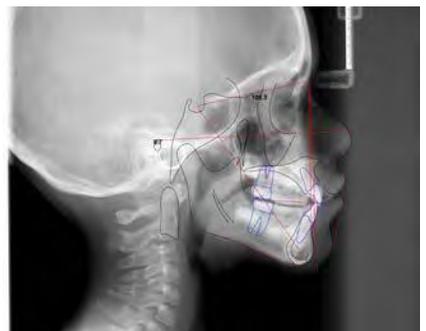
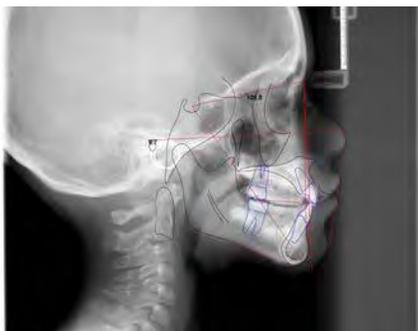
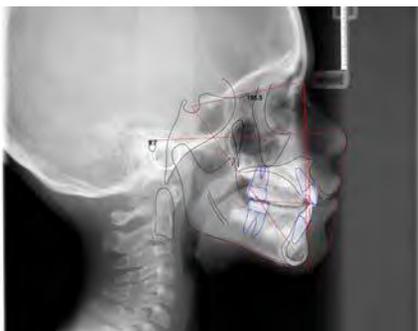
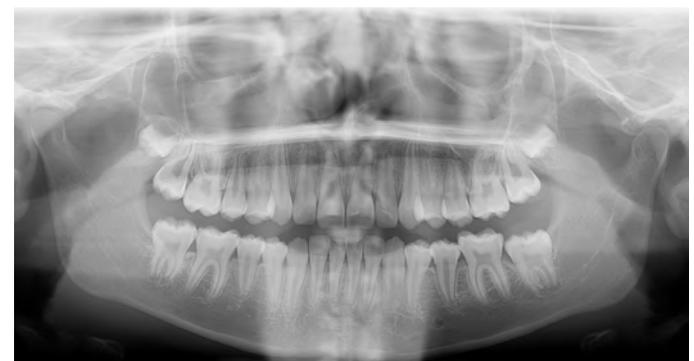
Progress: 12/2/2011
8Yrs 9Mos



Final: 7/16/2012
9Yrs 5Mos



ROBS2: 1/8/2015
11Yrs 11Mos





New Patient Exam Initial:
10/22/2012
7Yrs 4Mos



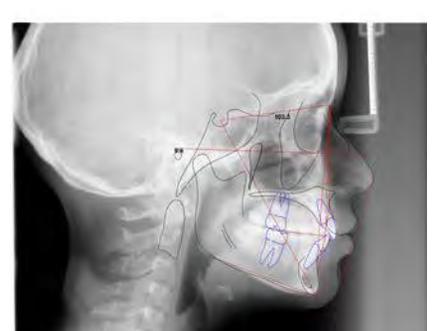
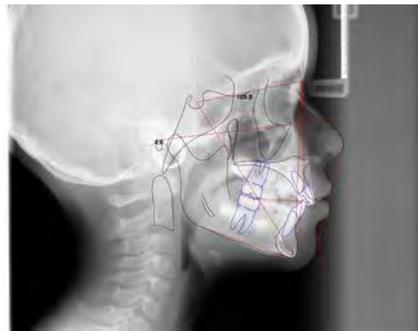
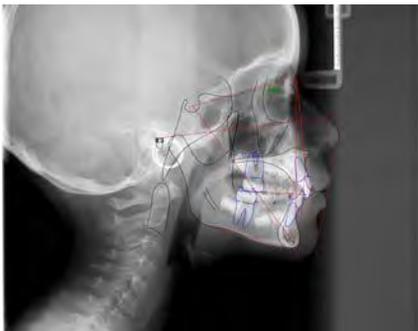
Progress: 10/21/2013
8Yrs 4Mos



Final: 5/28/2014
9Yrs 0Mos



ROBS2: 4/10/2017
11Yrs 10Mos





New Patient Exam-Initial:
8/23/2012
8Yrs 9Mos



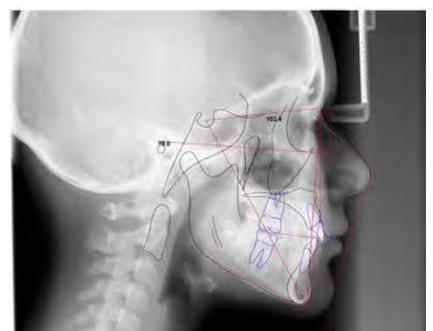
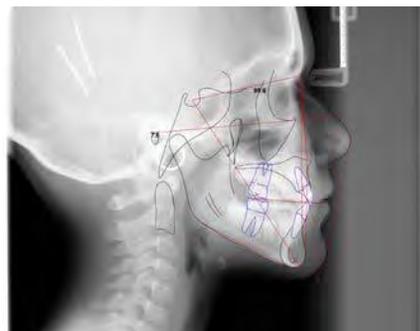
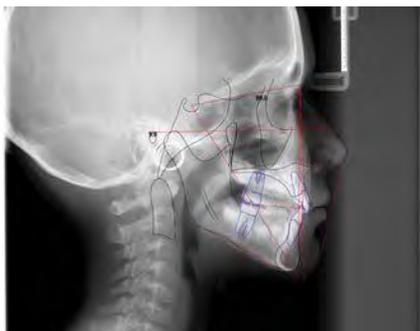
Progress: 9/25/2013
9Yrs 10Mos

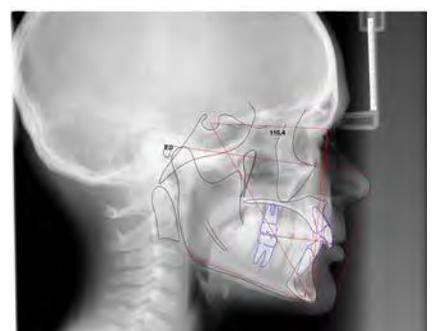
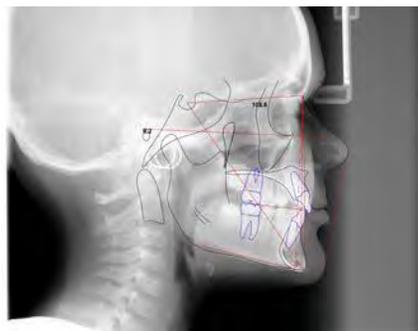
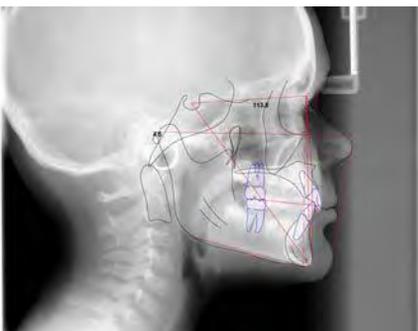


Final: 3/31/2014
10Yrs 5Mos



Initial: 1/14/2017
13Yrs 2Mos







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EASY RX

By Todd Blankenbecler

WHAT IS EASYRX?

EasyRx is universal lab prescription software for orthodontic practices and labs. EasyRx was developed to help practices and labs better manage the entire lab prescription process.

EasyRx core features include:

- Write patient appliance, aligner and indirect bonding prescriptions using the EasyRx Universal Orthodontic Lab Prescription form
- Manage lab prescriptions using features like the Prescription Dashboard, Desktop Notifications and the EasyRx Daily Digest Email
- Submit prescriptions to in-house and commercial labs
- Attach and store all digital files, included STL files
- 3D-Model - trim, base and label STL

files for 3D Printing

- In-House lab management

EASYRX IS ABOUT FORWARD THINKING AND ROBOTS, YES, ROBOTS



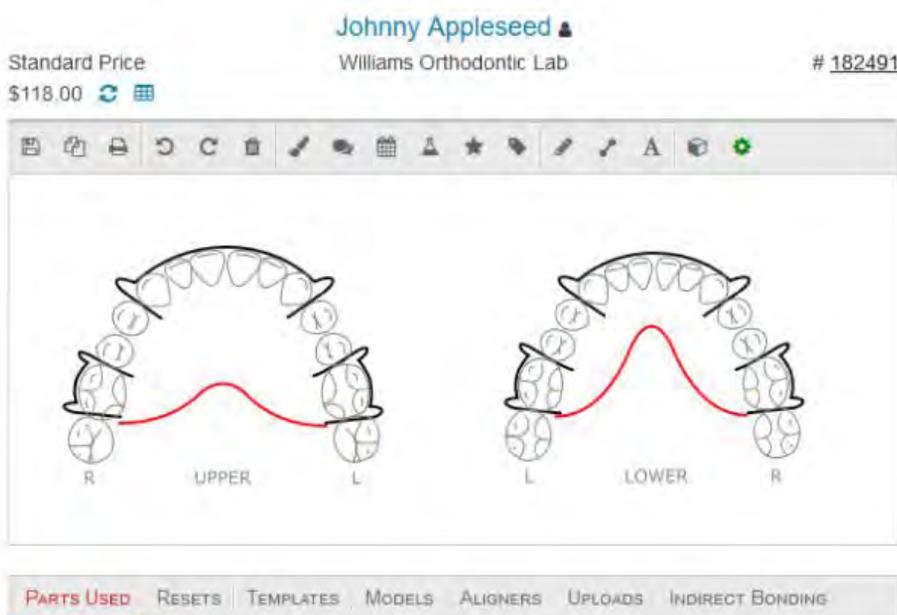
EasyRx is about forward thinking. We are challenging practices and labs to think differently, changing how appliance prescriptions are created and managed. Why? Because manual or paper systems are not going to work for the modern orthodontic practice. This fall, we are marketing robots, yes, robots, to

orthodontic practices. These robots can serve as a sort of practice concierge. They can greet patients, check in patients, answer questions about the practice and even escort patients to the clinic. Most importantly, they'll make the visit to a practice incredibly cool and interactive. We're doing this, not to become a robot company, although we may, we're doing this to create a culture of forward thinking. The orthodontic professional is rapidly changing and practices must adapt. We're bringing the robots to MKS this year, come by and check out the robots and EasyRx.

WHY NOW?

Dr. Marc Lemchen and I acquired a majority interest in EasyRx in 2016. As Dr. Lemchen and I started evaluating the current marketplace and the many ways practices are managing their lab prescriptions, we realized there isn't a fully integrated universal software solution available. Everyone is using some sort of manual prescription tracking system. It is almost like the paper accounting "peg board" systems back before practice management software. Sure, practices make them work. But these manual systems are very inefficient, burdensome, expensive, and really non-compliant. Several of the key issues we noticed include:

There is no universal, standard lab prescription submission process. Practices must use proprietary lab prescription forms and systems. These prescription forms were created by the labs for the labs. There are no practice-



centric solutions. Many times, these forms are simply PDF files posted on a public website, or logins to a web portal type solution. The prescription form must be downloaded, completed and scanned, or faxed to the lab. These forms often lead to simple mistakes or confusion due to handwritten comments or sketches. And if you work with multiple labs, you must work with multiple forms from multiple labs for multiple types of appliances.

The current manual systems really offer no way to efficiently manage and track prescriptions. Many times, there are only one or two staff members or lab techs responsible for tracking lab prescriptions. And their “system” is often a combination of worksheets, paper copies and handwritten notes. If you submit cases to multiple labs, you must track which cases were sent where and when, as well as the date they are due back. Communication between practices and labs is sort of “old school”; phone calls, emails, scanning prescription forms, even an occasional fax. If there is staff turnover in the lab or with the person responsible for lab prescriptions, the new employee must learn these proprietary systems or create a new system. During our presentations, we often ask, “Can you tell us the status of every case coming in next week in two minutes or less?” Almost always, the answer is, “No, we’ll need some time to research.” This is true regardless how the case was submitted to the lab and if it was digital or plaster.

We all know there is a strong industry trend toward “digital dentistry”, including intra-oral scanners, 3D printers, in-house labs etc. In just a few years, all models will be captured digitally. And these lab-centric prescription forms and manual systems simply are not built to properly handle a fully digital lab prescription submission process. An often-heard complaint from both practices and labs is that the lab prescription is submitted to the lab but the STL file comes

separately from the scanner software. This “disconnect” necessitates extra effort and time to connect prescriptions and digital files. And STL files end up stored all over the place, on local computers, scanner software platforms, etc. This isn’t good management of patient protected information. There is no fully integrated digital solution to manage lab prescriptions, STL files, and 3D Printer integrations all on one platform.



After evaluating the current systems and realizing there is no standard solution available, it seemed pretty obvious to us that the profession needs universal software solution that addresses all of these problems.

WHY EASYRX?

There are so many “Whys”. We feel EasyRx solves these problems and more. It greatly improves the practice-lab prescription process, which ultimately positively impacts the bottom line of the practice. Some key benefits of EasyRx:

- One application to manage all patient prescriptions and digital files, including 3D Model / STL files.
- One Prescription Form. Use the EasyRx Universal Lab Prescription Form to create all your lab prescriptions.
- The EasyRx Universal Library of Parts, Appliances and Templates allows for prescription standardization across the entire practice.
- Manage and track all your cases, with ease, using features like the Prescription

Dashboard, Desktop Notifications and the EasyRx Daily Digest email.

- The patient’s complete prescription history is stored in EasyRx, including all supporting digital files.
- Access your lab prescriptions at anytime from anywhere. EasyRx is a 100% cloud / browser software.
- EasyRx prescriptions reduce common errors seen on confusing and sometimes indecipherable hand-drawn prescription sketches.
- Enter Prescription Feedback, providing feedback to your labs on the quality of the prescriptions, including quality of impressions, clarity of instructions, and cases returned and delivered to patient on time.
- Connect your Rx’s and STL files on a product built for orthodontic lab prescriptions. No longer rely on proprietary lab Rx systems and third-party file sharing services.
- Submit prescriptions to any lab, in-house or commercial, using EasyRx.
- Stop juggling different portal log-ins and submitting STL files separately to your labs.
- Efficient and secure communication with your labs, improving your HIPAA compliance
- Manage your in-house lab, improving control, accountability and efficiency.
- Monitor appliance costs in real-time as the appliance prescription is submitted. Know the cost of the appliance as you prescribe it, allowing the doctor to charge the patient more appropriately with whatever degree of transparency they elect.
- Eliminates “lost” appliances that result in a doctor’s practice absorbing the cost of appliances that are never delivered to the patient, whether through an in-house or outside lab.
- Use EasyRx3D to integrate EasyRx with your 3D printing process. Trim, base and label STL files, prepping them for printing.

CREATE RX		Submitted Prescriptions							
		Submitted Date	All Dates	Offices (All)	Doctors (All)	Received: All	Delivered: No	Search this queue	
ID	Patient	Tags	Office	Doctor	Laboratory	Date Needed	Rec'd	Del'd	view
182509	Shawn Hall		Atlanta	Joanne McLaughlin	Farrow Orthodontic Lab	8/24/17	N	N	view
182506	Tony Garrido		Woodstock	Sam Winston	Farrow Orthodontic Lab	8/24/17	N	N	view
182505	Jimmy Ray		Atlanta	Sam Winston	TW Demo Practice In-House Lab	8/16/17	Y	N	view
182502	Shawn Hall		Atlanta	Sam Winston	TW Demo Practice In-House Lab	8/15/17	N	N	view
182501	Chad Davis		Atlanta	Sam Winston	TW Demo Practice In-House Lab	8/15/17	N	N	view
182500	Kyle Young		Atlanta	Sam Winston	Williams Orthodontic Lab	8/23/17	N	N	view
182495	Johnny Appleseed		Atlanta	Sam Winston	Farrow Orthodontic Lab	8/11/17	N	N	view
182494	Lori Chandler		Atlanta	Joanne McLaughlin	Farrow Orthodontic Lab	8/16/17	N	N	view
182492	Johnny Appleseed		Atlanta	Joanne McLaughlin	Farrow Orthodontic Lab	8/7/17	N	N	view

- One click remakes and repairs appliances!
- Easily confirm that appliances are ready for patient appointments, improving the patient experience and reducing rescheduled appointments.
- No longer rely on one or two staff for prescription management and tracking, reducing costs and frustration.
- Protect your prescription data as your data is securely stored on the Amazon Web Service platform and backed up per ADA and HIPAA mandates.
- Integrates with the iTero® and TRIOS® intra-oral scanner (other scanner integrations pending)
- Integrates with Cloud 9, Dolphin, Oasys, OrthoTrac and topsOrtho software (other software integrations pending).

NO INTRA-ORAL SCANNER? NO PROBLEM

The many benefits of EasyRx apply to be digital or practices using plaster models to implement EasyRx. Prescriptions created via EasyRx are neat,

legible and consistent. Once a prescription is submitted, it can be printed and included in the box with the models, then shipped to the lab. The printed prescription even includes a handy barcode that the lab can scan when the models and prescription are received. This way, labs get a clean and easy-to-read PDF printout instead of a potentially messy and illegible sketch. This eliminates extra phone calls or the lab not being able to accurately follow the prescription. And prescriptions are automatically tracked and managed within EasyRx. For example, check the status of a case at anytime from anywhere; order a re-make with one click; confirm if a case is back prior to the patient appointment.

PERFECT FOR MULTIPLE-LOCATIONS, MULTIPLE-DOCTOR PRACTICES

EasyRx is 100% cloud / browser based. The handling of multiple locations, multiple doctors and multiple users is fully supported. Additionally, practices can create individual logins to EasyRx

with assigned security rights, allowing the practice to monitor and track who worked on lab prescriptions.

WHAT WE OFFER

EasyRx offers two products, EasyRx Practice and EasyRx Lab, through annual or monthly subscription plans. Practices can choose from three subscription plans - Premium, Standard or Per Script. There is no charge for labs to receive EasyRx prescriptions -- we want practices to tell their labs to accept cases via EasyRx. Optionally, labs can choose to pay monthly for integrated workflow, production and invoice solutions.

CONTACT EASYRX:

We hope many readers will want to take a closer look at EasyRx and learn more about our exciting enhancements and innovations.

Our website is easyrxortho.com, our phone number is 1-888-340-3751, and our email address is sales@easyrxortho.com. 



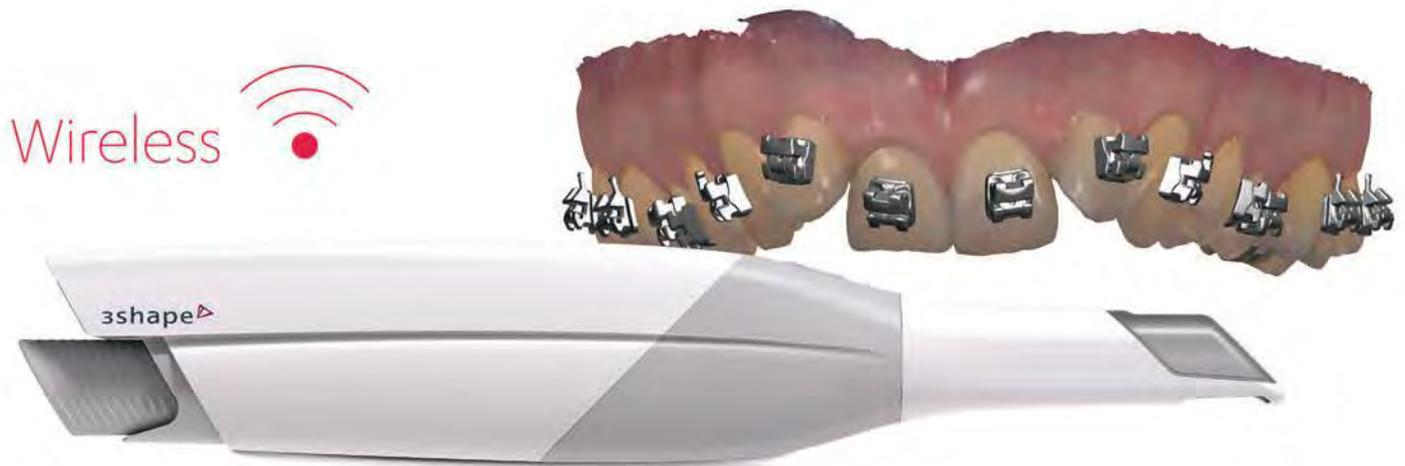
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— Dr. Thomas Lee

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Get Out Of *YOUR* Way

By Dr. Ben Fishbein

This year we've had the pleasure of hosting more than a dozen orthodontists and their team members at our office for the day, and have learned so much from them. We've received many questions, and have also asked many questions. My operations manager and I will often discuss all of the conversations each one of us have had with our visiting doctors and team members. Besides learning a great deal from every one of our visitors, and making great friends, there is one consistent message that seems to resonate with us after every discussion.

GET OUT OF YOUR WAY!

The discussion usually goes somewhat like this: "I'm doing X, but I want to be doing Y, but I can't because of Z." So what is Z?

Z takes the form of many things. We've heard the number of 'competitors' surrounding them. We've also heard that that Z is too many of their potential patient's only shop around for the best price. Z is that their community can't afford braces. Or Z is their current patients would get upset if they made changes to their practice. Z is also that

nobody wants to come in on Fridays anyways. Z is that patients don't show up on Saturdays. Z is the way it's always been done. Z is that only bad orthodontists advertise and accept insurance. Z is that an orthodontist can't possibly provide high quality care and see a large number of patients per day. Z is that their geographical location wouldn't be receptive to that kind of idea. Z is you've tried it already, and you're not willing to try it again. Z is that it just won't work!

Z also takes the form of lifestyle choices – and this is okay as long as one accepts that this is a decision to benefit

IMPOSSIBLE

lifestyle and not business. Maybe Z is only wanting to work 3 days per week. Or Z is extended vacation time. Z is consistently taking 3 or 4 day weekends. Z is having to live in a certain city. You cannot fault anyone for wanting these things, but sometimes in order to get to where you want to go, sacrifices must be made.

What is Z? Z is you getting in your way. Z is holding firm to your beliefs. So there's only one option, you must remove your belief that Z exists!

LOOK IN THE MIRROR, NOT OUT THE WINDOW

Competition can come in many forms. Not only can other local orthodontists, general dentists who perform orthodontics, or a direct to consumer teeth-straightening system be considered competition. Best Buy, a family vacation, or pretty much anything that takes up the disposable income that would be used for orthodontic care by you, a specialist, is competition as well.

Perhaps one of the most common perceived obstacles in getting from

where you are to where you want to be is competition. Sure, one can easily make the argument that there is more competition from local orthodontist now than a decade ago. With more orthodontic residencies opening up with larger class sizes, and orthodontists taking longer to retire, simple math tells us that there are more orthodontists now than ever before.

"Best Buy, a family vacation, or pretty much anything that takes up the disposable income that would be used for orthodontic care by you, a specialist, is competition as well."

And this isn't a bad thing. According to recent studies, less than 10% of the US

population currently receives orthodontic treatment. There are a number of reasons why this number is so low, but perhaps the most significant one is that most Americans simply cannot afford it. Maybe it's time to look in the mirror and evaluate how we can make orthodontics more affordable to our potential patients, rather than out the window at our competitors.

What's better yet is that today's technology allows us to treat more patients at a lower cost to us than ever before. With digital treatment and clear removable aligners, we can increase appointment intervals longer with more predictable treatment outcomes. Increasing appointment intervals, or decreasing patient chair time allows us to decrease our overhead costs and make orthodontics more affordable.

WHETHER YOU THINK YOU CAN, OR THINK YOU CAN'T - YOU'RE RIGHT

Henry Ford, the founder of the Ford Motor Company, said the above quote to



let those around him know that getting what you want out of life is believing you can have it. It is human nature to follow what we think and what we believe to be true. Our mindset is perhaps the strongest influence that is present in our life.

“There is not much that can get in our way. Except for ourselves! Push the envelope, challenge your beliefs, and get out of your way!”

Do you think you can see more patients per day? Or think you can't? Either way you're probably right! There seems to be a common misconception among orthodontists that the number of patients seen per day and the quality of orthodontic care are inversely related. One cannot argue that by seeing fewer patients, you are able to spend more one

on one time with every patient and/or parent, but what does this have to do with providing high quality orthodontic care? I have found that high quality orthodontic care has no relationship to the number of patients seen per day, but instead to a knowledgeable and caring orthodontist, a well trained staff, and great systems.

FOCUS ON THE 95%, NOT THE 5%

Have you ever noticed that when bringing up a new idea to your team that someone shoots down the idea due to how one or a few patients may react? When discussing doing a limited time promotion or special discount for braces during a slow time of the year, inevitably someone says, “but what about if a current patient mentions it.” And if one patient were to mention it what would happen!?

I have always found it funny that many of our practice decisions are made based on the outliers (the 5%) rather than the majority of our patients (the 95%). We are so scared about how a small portion of our patients may react to something, that we are often too scared to do it, even if it

will benefit the other 95% of our potential patients.

For example, if you were to offer a \$500 off promotion during a slow month, and you received 95 new patients from it, but 5 of your current patients demanded that they should receive the same deal, would it be worth it? Even if you honored the promotion for those 5 patients? Of course it would! But businesses run promotions all the time (yes even healthcare businesses), so it's very unlikely that anyone would ask for the same promotion, and you wouldn't have any legal obligation to honor the promotion anyway. But even if you did, it would still be worth it! So focus on the 95%, not the 5%!

As orthodontists, we fortunately have the potential for enormous financial and personal success. There is not much that can get in our way. Except for ourselves! Push the envelope, challenge your beliefs, and get out of your way!

“Growth is painful, change is painful, but nothing is as painful as staying stuck somewhere you don't belong”

– Mandy Hale 📌



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Marketing Prospects Need to Be Sold

By Angela Weber

When prospective patients come to your office via a referral, they are already pre-sold in a sense. The prospect comes to you with a level of trust in your talents. No matter if the referral source was a dentist or a satisfied patient, much of the heavy lifting has already been done for you. It makes signing them up for treatment, while not assured, a good deal easier than when a patient comes to you cold through your marketing endeavors.

Your practice has certainly invested in some degree of marketing. Do you have a website, run a Facebook page, and advertise in local publications? Good. Hopefully your efforts are generating leads. But here, you don't have a referral source to do any of the selling for you. You must do it yourself. The problem is most orthodontic practices aren't trained salespeople.

I recall a situation when a bracket company started crafting direct-to-consumer marketing that drove potential patients to a doctor affiliate. The prospects rarely converted, and the marketing push didn't last too long. Was it a failed marketing attempt or a failed conversion attempt?

“Simply creating a well-thought out marketing program is tough even for savvy marketers.”

Marketing is essential, as referrals typically aren't enough to fill a practice's schedule and are shrinking as a % of overall orthodontic patient base. Orthodontists are shifting their efforts towards marketing their practice beyond doctor and patient referrals. As more orthodontists begin allocating a portion of revenue to experimenting with new marketing channels, the struggle begins. Simply creating a well-thought out marketing program is tough even for savvy marketers. But once new patients leads start coming in, what's next?

As explained in my Q3 Progressive Orthodontist article “The Buyers Journey,” consumers go through a set of steps on their way to making a purchase. The three major components of this journey are Awareness, Consideration, and Decision.





For example, the Awareness stage covers referrals; Awareness also covers your marketing efforts, because marketing translates into how many buyers become aware of your practice.

“Adjusting your performance goals and placing greater focus on number of starts and measuring ROI can save the team a lot of frustration.”

During the Consideration stage, consider that each caller or lead has varying degrees of information about your practice. Some were referred and are already eager to come in for a consultation. Some know next to nothing about you except they saw an online special and are calling for pricing verification. Others saw that same ad but visited your website and checked out online

reviews before calling. Can you handle each call the same? I suppose, but if you do, you probably shouldn't expect the same conversion rates.

Let's drill down to one of these types of prospects. Suppose you're dealing with a person who only saw an online ad and is calling the practice for more information. How your office handles the call could go a couple of ways:

Scenario 1: The front desk tells patient that it's best to come in for a consultation, and the doctor will address all questions during the appointment. After all, that's why the appointment is free.

Scenario 2: The front desk discusses the process and sets pricing expectations. Then directs patient to the website for more information and mails a follow-up patient packet that includes patient testimonials and before/after examples.

Which of these scenarios increases the chance of conversion? As always, it depends on the person, but remember that for a consumer, making and keeping a free appointment is still a commitment of time and energy. Pressing a prospective patient

to come in before they're ready could mean they don't come in at all.

IF YOUR PRACTICE IS HAVING TROUBLE WITH NEW PATIENT STARTS, YOU MAY NEED TO RETHINK YOUR SELLING:

Develop call scripting

Your initial conversation should determine where the caller stands in the buyer's journey and how familiar they are with your practice. The approach used to handle referral calls should be different from the one used in response to marketing. Think about the different types of people calling and how to guide them along the path to signing up for treatment.

Track and evaluate

Have the person answering inquiries keep track of each one and what happened. Analyze this data on a regular basis to learn what's working and what isn't.

Adjust expectations

Learn to love the "shoppers", those who ask lots and lots of questions and take their sweet time making decisions. Instead



of thinking of them as time-wasters, you should consider them motivated to get orthodontic treatment. They just need extra motivation to get orthodontic treatment from you.

Marketing efforts can have a negative impact on traditional best practice KPI's. Adjusting your performance goals and placing greater focus on number of starts and measuring ROI can save the team a lot of frustration. Patient conversion rates might decrease, but if starts are improving, that's what really matters.

"Once a patient makes a call to your office, it's up to you to convert them."

Don't be so secretive

I know that most consultants say you should try to avoid giving prices over the phone, but why? People want to know. Did you know the most searched-for term related to braces is "cost of braces"? I guess

people search for answers online because most orthodontic practices are tight-lipped about pricing. But if your practice believes in transparency and building an authentic relationship, then be transparent on the new patient phone call.

But put your consumer hat on for a moment. When has a business's refusal to give you information over the phone ever made you feel warm and fuzzy toward it? Also, think about how uncomfortable you'd feel if you came in for a consultation only to hear in front of your child a price that was unaffordable for you.

When you avoid discussing prices, you're giving up an opportunity to educate a potential patient. If you can't give an exact cost, an explanation of the range, your fee structure, and payment options can still go a long way.

Follow up strategically

From that first phone call until the consultation, it's crucial to keep the potential patient motivated. If you don't, there's a much higher probability of a no-show. Ask yourself what touches

you can make in between the call and the consultation. What information can you give before, during, and after the consultation to increase the likelihood of a treatment contract? Here are some ideas:

- Direct them to online reviews
- Prepare a sheet about 10 reasons you they should select you
- Verify insurance coverage
- Give them an idea of what braces can do
- Get them excited to choose from different possible treatment options
- Do something original to indicate your "Wow" approach to customer service
- Encourage them to Like your Facebook page

Marketing is about introducing your brand to a wider patient base, but also, marketing will only get you partway to your new-start goals. Once a patient makes a call to your office, it's up to you to convert them. Each new patient lead is an opportunity to introduce your brand and educate the consumer. Be their guide through the customer journey until they become your next patient. 🎲

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THE INVISIBLE ORTHODONTIST

By Nick Duncan

For the first time, this year's event did not feature a clinical keynote speaker. Instead, Ben and Bridget Burris led separate staff and doctor sessions and the group quickly launched into full collaboration mode. There was a distinct focus on the business of orthodontics and more specifically, what the future holds. This group is particularly comfortable embracing disruptive technology. It was their vision about what Invisalign was about to become that brought them together back in 2010 and allowed them to quickly establish themselves as the aligner experts amongst both clinicians and patients. To date, the group still does almost half of all the Invisalign cases submitted by specialists in Australia

despite representing less than 10% of the orthodontic population.

Nick Duncan, the CEO of The Invisible Orthodontist made the following comment about this year's meeting:

“When you look at technology in orthodontics in 2017, it's important to look past its current applications and see what it's telling you about the future. 3D printers, increased competition in the aligner market, direct to consumer treatment, artificial intelligence, remote patient monitoring. The undeniable fact is that the business of orthodontics is changing and it's changing very quickly. Many of the constraints that dictate certain aspects of orthodontics are going

to disappear and to the orthodontist, that has major implications. One of our core functions is to keep our members ahead of the curve, just like we did when Invisalign came onto the scene so our message at this meeting wasn't one of fear and risk. It was all about the opportunity that comes with disruption and how we as a group can position ourselves for the next 20 plus years.”

The Invisible Orthodontist was formed in Australia by Dr Grant Duncan and his son Nick Duncan. They currently work with over 100 doctors in Australia, the UK and California and are planning an expansion to other US territories late in 2017. 🎲





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Asset Protection for Orthodontists

By Steve Novak

BASIC PRINCIPLES AND ESSENTIALS

Asset protection is often a subject of great mystery and misunderstanding. One first needs to understand what can be accomplished through a good asset protection plan. Don't think of asset protection in absolutes. A person or an asset is rarely, if ever, fully protected from or fully exposed to potential creditors. There are various asset protection techniques that offer basic protection to a more complex and comprehensive protection plan. Both ends of this spectrum vary in the degree of protection.

It is important to consider that asset protection requires an understanding of a counterintuitive notion: if you attempt to protect everything, you are likely protecting nothing. The goal of a strong and successful asset protection plan should insulate and protect the larger long-term investment assets of your estate, while leaving the smaller assets exposed. Trying to shield personal use assets such as cars, lake house, jet skis, etc. can weaken the asset protection for your larger long-term investment assets. If you personally are dependent upon, or regularly personally enjoy assets inside what is supposed to be a 'business' entity, you weaken the argument that the entity was

truly created for business purposes. Another important consideration is optics. Suppose for a moment that someone successfully sues you and you are standing before the judge explaining the nature and extent of the assets that are available to satisfy the judgment against you. You have established a partnership (discussed below) for asset protection and other purposes. You explain to the judge that your investment assets are protected inside a partnership, but you also have a lake house, jet skis, and a Ferrari, and they are also held inside that same partnership. Is the judge more or less likely to then try as hard as possible to find holes in the operation or setup of your partnership? Does your partnership look like a legitimate business entity established for investment purposes, or does it look more like your alter ego?

"If you attempt to protect everything, you are likely protecting nothing."

Finally, timing is everything. Once you have good reason to believe that you might be sued for something, or

have actually been sued, it is too late to do anything about protecting yourself from that lawsuit. The time to do your asset protection planning is when things are going well and you have no knowledge of any lawsuits on the horizon. The longer the plan is in place and operated properly before running into a lawsuit, the stronger the plan will be.

Most often your asset protection plan is developed as part of a larger estate plan, developed with a core team of advisors including: your estate planning attorney, your investment advisor, and your CPA. It is essential that your team is fully aligned with their core competencies integrated in a coordinated manner to keep your plan operating as intended. In my own estate planning practice, I work closely with Chris Graham, Senior Vice President, and Financial Advisor in Wealth Management for Morgan Stanley. Together, we operate like a client's own "virtual family office", advising on investments, drafting legal documents, and filing returns, but who also understand the importance of every essential aspect of the plan working in concert and having nothing fall through the cracks. If this happens the right way, over time the asset protection plan becomes that much stronger.



UNIQUE CHALLENGES FOR ASSET PROTECTION TECHNIQUES

The largest asset protection hurdle for orthodontists is that they provide personal services in order to generate revenue. Most orthodontists create Professional Limited Liability Companies, Professional Associations, or Professional Corporations to protect their practices, but those types of entities are really only designed to protect against the acts of other professionals in the practice, and therefore orthodontists are left to rely solely on malpractice insurance to cover their own acts in the practice. Therefore, with professionals who provide personal services, the name of the game becomes protecting the investment assets outside the professional practice.

There are a range of techniques that can be used to move the orthodontist

along the spectrum of asset protection. A basic marital property agreement can give exposed investment assets to a non-professional spouse, while the professional receives assets that might already be protected under state law (such as the home, if you live in a state like Texas). Or more complex techniques like an irrevocable trust that can be used to not only provide asset protection, but also save estate tax for those that find themselves with taxable estates (currently estates above \$11 million for a married couple).

Most professionals find that a technique in the middle of the asset protection spectrum, like the family limited partnership (FLP), gets them to a sufficiently comfortable place. FLPs are regular partnerships that happen to have family members as partners. Most states have laws that protect the limited partners from liability generated inside the partnership, but more importantly,

many states also protect the partnership itself and its assets from being reached directly by creditors of the partners. In many cases (where the partnership is established with investment assets only and run properly – see above) a judgment creditor of a partner would only be able to receive something called a charging order against the partnership, allowing the creditor to only receive distributions from the partnership as they are made. This puts the creditor in the position of waiting for distributions, which in turn tends to encourage the creditor to settle, rather than wait.

Once again it is essential that your investment, legal, and accounting team understand not only the components of your plan, but why the various components were put in place, so that mistakes are not made and the plan becomes stronger over time. 🧩

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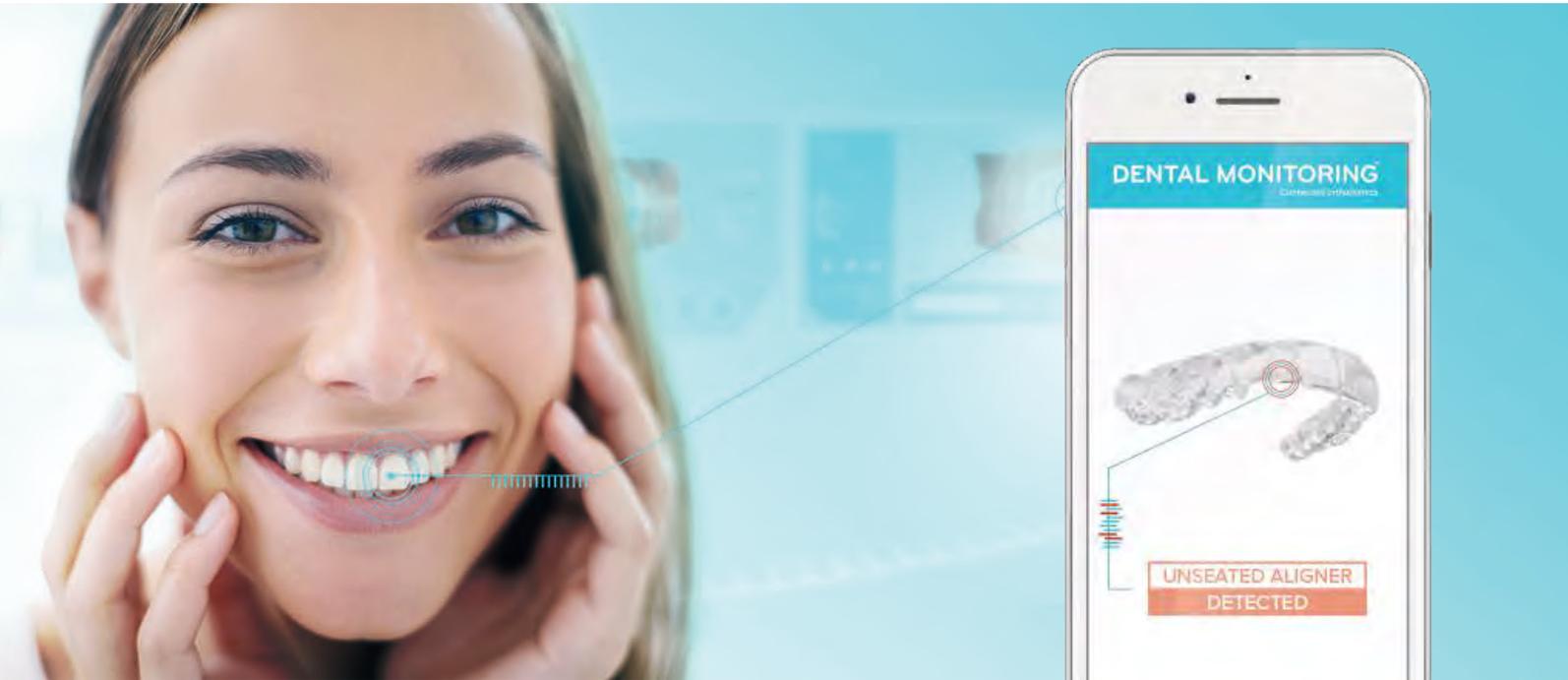


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Orthodontics IS a Commodity: Welcome to the Price Is Right

"Come on down! You're the next contestant on The Price is Right."

Orthodontic treatment: "I'd like to guess \$5000.00, Bob."

"I'm sorry you've overbid! The actual retail value of orthodontic treatment is \$3000. You have five years to get your price in line."

No, we are not crazy.

Yes, this is coming.

No, it's not a wake up one day to the apocalypse prediction and it won't affect every practice in every area all at once. All cultural and economic shifts take time for full penetrance. Think about how long it took for eye exams to go from ophthalmologists to optometrists to Costco.

If you're in California, Florida, Utah, New York or any metropolitan area the price of what we are selling may go lower and get there more quickly.

If you're in a remote area where orthodontists don't want to live then the price may be higher and it may take longer for market forces to force your fees down.

If you are truly a boutique practice (not just someone who believes they are) that offers exceptional service and results, you may never see a reduction in price. However, try and find a Maybach dealership right now or spot one of the 44 sold in the US. You won't, Mercedes shut down the brand since it was cost prohibitive for even the wealthiest customers.

We can't speak to the individual circumstances facing every single practice of course but we can speak with great certainty as to where the orthodontic

market is headed. There has been incredible change in the orthodontic landscape in the last three years and much of it occurred without fanfare or even notice. It's only now with the enhanced vision of hindsight that the true magnitude and scope are even recognizable. We have mistakenly blamed general dentists for the change in the past but these dentists do such little volume that they can't account for the massive changes we've seen. So what IS causing the massive disruption we feel all around us? Let's look at a few factors:

1.) This is the United States of America and in 'merica the price for goods and services tends to go down over time. We know you all like the old analogy/ assumption that states "...if orthodontic prices went up like car prices did; then braces would be 60,000 dollars". This is very flawed thinking. If you look at what cars used to cost and what features and gas mileage that cars used to have vs. what a car costs now and what they can do then the price hasn't increased much and has probably decreased when you factor in inflation. For this to be a reasonable analogy, orthodontic treatment needs to have significantly improved in technique, efficiency, and effectiveness. It hasn't happened in the last 30 years. . The other

issue is that the fixed overhead of building a car is one heck of a lot higher than it is for orthodontics and the margins car makers get are a tiny percentage of what orthodontists reap! The reality is that when you have more sellers with more capacity delivering a service and the price of the associated raw materials goes down; the price of the service delivered will go down. Period.

2.) DSOs are a serious force in dentistry. I'm not bashing DSOs here. Corporate dentistry is good for patients and good for dentistry. DSOs are forcing us to become more efficient and forcing us to increase access to care. This will only continue, intensify and speed up as consolidation hits orthodontics with full force over the next three years.

3.) Invisalign is the undisputed master of demand creation in orthodontics. They were and are the driving force in promoting orthodontics as something to be desired and attained by everyone with teeth. Align and the Invisalign brand is and will be a massive force in orthodontics and Align will continue to tighten control on the use of their brand and who which providers receive referral of THEIR consumer leads. The result will be that those who do more

Invisalign volume will have access to captive consumers. What's the easiest way to increase Invisalign volume? LOWER FEES.

4.) SmileDirectClub has changed the game. Remember when digital cameras came out? They were terrible and no one thought they would ever replace film cameras. Kodak believed that they were a film seller/processor not an image provider but they totally missed the paradigm shift. How many times have we seen this same story unfold? A disruptive technology or delivery model enters an established industry and is initially dismissed or ignored but eventually dominates the landscape. We know you still haven't read *The Innovator's Dilemma* but you really, really should as it will explain exactly what will happen in orthodontics over the next five years. Think about every e-commerce vs. brick and mortar sales outlet you've ever read about and apply that to our industry. In less than 5 years SmileDirectClub will treat more orthodontic patients every year than ALL THE ORTHODONTISTS IN THE U.S. COMBINED. Yes, you heard us right. What will that do to orthodontic market? What will that mean to you? Just because you don't think they can do it, doesn't mean you are correct... even if your friends all agree with you! By the way, that's called groupthink and it's dangerous.

5.) Human nature is consistent. People want faster, easier, more convenient, and less expensive. This is nothing new or specific to orthodontics. It's just people. Why is the fee for orthodontics 5-7 thousand dollars? Why do consumers have to make so many visits to the orthodontic office? Why does it take 2 years? Wait; think before you answer... the honest answer is that there is no basis for our fee or clinical methodology other than what others have done before us. We've said for at least 4 or 5 years that the price of orthodontics is headed for 3000 dollars and we've not seen anything to convince us otherwise. The fair price is the price the market will bear. The

market has borne our unnaturally high fees for a very long time but we firmly believe that is about to change and change rapidly. Adam Smith's concept of the invisible hand of a free market economy states that through their own self-interest the actions of individuals or businesses unintentionally benefit society. Are you still not sure how the concept of the at home aligner therapy for \$1500 is benefiting orthodontics?

6.) The increasing supply of orthodontists is another factor that will drive our commodity to a \$3000 price tag. More schools are opening but, more importantly, orthodontists are practicing longer and have greatly increased their capacity. As a result, there is a busyness problem in the marketplace. For as much as capacity has increased in any given practice, no practice is at full capacity AND they are generally dealing with a higher overhead. Combine this with the desire of most graduates to go to oversaturated areas while carrying a massive debt load and you can bet your boots that these newly minted orthodontists will do whatever it takes to get patients in the door. Guess what that means? OFFERING LOWER FEES.

7.) The recent Texas court ruling and the American Dental Association's reaction to it will also have an effect on orthodontic fees. If you've been living in a bubble and don't know what we're talking about, the lawsuit in Texas challenged the State Board of Dentistry's definition of who could and couldn't call themselves a specialist. The Board lost the case and the decision was based on constitutional law which more or less stated that if you have taken some type of educational program (loosely defined) on practicing the specialty; then you could call yourself a specialist. The American Dental Association's knee-jerk response was to rewrite their Principles of Ethics and Code of Professional Conduct. They now stipulate that a dentist can ethically present themselves as a specialist if they meet the educational requirements accepted by the jurisdiction in which they practice. What's next partner?

Orthodontics is a great gig and will continue to be so for those who can get their heads right. You can't charge more than people will pay. You can't run a business without customers no matter how good you think you are at aligning teeth. We are not owed or entitled to anything and we must change with the times just like any other business. The future of clear aligners is clear and will have a massive impact on our specialty. The future of orthodontics is even clearer.

How will you prepare yourself and your practice to thrive in the new reality?

The best approach from where we're sitting is to Modulate Service to Fit Price. What we mean by that is one should find a price point that is attractive to the majority of people and provide a service tailored to that price. Your practice must be consumer centered and practice profitable. It's a tough concept for orthodontists who see decision-making as 100% dichotomous—the right way and the wrong way. From an ethics point of view this mindset sometimes works but from a practice management standpoint a glass of hemlock yields a more guaranteed result. If you cling to this common but unrealistic belief system then you'll have to move up market. WAY UP MARKET. If you can, good for you! However, only a very few in our specialty can charge massive fees and get them in the present market. The rest of us who try to go up market will just get our feelings hurt and possibly suffer much more if our self-assessment is off and our former consumers vote with their feet. Remember you can't have it both ways. Claiming to be the best in service and results while getting upset that others around you charge less is an untenable position but one inhabited by many orthodontists. If you can re-engineer your practice to abide the predicted reality, a fortune in fabulous prizes will still await you now that you know The Price IS Right!

Drs. Marc Ackerman and Ben Burris 



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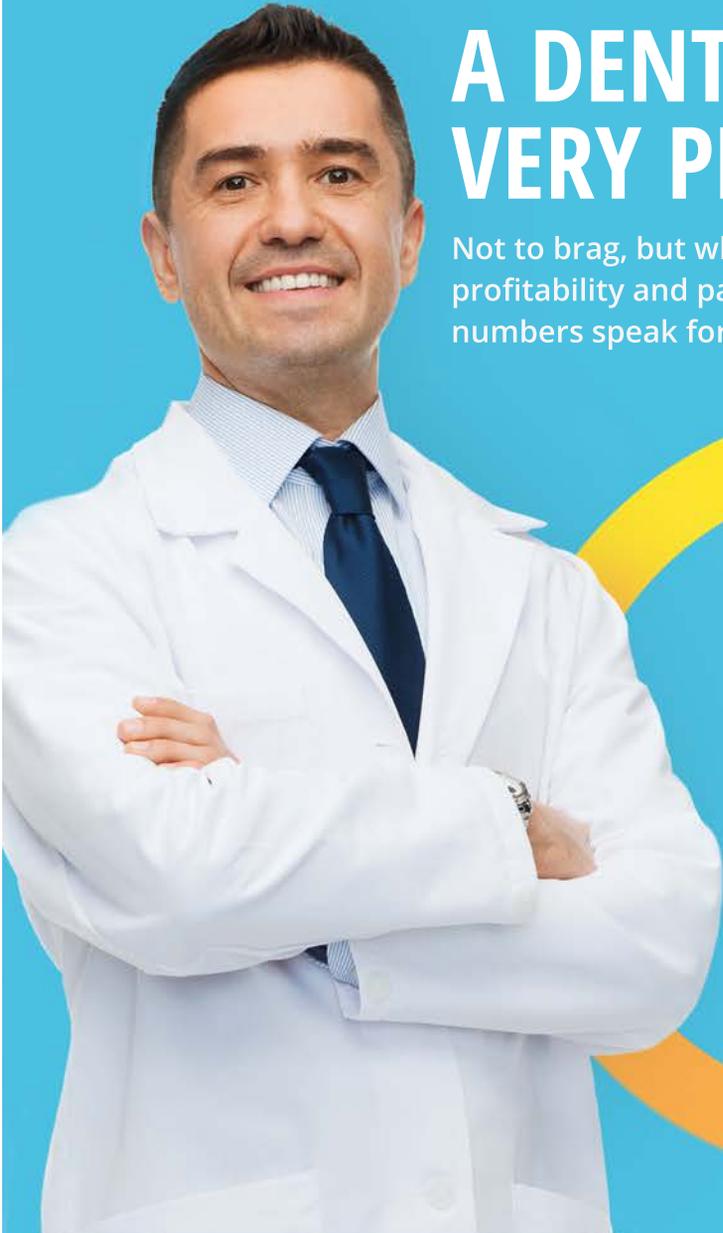
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Why is 3000 better than 5500

We have discussed repeatedly our belief that the average fee for orthodontic treatment will trend lower. This prediction has been met with shock and horror from the majority of orthodontists who automatically assume a lower fee means lower “quality”, a terrible office space, the wrong kind of patients, less profitability and being overrun by “those people”. It’s funny how a different perspective can impact one’s vision of the future if you’re open to it. Far from doom and gloom, we foresee lower prices leading to much greater market penetration due to increased affordability and this leading to increased profitability and sustainability for the orthodontic enterprises who understand what is happening.

“There is absolutely no basis for the average orthodontic fee.”

There is absolutely no basis for the average orthodontic fee. None. How did this fee come about? Way back when, orthodontists had open contracts which were essentially pay as you go for the consumer. There wasn’t much impetus for efficiency seeing that the longer you treated, the more you got paid. Once fixed contracts came into use, an average fee was set based on the earlier cases and that fee has escalated incrementally over the past 60 years. We’d also add that many consultants have been advising clients to raise fees annually since the 1980’s and we will admit that we were advocates for maintaining above average fees for many years.

In defense of our fees, we orthodontists tend to talk about how valuable our time

is and how high our overhead is but if we were honest we would see that we have adopted this average fee as the way things are (we’d bet 85% of us are within 5500 +/- 1000 dollars) and we’ve set up our offices, staffing, schedule, overhead, and lifestyle expectations based on this “reality”. There is not a thing in the world wrong with this. As a business owner you can charge whatever you like for your services. We only bring this up to make it clear that we might need to revisit the fees we have traditionally charged rather than viewing them as sacrosanct. If we can get out of the mindset that anything lower than a “normal” fee is bad then that frees us to consider another way.

Instead of determining fees by looking at what other orthodontists are doing, we suggest setting a fee based on what consumers will find attractive and then modulating the service we offer to match the fee. This is a much better way to setup and run a business. And make no mistake, we orthodontists who own a practice are running a business – or we should be.

In the process of Burris setting up a new office in Central Florida and implementing all we have learned over the last couple decades, it’s been interesting to examine what is actually needed to run an owner/operator, single location orthodontic practice versus what we orthodontists traditionally think we need. If you really examine this difference, a 3000-dollar fee in a physical plant and business model set up for it can be more profitable than a 5500-dollar fee in a traditional setting! Burris plans on sharing his P&L here on OrthoPundit as the office progresses so we can all see whether or not our theories bear out.

Let’s go through a few examples of what we are talking about here (this is not an all-inclusive list):

- Bracket cost – Burris buys most of his appliances/supplies from SmileStreamSolutions.com and pays pennies while many orthodontists pay dollars per bracket. Same goes for wires, elastics and accessories. Why are you paying what you pay for your appliances? Does the consumer recognize an orthodontic brand name like they recognize a designer clothes brand? We think not.

- Invisalign utilization – Burris is going to charge even less for Invisalign than for braces but deliver Invisalign in a manner that is low stress on the practice while satisfying the wants and needs of clients. If a normal store can sell something and make an 80-100 percent profit with very little effort then they are well satisfied. What makes Invisalign different? Generally orthodontists don’t understand that consumers want and are generally very satisfied with straighter... And, as a bonus, since Invisalign offers 5 years of free aligners then you can contact these patients at year 4 and offer to retreat any relapse they have very affordably (and with zero lab cost) to the delight of the patient and the profitability of your practice.

- Marketing cost – At a 3000-dollar price point, orthodontics will sell itself. In this scenario, the doctor can stick to smart utilization of targeted, internet marketing to get plenty of new consumers while saving tons of money. These days many orthodontic enterprises are spending almost 5% of revenue on marketing expenses. At a 60% overhead how many consumers do you have to treat to net enough to cover your current marketing budget?

- Pandering to dentists – Again, at this price point the orthodontist will not suffer the shortage of new patients that a 5500-dollar practice often does and thus

will not need to spend the time, effort and money traditionally expended on potential and existing referring general dentists. The savings of doctor time here could be even more valuable than the dollar savings.

- Giveaways, contests, patient appreciation parties and the like – None of this will be necessary in the 3000-dollar practice saving an incredible amount of money, time and effort. Swag does not contribute to margin in a positive way.

- Office square footage – The physical plant of the 3000-dollar office will be radically different. Though nice, warm and friendly, you'll notice that there are no TC rooms in this office. With a 3000-dollar flat fee and one financing option there is no need for an hour-long TC driven sales process. People know what they want before they get to your office, the chairside assistants can easily explain and help the consumer fill out the paperwork and your conversion rate will be higher because of the affordability, transparency and simplicity. There really isn't any basis for the TC driven sales process anyway (other than that's what

we have always done and that's what consultants get paid to teach us) and other comparably priced, elective products or services don't do sales that way. Think of going to a jewelry store to spend a few grand and being forced to go through a tour and an hour-long consultation...

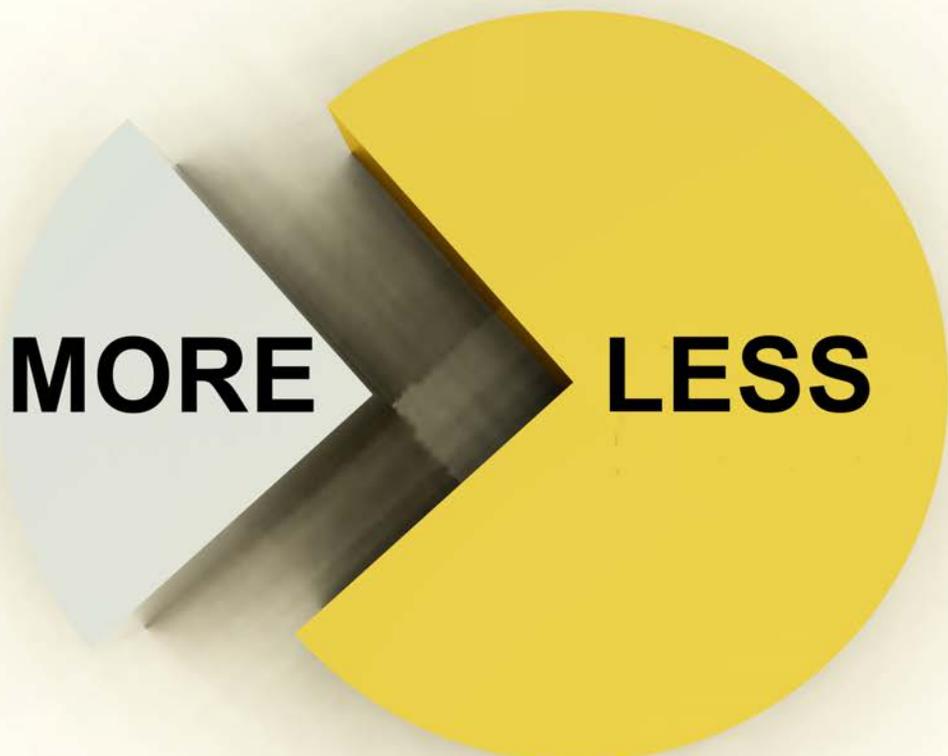
Depending on volume (and it should be high) the 3000-dollar office may want to keep a financial coordinator position to assist the chairside assistants and do recall/observation but this position will look nothing like the traditional TC.

- TC salary – Many 5500-dollar offices have multiple TCs and financial coordinators. The need for these positions will be much reduced in the 3000-dollar office and that means a great deal of savings to the practice with no loss of efficiency.

- CBCT cost – Orthodontists don't need an in office CBCT. Period. If you need a 3D scan for the occasional case then ask the oral surgeon you refer to for one. 150 grand is a lot of money to spend just to be cool. The average patient does not care one bit.

SEVERAL THINGS THE 3000-DOLLAR OFFICE WILL HAVE TO DO WELL:

- 1.) Treatment efficiency and case selection – the 3000-dollar office must run on time, have simple/effective mechanics, finish patients on time (no overtime patients) and avoid the 5% of cases that cause 98% of problems. Burris won't be doing impacted canine cases that require exposure and ligation, he won't be using Class II correctors and he won't be extracting teeth to elicit A-P correction. He will refer these more difficult cases to local orthodontists telling these patients that they should expect to pay more because of their outlier status. Traditionally orthodontists have charged more for easier cases and less for harder cases to normalize pricing across the board but this custom will be less viable in the future. The 3000-dollar practice will be the living embodiment of the Straighter Philosophy and Burris will only treat cases that he can finish in 12 months. Compliant consumers will get a good deal of A-P correction using elastics over the course of treatment and



MORE

LESS

Burris plans to do orthographic cases as they are generally straightforward but non-compliant consumers will be asked to leave the practice and cases that will take more than a year of treatment will be referred instead of started. Of course experience is the essence of orthodontic efficiency and what an orthodontist can do in 12 months differs greatly based on experience and ability so each doctor will have to determine these limitations for themselves. As an example of what can be done even without the benefit of case selection, many of the cases Ackerman treats in a hospital setting for 4900 dollars are difficult outliers yet he does so efficiently and profitably. Given the right systems and clinical efficiency there is no reason any orthodontic enterprise should not be profitable as long as the new customer flow is not compromised by artificial barriers or high price.

2.) Patients per chair per day – The “industry standard” is 12-14 but in the 3000-dollar office the team will need to see 18-22 patients per chair per day in an 8+ chair office. This is easily accomplished if you do the math. This kind of efficiency is only possible with a well crafted schedule template but when done properly it greatly reduces the single most expensive part of running an orthodontic enterprise – staff cost. At speed the 3000-dollar orthodontic office can expect their staff cost to be under 15% and even approach 10% of gross collections.

3.) Same day starts – This is not an option but a way of life in the 3000-dollar office. Both arches will be bracketed at the same time. To do otherwise costs additional bond appointments that a high volume practice can ill afford.

4.) Long appointment intervals – 8 weeks at minimum. This is better for patients anyway given the technology we use, applying light forces over a long time and alleviating the inconvenience of having appointments more often.

5.) Same day debond – When a patient is ready to get the braces off then they come off. No need to schedule and burn up additional, long appointment slots.

6.) No steel ties – Steel ties are dumb,

take too long to tie, patients hate them, it takes a great deal of effort to train staff members to use them, they are no better than elastic ligatures and a large lumen eyelet works far better when trying to de-rotate a tooth or bring an ectopic tooth into the arch.

WHAT THE OWNER OF A 3000-DOLLAR OFFICE MUST GIVE UP:

- The pride of tackling difficult cases
The owner of a 3000-dollar office must avoid the 5% of cases that eat up an incredible amount of time and resources as their office is just not set up to handle them. We orthodontists tend to focus on the outliers but this is not possible in this office setting.

- Pride (again) – The owner must put the needs of the many above the needs of the few and put their pride aside to stick to the business model that will provide affordable orthodontics for the majority of Americans. This will be difficult as we orthodontists are like power lifters and we believe that the harder the cases we do the more awesome we are. This is not true but we believe it nonetheless.

- Prestige and peer recognition (pride a third time) – We orthodontists love nothing more than to be popular and beloved by our peers. This is a big part of the reason our profession is in the state we find ourselves... The owner of the 3000-dollar practice cannot afford such luxuries.

WHAT THE OWNER OF A 3000-DOLLAR OFFICE GAINS:

- A never ending supply of new patients.

- Security and sustainability for the practice.

- Schedule freedom – At this price point the orthodontist can take off some of the most popular times of the year (when our kids are out of school) and spend time with our families because consumers are coming for the price.

- Massive profitability – Not on a per patient basis but in treating more patients because of a more affordable and

attractive fee.

- The satisfaction of knowing that you are making orthodontics affordable to the majority of Americans.

- Dealing with a clientele that appreciates you and what you do for them.

- Our favorite customer is the single mom working her tail off to provide for her kids! This may sound like a random statement but who better encompasses the argument for enhanced access to care and who more deserves our services for her kids? There are millions of these moms in this country and they are generally very grateful for the opportunity to provide orthodontic care for their kids while not blowing the family budget. Of course we will treat any and all who want our services in the 3000-dollar office (except the outliers and most difficult cases) but we can't help having our favorites. The point of all this being that orthodontic care is currently available to such a small percentage of the population that we consider this the Golden Age of Orthodontics for owner/operators who can overcome our orthodontic groupthink and see the opportunity right in front of us. A lower fee doesn't mean doom and gloom. To the contrary, it means massive growth and profitability for anyone willing to put in the work. Will you?

** The NUMBER ONE problem in the modern orthodontic enterprise is a lack of new customers and the biggest driver of this problem is price. IF your office has plenty of patients who are willing to pay the fees you are charging and if they feel they are getting value then, by all means, continue to charge what the market will support in your area. However, even if you find yourself in this situation today, please understand that unless you are a true boutique then you'll likely be in the same boat as most orthodontists soon. Increasing efficiency and cutting costs will not hurt you no matter where you are in the market and that is what we are advocating here most of all.

Drs. Marc Ackerman and Ben Burris 



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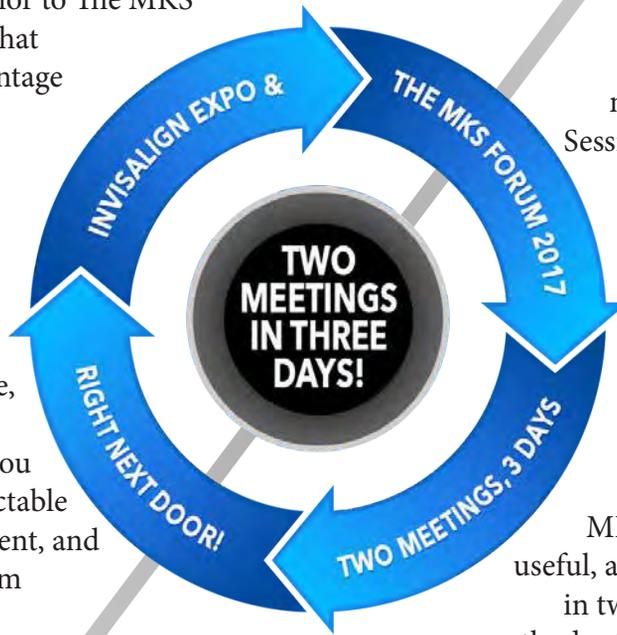


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