



BE THE PATIENT
-BY DR. COURTNEY DUNN

CLINICAL CORNER

-BY DR. JOSE GAR

TRAVEL & LEISURE
CROATIA: JEWEL OF THE ADRIATIC
-BY DR. PAYAM ZAMANI

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EDITOR'S NOTE

orthodontists traditionally get a break and

things slow down in our practices. This is

considered normal by us but is it? Should the first week of school doldrums carry over into

the rest of the fall just because we expect it

to? Are these traditionally lackluster months

lacking simply because we expect them to be

orthodontic "facts" that we all take for granted?

Odds are you haven't because none of us do.

Almost never. And given the new reality it's

more important than ever that we stop doing

what we have always done and start figuring

complicated question made more difficult by our profession's intense susceptibility to peer

odd or unusual by our peers so it's difficult to

change how we do what we do AND it leaves

attention on force systems, delivery systems,

innovative) and other comfortable things that

lie within our purview and comfort zone but

the ability to attract consumers trumps any

and all of these things. No matter how good

you are, how well you do what you do, how

nice your office is, how friendly your staff, if you can't get consumers in the door you'll fail

to thrive. And thriving is what it's all about

- or at least it should be. Thriving is possible

no matter your market, competition level or

years in practice. You just have to be willing to give consumers what they want in this

elective, non-invasive, service industry we call

out how to be what consumers need. It's a

pressure. We rarely do what is considered

the profession wide open to disruption.

innovative business models (but not too

and our actions help bring this into reality?

Have you ever questioned these and other



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orthodontics.

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WEALTH MANAGEMENT AND INVESTMENT EDITOR Dr. John McManaman

Here are a few more questions you might want to ask if your results are not living up to your expectations:

- Why doesn't my marketing vendor need access to my PM software so they can tailor my marketing efforts to fill my slow days?
- Why do I pretend to have a \$5000-\$7000 dollar fee and allow my pool of potential patients to think that when, in reality, I discount heavily in secret to sell cases? Take your total collections (money that hit the bank account) for the last 12 months and divide by the total number of starts to find out what you're really collecting per case! If you're growing like crazy then you don't care that the numbers are off, if you're shrinking then you better do something fast and if you're stable then there should be no difference between the production and collection so the numbers are
- Why does conversion rate matter so much? Probably because you don't have near enough new patients! The fact that you MUST start every single patient that walks in the door to pay the bills does not bode well for your business' stability or long term prospects or attractiveness to consumers.
- Why am I paying for anything other than basic twin brackets when I'm struggling to make money and we never fill the slot anyway? -Ben

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Angela Weber is the Chief Marketing Officer for OrthoSynetics a company which specializes in business

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Angela has over 15 years of experience in the advertising industry with a vast knowledge of current and past trends, philosophies and strategies for marketing within the healthcare industry. Angela has a proven track record of driving new patient volume through innovate marketing practices.

Angela holds a B.A. in Mass Communications from Louisiana State University and an M.B.A. from the University of New Orleans.

DR. JOSE GARCIA

Dr. Jose Garcia has had a unique experience in the orthodontic world. He is a second generation orthodontist with his father being a



practicing orthodontist in Mexico and his mother is a retired dentist; as a result, he has seen first-hand, the transition of the traditional referral-based orthodontic practices in Mexico to their current status. He received his DDS degree from Indiana University School of Dentistry and completed his orthodontic certificate and Masters of Science in Dentistry degree from St. Louis University. Dr. Garcia has practiced orthodontics since 2001, is the past president of the San Diego Academy of Orthodontists, and is a published author. Dr. Garcia lives and practices in Temecula, California where he enjoys playing golf, doing yoga, and is a serious world cup soccer fanatic having attended the last 3 world cups.

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DR. COURTNEY DUNN



Dr. Courtney Dunn graduated from the University of Michigan Dental and Orthodontic programs in 2001 and 2004. She received the Milo Hellman award for her research

and has presented at many local and national meetings. She is a diplomate of the American Board of Orthodontics, holds leadership positions in the Arizona Dental Association and is past president of the Arizona State Orthodontic Association. Dr. Dunn is in private practice with her husband, Matt, in Phoenix, AZ. She spends most of her free time being a proud swim mom.

DR. PAYAM ZAMANI

Dr. Payam Zamani grew up in Palos Verdes, CA, earned a BS in biology from UC Irvine, studied in Madrid, Spain and also worked as an elementary school teacher before entering



dentistry. He obtained his DDS from USC in 2012 and his orthodontics certificate and MDS from the University of Pittsburgh in 2015. Dr. Zamani lives and works in Los Angeles, loves to travel with his new wife, Natalie, and is an avid USC Trojans football and Real Madrid sports fan.

DR. ERIC WU

Dr. Eric Wu is a Silicon Valley native and has been practicing in the San Francisco Bay Area for over 10 years. Dr. Eric Wu



is best known for his state of the art treatment and keeping up with the latest innovations. He is an active participant and contributor for several study groups and orthodontic societies. Dr. Eric Wu also lectures for OC Orthodontics and is a clinical advisor for uLab systems. When he isn't practicing, Dr. Eric Wu enjoys teaching at the University of Nevada, Las Vegas and also at the Dental Assisting Program at Foothill Community College. Dr. Eric Wu has two beautiful children with his wife Lisa.

NICK DUNCAN

Nick Duncan 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.



Ryan Young is an architect, visionary and family man. Like many, he is a transplanted Floridian by way of the northeast - growing

up in Jersey and earning his master's and undergraduate degrees in architecture from Northeastern University in Boston. Once he settled in Central FL in 2001, he started a commercial construction company called Interstruct Inc., which helped embed him into the cultural fabric of Orlando and contribute to the city's renaissance over the last decade.

DR. KEITH **DRESSLER**

Dr. Keith Dressler is an avid entrepreneur who has over 30 years' experience as a practicing orthodontist. In



2000, Dr. Dressler co-founded OrthoBanc, LLC a cloud-based automated accounts receivable platform, that is currently serving over 4,000 healthcare providers. Dr. Dressler also co-founded Elite Physician Services, a national healthcare patient finance company, which grew to over 200 million in sales before it became the Citi Health Card in 2003.

DR. LEON KLEMPNER & AMY EPSTEIN

Dr. Leon Klempner, a board-certified orthodontist was in private practice for over 38 years. He graduated dental school from the University of Maryland and received his certification in Orthodontics from Tufts University. Dr. Klempner has lectured nationally on the subject of social media marketing and clinical orthodontic treatment.



Amy Epstein has over 15 years of multinational marketing and branding experience. She has an MBA in marketing from Baruch College and regularly lectures at the Zicklin School of Business and Long Island University School of Business on the subject of digital marketing, entrepreneurship and social media.

DR. TYLER COLES

Dr. Tyler Coles is an orthodontist and partner at Premier Orthodontics, located in Phoenix. AZ. He is also the



co-founder and CEO of Ortho Marketing DFY, a marketing agency specializing in done-foryou marketing services for orthodontists.





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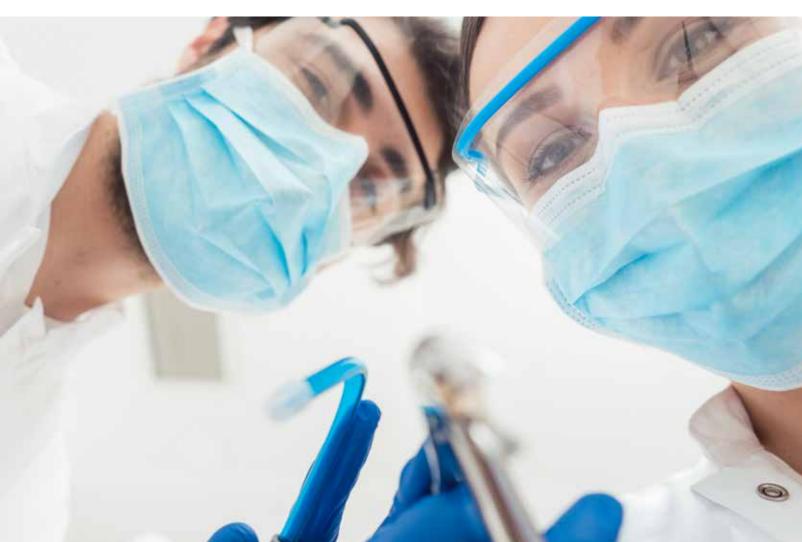
By Dr. Courtney Dunn

It's a common saying is sports to "be the ball". This visualization gives the athlete sharp focus on her plan of action for success. Well, after some interesting appointments for me over the last couple months, I highly encourage you to "be the patient". This exercise will not only be interesting, it will help you develop strategies to improve your office systems. When was the last time you walked into a doctor's office as a brand-new patient? For most of us, it has been a while. If we have been in our cities for some time, and have established relationships with

our primary care physicians. Of course, our general dentists are usually close, personal friends. When we enter those offices, there is usually that familiarity with everything from the furnishings to the people we expect to greet us.

Entering a doctor's office as a brandnew patient is a completely different experience. You can feel uncertain from the moment you enter the front door. Everything is new and it can feel overwhelming. How do I check in? Can I sit here? Or worse – Am I even in the right office? Experiencing these things from the patient's point of view can be incredibly eye opening and may help you improve everything from your new patient input to your sales processes.

Let me be clear. I am not suggesting you go and "secret shop" the office down the street. My recent experience as a new patient for corrective eye surgery gave me the unique chance to be a new patient in an unfamiliar office. It's really surprising to be on the patient side of the equation, to feel those feelings when scripting is a bit off, or the uncertainty when you are waiting too long.



After every appointment, I came away with some ideas for my own practice some great things to implement and some things I would make sure we would never

I'm going to give you some examples of things that didn't go smoothly with my experience to give you a feel for the things I learned. I do want to add a caveat that I believe my doctor is a good surgeon and there were some team members that were absolutely fantastic. But, there was so much that could have been improved, and it's those little things that stick with you those things that weren't quite right. We don't want our patients to leave the office thinking the doctor was nice, but...

My new patient experience had a wonky flow. I bounced between the waiting room, the "TC" room, the examination and measurements process, then to a consent room and back to the "TC" room. It was unnerving and confusing. Do you do this to new patients? Many of you take x-rays and photos of your new patients prior to the exam. What are your systems to move the patient through your office smoothly? Are your processes easy on your team AND the patient? Have your team walk you through the process and make sure it feels comfortable.

"Sometimes, we are so caught up in our daily schedule, that we don't realize our systems are limping along and are actually hindering our potential growth. "

After my exam was complete, I was told I was not a candidate for LASIK and that I would need PRK. This was going to be a major decision for me because this procedure would cause my vision to be



blurry for 2-3 weeks and I would need to take significant time off of work. I left the office without an appointment. This is the second area where things fell through the cracks. The follow up was not awesome. The "TC" emailed me a week later to ask me if I decided to go through with the LASIK! It annoyed me that she didn't even have the procedure correct in her email. How are your TC's following up with pending patients? What type of scripting is in place when they are following up with patients who failed to schedule? You should make this system as easy and predictable as possible. I promise that you don't want them to wing it.

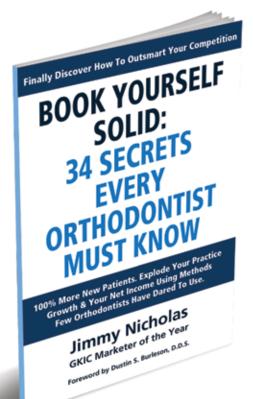
After some deliberation, I ended up scheduling the "final measurement" appointment and the surgery (once again - way too many steps). My final measurement appointment was fairly uneventful, although after the LASIK email from the TC, I worried they didn't know which procedure I was getting. One week before my surgery, I get an email from the TC asking me if I planned on having the surgery. Nobody from the office communicated to her that I had kept my final measurement appointment and my surgery was set. Where are the communication gaps in your office? If you think you have none, ask your

front, TC and back separately. You will be surprised what you learn.

For my first post-surgical appointment, I had a different doctor because my surgeon went on summer vacation. Understanding that we all need a break (especially from the Arizona heat), I had absolutely no problem with this. The new doctor checked my eyes and reassured me that my vision would be clear in the next few weeks. He also called me "kiddo" - five times. Great offices have great scripting. From the new patient phone call, to follow up to giving oral hygiene instructions. We, as doctors need to remember that our scripting matters too. Make sure what you are saying to patients is fun, appropriate and not offensive. Find someone to be honest with you and make sure you are saying the right things.

Sometimes, we are so caught up in our daily schedule, that we don't realize our systems are limping along and are actually hindering our potential growth. In addition, most of our patients are usually too polite to let us know where we are failing them. I hope that my experience as a brand-new patient inspires you to check what is actually happening in your office. You might be surprised what you find. Looking forward to seeing clearly soon!

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Disrupting Clear Aligner Therapy

By Dr. Eric Wu

The orthodontic space is rapidly changing and with a practice based in the heart of Silicon Valley, I'm fortunate to have a front row seat to the latest innovations and technology. The uDesign digital treatment planning software from uLab Systems specifically caught my eye and over the last 12 months, I have been using the prototype software in my practice for clear aligner therapy. With uLab, I finally have full control over the entire clear aligner fabrication process. In addition, uLab has helped me reduce my overall aligner expenses!

So you are probably asking, what exactly is uLab Systems? uLab is an FDA cleared treatment planning software designed to empower orthodontists to plan clear aligner cases right in their office in as little as 10 mins. uLab is also currently partnered with 3M Oral Care, to offer a full range of options for aligner manufacturing. Personally, I have opted to print my aligners in-house which has

provided my practice with the following benefits:

- As a doctor, I finally have full control of the aligner process. I no longer have to deal with the back and forth with a technician in another country to finalize the treatment plans for my patients. Instead, I can design the treatment plan based on my own preferences on my timeline. Not only does this improve the efficiency of my workflow, it also allows me to reduce the total amount of time I'm spending on my aligner cases.
- From a patient perspective, they are wowed by same-day aligner starts. My patients no longer have to wait for weeks while the aligner plan is created and the stages manufactured. Additionally, since uLab makes combination treatment with fixed appliances easy and costeffective, my patients are thrilled to get out of braces sooner and have their cases finished with clear aligners.

• Lastly, from the practice perspective, uLab has helped me reduce my lab expenses for aligner therapy by 60%. The idea of printing your own aligners inhouse might seem a little bit daunting at first, but with the advances in technology and equipment prices coming down, in-house aligner printing is a logical next step. To put it in perspective, you can purchase most of the needed aligner equipment for less than you might spend in a month or two with your current aligner provider. Like many new things, the first step is the hardest and once you try it you'll wonder why you didn't do it sooner. We all know direct printing of clear aligners will soon be available and I certainly want to be ready to quickly adopt it.

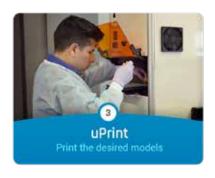
In my practice, uLab Systems makes in-house printing simple. Below are the 6 steps that my practice follows to create aligners with uLab. Let's talk through each of these steps in a bit more detail.













uSCAN

The first step is scanning the teeth. uLab software is compatible with any scanner on the market, so you will be able to use the scanner you are already using in your office. I currently use the iTero scanner. After I have the scan completed, the unedited raw STL file is easily uploaded into uLab's uDesign software.

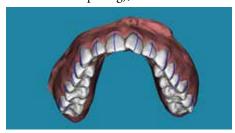
This is where the movement planning takes place. uDesign is fully customizable and allows you to set your own preferences. This includes setting your desired amount of movement per aligner, types of attachments, when you stage your IPR and quite a few other factors. uDesign also allows you to choose the type of set-up that you would like to perform: full setup, 3x3 setup, minor correction, or retainer. In all four of these, uLab simplifies the process by performing an initial set-up in just minutes. Once this is complete you can easily customize to your preferences. What I really like about uLab is the AI technology, the more cases I complete using uLab the more it learns and applies my unique preferences.

HERE YOU CAN SEE A QUICK OVERVIEW OF HOW uLAB WORKS IN FIVE SIMPLE STEPS:

1. First, you'll start with automatic segmentation of the teeth - this includes orienting, segmenting and also properly identifying all teeth. With uDesign, this is completed in about 2 to 4 mins for both the maxillary and mandibular arches. This is a huge time saver versus manual segmentation using other software options.



2. Next, you'll verify the FACC (Facial Axis of the Clinical Crown) and mesial distal lines. uDesign will place these for you, so it simply requires a quick check. Then you can select the type of set-up you prefer. uDesign offers all the diagnostic tools you need including Bolton Analysis, Occlusagram, Space Check (which details collisions and spacing), and others.



3. Now you can customize your case and the options are endless. You can modify the archforms, move individual teeth, move grouped teeth, check the bite, adjust IPR, stage movements, and a great deal more.



4. After you have your customization set, then it's time to move onto placing attachments. uDesign will automatically place the attachments for you and you can modify them (size, shape, position, remove, add, etc.) as you desire.



5. Lastly, you are set to send the case to the 3D printer. You can choose which stages you want to print and uDesign will automatically export each of your models as one STL file and will prepare your 3D printer tray (uTray) in the most efficient manner. It will also automatically label the models based on the preferences you

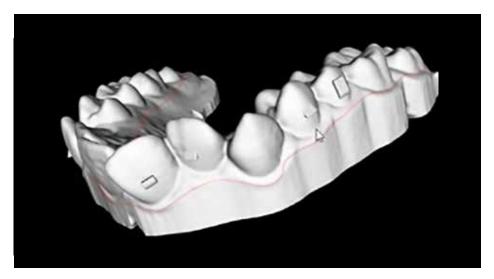
uPRINT

Now that you are done creating the case with uDesign, you are set to print the desired models. We use a Juell 2 3D printer in our office and build plate of models typically takes about 45 minutes to print. After they come out of the printer, we typically place them in a brief alcohol bath before a final post print light cure.

After the models are created you are set to begin the thermoforming. I use the Biostar thermoformer, but again uLab is compatible with any major thermoforming machine on the market. You can use any type of clear aligner plastic that you want. I currently prefer the 0.30 Zendura material for retainers, due to its longevity and durability, and 0.30 Trutain material for aligners for it's cost effectiveness.

uCONTOUR

The uContour machine automatically trims aligners in under a minute. uContour is another exclusive product designed by uLab to simplify the process. I currently have a prototype in my office and I have to say it's a pretty impressive machine. You choose whether you want a straight or beveled cut, then simply place the aligner in the machine and the uDesign software determines the cut line and the uContour machine will execute shown by the red line in the picture.





Last, but not least, it's incredibly rewarding to present aligners to my patients with my brand on the packaging, not the manufacturers. In my office, we have created custom packaging ranging from individual aligner bags to larger bags that contain several stages along with my customized directions.

A few steps and I am printing aligners right in my office. I really enjoy the

control that uLab has given me. I am able to save time, money and create aligner plans to my standards on my own schedule. My patients love the option of combination treatments and same day aligners. For me, uLab has been a win on all fronts.

If you're considering aligner printing in house, then do the quick math to determine how many aligners and



retainers you would need to break even - the answer will likely surprise you. Then start out slow with a few retainers, move up to simple aligner cases, try some combination cases. At some point, you may even try more complex cases. If you need support or have questions, there are plenty of study groups out there that offer great information and support. I hope to see you soon in one of the study groups!

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Thinking of building a new office? In Part 2 of this three-part series, architect/builder Ryan Young covers the entire design process, right up to the permitting stage.



THE DESIGN PROCESS

Part 2: What to Expect and When to Expect It

By Ryan Young, AIA

In Part 1 of this series, I described in detail what to expect when setting down the path to building your own office. We looked at lease vs. own, building from the ground up vs. building out a shell or adapting a pre-existing structure. I walked you through how the design-build process works to help you identify the experienced professionals who can best navigate the particular challenges of an ortho practice and who can establish a reliable line-item cost projection. In Part 2, let's jump into the fun part, the design process, so you'll know what to expect (and when to expect it). There is no typical project because each practice's needs are different, but the design process requires particular

steps that must be taken to prepare for construction. This is how Interstruct, Inc, a design-build firm, approaches medical and dental offices.

WHERE DO WE START?

Most clients come to us with their location picked out and already leased or owned. If they own the property, they have likely already done the due diligence of finding out what they are able to construct, so we meet with them to discuss the site layout and overall size of the building as a starting point. This is also when we get a better sense of who they are and what they want to accomplish with their new space. With each project, we want the finished space

to exceed the expectations of the doctor, all the people who work there, their patients, and the community in which it is built.

From there, we do the shell portion of the design. For me as an architect, this is the really fun stuff. I like adding special details so that the building is unique and reflects the values of the doctor's practice. We put together a simple proposal that includes guidelines and rules as determined by the location, plus some floor plan layouts (based on the determined size) and renderings of the exterior. Once we reach an agreement with the client and they are happy with the basic proposal, we proceed from there to full construction drawings.

DR. BURRIS'S NEW SMILEY FACE ORTHODONTICS OFFICE IN ORLANDO, DESIGNED AND BUILT BY INTERSTRUCT, INC.



WHAT ABOUT THE INSIDE?

After that comes the interior layout. We again sit down with the client to delve into their needs for the new office: How many operatories? How many other rooms? How and where will the equipment be positioned? How much seating is needed in the waiting area? What are their check-in and check-out processes? How important is the break room? How important is the doctor's office? And what kind of vibe are they going for? Even a doctor's business plan and goals impact the design of the space. Design isn't just practical; it also impacts how people feel when they're in the space — which is a really important consideration for dentists. During this meeting, we ask the doctor to ask us for more than we can probably give (due

to realistic limitations), and then we do our best to accommodate all the doctor's needs and preferences.

It's not uncommon for a doctor to meet with the equipment vendor even before they meet with us. It's important to note that the equipment vendor will often make suggestions and provide drawings to guide space layout. These sketches, which are based on the vendor's insightful knowledge, are a starting point and not finished plans.

My right hand at Interstruct, Vice President Rich Monroe clarifies. "Meeting with the equipment vendor first is absolutely fine. It definitely is a great starting point, but there is a lot of tweaking that needs to happen." The vendor knows the detailed specifics about what is required for their equipment

to be optimally used, and from there we establish the scope of designing the complete project to be able to provide finished plans, which gives clients the most accurate projected building costs.

In addition to equipment vendors, we work closely with all the doctor's vendors, including security, IT and equipment, to draft the plans.

After several iterations of the space plan, we settle on the best one with the client. From there, we get the MEP (Mechanical, Electrical, and Plumbing) engineer involved and our architectural team draws up the interior plans and gets those approved. Once we have around 80% of the documents ready, we send them to the client again just so everything can be double checked and we can be sure nothing was left out.

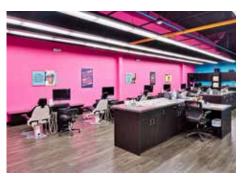




























WHAT ABOUT PERMITTING AND **VENDORS?**

While design and construction are linear processes, there is always some overlap of the various steps. When Interstruct sends the construction documents to the client, we also submit them for permitting. It is not uncommon to receive comments on the permit requests, so this enables us to address any permitting changes during the first round of revisions from the client. Doing it this way saves a lot of time and frustration in the long run. This is a big benefit of using a design-build firm, rather than taking your plans to a contractor to submit for permitting.

The next step is requesting bids from a range of materials vendors. Once we've gone through all the bids and made our selection, we sit down with the client to let them know who we selected and why. Before proceeding, we present the budget options for covering vendors and review it in detail with the doctor.

HOW IS THE OVERALL PROCESS MANAGED?

We are in constant communication with the client, but also keep things streamlined to keep the process moving. Every job is different, but the design phase can last anywhere from four days to several weeks. Once the MEP is involved, that's another three to four weeks. Throughout the process, we organize weekly meetings (either at the client's office or the job site) to provide them with pictures and updates, as well as the plans for the coming weeks. Clear communication and transparency are such a crucial part of any successful project, so we make that a priority.

NEXT:

Watch for Part 3 of this three-part series in the next issue of The Progressive Orthodontist. I'll cover the construction phase through final delivery. That's when we hand you the keys to your new ortho practice.

PHOTOS: CHAD BAUMER

At ProOrtho we love to learn and grow and change. What better way to do that than ask orthodontists who know what they are doing and where they are going for advice? Answers from the edge is just that. You're welcome!

Featuring Dr. Mark Johnston and Dr. Inna Gellerman

Interview with Dr. Mark Johnston



Mark Johnston practices in Marietta (East Cobb), Georgia, and lives in Atlanta. He has been in practice for 27 years in the same area. He is a graduate from University of Georgia, the Dental College of Georgia and University of Alabama at Birmingham. He is ABO certified and a member of the Midwest Angle Society. He has been married to Helene for 30 years, and they have 4 children. The Johnstons have 3 dogs and 2 cats, whom they enjoy their antics. Mark enjoys, amongst other things, hunting (with his dogs), fishing, and time spent at the lake. His focus in his practice is to continue growth while delivering excellent care and an excellent patient experience.

PROORTHO: SO WHAT HAS BEEN THE IMPACT OF DIRECT TO CONSUMER, DOCTOR DIRECTED ORTHODONTICS ON YOUR PRACTICE (IF ANY)?

JOHNSTON: Direct to consumer treatment, such as aligners, appears to be growing in the United States. SmileDirectClub states that since their inception in 2014, they have "helped more than 100,000 people straighten and brighten their teeth". Our office has had few personal experiences with patients who have come to us for an aligner evaluation and also revealed to us that they were considering direct to consumer trays or treatment. There are a number of apparently profitable direct to consumer companies in the US. I feel that as long as capitalism exists, such companies will be created and markets found! With changes in aligners happening so fast, it is impossible to say, with any confidence, what the direct to consumer market will look like in 5 years or even 3 years.

However, our focus is how we differential ourselves from mail order treatment. Our focus is to maintain excellent communication and familyfocused attention. We want our patients to feel they are not just a number and our treatment is specialized to their needs. We focus on informing the family what we do in our planning for their treatment, without having their eyes gloss over with excessive details. Overall, I feel that for a single or two doctor practice to prosper in the future, customer service, differentiation (knowledge based

treatment), and personalized attention will help the most.

PROORTHO: DO YOU FEEL THAT ORTHODONTIC PRACTICES, IN GENERAL, ARE GROWING OR SHRINKING OR HOLDING THEIR OWN OVER THE LAST COUPLE YEARS?

JOHNSTON: I know that many practices in the country are growing at outstanding rates; and that is wonderful! However, with the growth of corporate dentistry and orthodontics, many offices may experiences a saturation issue. The book, "Who Moved My Cheese" (Spencer Johnson), which many of you have probably read, portrays that when the market changes, the private practice office needs to be nimble. Corporate orthodontics pour a lot money into their marketing, especially early in their opening period. A practice cannot survive and grow while depending only on their past reputation. New marketing themes need to be incorporated into the traditional practice. Growth needs to not only come from past treatment relationship referrals but a constant marketing plan. You really need both to grow and thrive.

PROORTHO: DO YOU SEE ANY TRENDS WHEN IT COMES TO INVISALIGN THAT YOU'D LIKE TO SHARE?

JOHNSTON: There is a lot of discussion regarding Invisalign in

professional orthodontic Facebook groups. We all know that Invisalign is not going anywhere. The growth of their company (and stock value) has been phenomenal. However, many doctors are looking to other alternatives to reduce their large lab fees associated with Invisalign. Many are looking at, or already performing, in-house aligner fabrication and treatment. Invisalign has started a marketing campaign for early and interceptive treatment, which opens up an entirely different market for them. But, Invisalign has seldom been "late to the table" when it comes to looking and evaluating new marketing opportunities.

I think that in-house aligners, doctordriven aligning software and in-house (or local lab) digital printing will play a tremendous role for many practices in the coming years. A meeting focused completely on actually printing (a true comparison of all digital printers), alignment correction software, and treatment planning with in-house alignment correction software would be exciting to attend. (Maybe there already has been one, or one is planned, that I am not aware!) Also, the next wave of technology (which is here now) will be printing alignment trays without models being a part of the process. It is an exciting time for the aligner modality of treatment. Regardless of where the trays come from, I will still want my treatment focus to be to deliver an outstanding

outcome while listening to our patients wants and desires.

PROORTHO: ARE YOU DOING ANY IN HOUSE PRINTING? WHAT DO YOU THINK THE FUTURE OF IN OFFICE 3D PRINTING IS?

JOHNSTON: Last December (2017), we were almost ready to purchase a 3Shape scanner (we presently use an Element) and move forward with inhouse aligners and models when needed. Then, Align changed their policy and 3 Shape files were no longer accepted by Align. In addition, there were several 3D printers on the market and many doctors were discussing the benefits and superiority of the printer of their choice. I decided that with so much uncertainty and technology changes, it would be best to hold on this change for our office. I doubt any printer or software will be deemed the best, just like with so many office management software companies, no one company is considered to be at the pinnacle. So, printers will always vary with price points, production capabilities, and cost of materials. There will always be a cheerleader for any printer.

I feel our office should be moving forward with a digital format soon. There are a few obstacles that need to be addressed (scans being taken but not being sent to the lab, software lab prescriptions to track orders, appliances

needing bands that either fit by us or the lab, etc...), but there are obviously means to address each of these small hurdles, without lots of complexity. Our next step is to simply send scans to a lab and have several types of appliances made, before deciding which type of printer we may purchase for in-house production. We need to determine which software will work best for us to use for in-house aligner movement as well.

PROORTHO: DO YOU OFFER OPTIONS TO CONSUMERS FOR LESS THAN COMPREHENSIVE TREATMENT?

JOHNSTON: Of course. My goal has always been to listen to the patient's desires regarding treatment modality, time commitment and expense. I always want the patient to at least hear what is possible with orthodontics and what I would do if I were in their place (if I were the patient and have the knowledge of the orthodontist). I would want to be treated this way if I were the patient. My typical frustration, which is likely shared by many, is agreeing to a less than comprehensive treatment plan with the patient not being content with the outcome. We all have seen the limited treatment patient who is the most demanding! When I do have these patients, we try and make sure all of our treatment goals and expected outcomes are understood.



Are you ready to be Fully Engaged?



There are tons of orthodontic study groups out there and I firmly believe that this is an excellent development for individual doctors and for orthodontics. The increased connectivity among orthodontists is revolutionizing our specialty and helping us cope with the increasing pace of change. Some of these groups are older, some are bigger and many are awesome but none are comparable to ProOrtho FE. I'm not being ugly, it's just a fact. I have been or am part of several awesome groups and if you can't get into ProOrtho FE there are several I'm happy to recommend. That being said, if you want to be at the epicenter of modern orthodontics, you owe it to yourself to join FE. You've heard the names of many of our members but there are quite a few bad-ass orthodontists with killer results and monster practices that you won't get access to unless you're inside the circle of trust!

FE members are serious people.

- Serious about getting great results.
- Serious about growing their businesses.
- Serious about not sharing outside FE and protecting our geographically exclusive areas.
- Serious about providing real stability for their families.

- Serious about maximizing efficiency.
- Serious about sharing with and learning from fellow FE members.
- Serious about thriving instead of just surviving.
- Serious about having fun when we are not at work!

Becoming an FE member is not easy or cheap but nothing worthwhile ever is. You can request more information about joining Fully Engaged at info@theproortho.com or theproortho.com. FE membership is \$15,000 a year, please know this before you spend time applying to join us.

Interview with Dr. Inna Gellerman



Dr. Inna Gellerman founded Gellerman Orthodontics in 2003. Invisalign has recognized Dr. Gellerman as a Diamond Provider. She was the first orthodontist to bring SureSmile® systems to Long Island, and one of the first to offer Acceledent and Propel systems. Dr. Gellerman uses 3-D online planning for the highest level of precision, reducing the number of visits as well as the time of treatment.

Her dedication to giving back to the community has Dr. Gellerman involved with many different groups and organizations. She is a recipient of awards from The Town of Huntington and the Townwide Fund of Huntington. The list of charitable contributions of Gellerman Orthodontics is endless: active board member of The Junior Welfare League of Huntington, The Heckscher Museum of Art, Pink Aid Advisory Council, and Dentists for a Better Huntington. For seven years, she has presented Kiss Cancer Good-Bye fundraising events to support pediatric cancer patients.

In 2015 Long Island Business News named her a Top 50 Most Influential Women in Business.

PROORTHO: SO WHAT HAS BEEN THE IMPACT OF DIRECT TO CONSUMER, DOCTOR DIRECTED ORTHODONTICS ON YOUR PRACTICE (IF ANY)?

GELLERMAN: We are seeing changes in the number of younger people who are completely comfortable with getting aligner trays online. They are also being targeted by sophisticated, multi-milliondollar marketing campaigns, including email, text and social media campaigns that are on a national scale that no single office can possibly compete with.

What we often see is that young adults pay around \$2,000 for their online treatment and expect that their results will be the same as if they were being treated by an orthodontist in a private practice.

We educate our patients that they may be paying more, but they are getting the correct treatment the first time, supervision by an orthodontist with years of experience and with their best interest in mind.

We also have a higher commitment to providing service. It's rare that our patients aren't happy, because we are involved with their care.

We think that over time the convenience of direct to consumer will lose out to the quality of care, but that does not mean that we can sit back and wait. Direct to consumer has had an impact on all offices, the difference is how orthodontists respond to it.

PROORTHO: DO YOU FEEL THAT ORTHODONTIC PRACTICES, IN GENERAL, ARE GROWING OR SHRINKING OR HOLDING THEIR OWN OVER THE LAST COUPLE YEARS?

GELLERMAN: The orthodontic private practices that have put a lot of effort and work into team development, training, marketing and community activities are

growing. That will continue. Those who never invested into their practices are already seeing the impact from online competition.

To succeed today, orthodontists must continue to stay at the edge of changes in technology, in treatment, and make themselves a part of the community with active outreach and excel in providing patient services.

The orthodontist has to keep their office systems up to date also. Today's patient expects to be able to use their mobile phone to schedule appointments, send photos or documents and to ask questions and get prompt responses.

"To succeed today, orthodontists must continue to stay at the edge of changes in technology, in treatment, and make themselves a part of the community with active outreach and excel in providing patient services."

PROORTHO: DO YOU SEE ANY TRENDS WHEN IT COMES TO INVISALIGN THAT YOU'D LIKE TO SHARE?

GELLERMAN: I was an early adapter of Invisalign. We invested in the training and have continued to take classes and as a result, we have been very successful and grown the practice significantly without increasing workdays or adding employees.

Invisalign is no longer the only clear

ANSWERS FROM THE EDGE

tray system in the market, and I give them credit for trying to stay ahead of the "online" aligners and other 60+ clear aligner companies that are emerging as we speak. We should all learn how to adapt to changes by using them as an example.

I am curious to see if Invisalign will continue to dominate the market, or will another company come along and disrupt their business?

PROORTHO: ARE YOU DOING ANY IN HOUSE PRINTING? WHAT DO YOU THINK THE FUTURE OF IN OFFICE 3D PRINTING IS?

GELLERMAN: Back in 2006, we were the first to offer iCAT and SureSmile 3D online treatment planning. The learning process was intense.

I decided to wait until the in-house printing systems become easier to work with, less expensive to invest in, and require little or no help from the outside.

PROORTHO: DO YOU OFFER OPTIONS TO CONSUMERS FOR LESS THAN COMPREHENSIVE TREATMENT?

GELLERMAN: We offer a SureAlign product for patients with relapses. I do my own set-ups (takes few minutes), and saves \$300+ in lab fees per case. We pay for either 3D models to make our own trays or the ready to insert trays (depending on the case). We charge somewhere between \$500-\$1800/case. I offer it as part of Guarantee My Smile.



FOCUS ON WHAT REALLY MATTERS...



Orthofi Starting More Smiles

PRACTICE GROWTH

INSURANCE ELIGIBILITY & PROCESSING

BILLING & COLLECTIONS

ANALYTICS

OrthoFi is the first full-service patient acquisition, insurance management and collection solution that partners with practices from end to end, freeing up your time to grow your starts and deliver referral-worthy patient care. Find out how OrthoFi is helping transform practices across the country by increasing same-day-starts and balanced growth while lowering patient and insurance delinquency, so you have time to focus on what really matters.



Marketing's Poisonous Pill:

Why the Endless Pursuit of a 'Magic Pill' is Holding You Back By Nick Duncan

Have you ever wondered why some practices have 5,000 likes on Facebook and others have 200? Or why some have hundreds of five-star reviews on Google and Yelp and others have 5? Perhaps you're curious why some orthodontists seem to be swimming in new patients from the Internet and others are struggling to stay busy? I know I have. Some practices make it look easy while others struggle to even get off the launch

"The reality is that despite what you may hear from technology companies vying for your business, there is no magic pill that can solve this with one quick solution."

THE PROBLEM

While it may be bold, the truth is that the chase of mysterious marketing solutions that lead to an instant deluge of new patients can be equally as dangerous as the pursuit of a cure-all drug. Oftentimes, those who are fixated with embarking on a rocket ship toward the latest and greatest innovation in digital marketing are the same ones that find poor results month after month and struggle to see the success they were promised. This isn't because they're too nimble or too agile; it's an effect of the obsession to abandon the "old" and try

something new rather than focus on strategic, process-driven tactics.



Think of digital marketing as a highway, you're taking the fast track to your destination. In the case of orthodontics, this means gaining traction online, which results in new leads that eventually convert to new patients. When taking this road, those who are chasing the magic pill are disorganized, swerving left and right, going backwards to try to get off at an exit from the farthest lane away, and causing a traffic jam or even worse, an accident.

Now picture this highway with the same destination, but a carefully planned road where all drivers are vigilantly moving the same direction and each driver knows exactly where the other drivers are heading. This is how I like to think of a well thought out digital marketing strategy; a purposeful and improved highway allowing all drivers to reach their destination successfully. Perhaps they used premium gasoline (to optimize) or discovered a shortcut (new innovations) along the way to get there faster, but they all arrived on or ahead of schedule.



THE SOLUTION

In order to organize your super highway, it's important to focus first on prioritizing your strategies and assessing which to tackle first. When determining which tactics to go after first, it's best to analyze your path to success based on benefit versus cost and time. It's important to note that I'm including time within the cost umbrella. This is because although something may be free, if it takes a lot of time and energy to complete, we would still qualify that as high cost. For this approach, we recommend building out a quadrant, adding specific marketing tactics into each section and developing your plan starting from the 'low cost, high value' quadrant and working from there.

Don't worry too much about the exact placement of each strategy at this stage. You can rely on experts to guide your path, but should also understand that every area and every clinic is different, which is why proper reporting and analytics is such an important piece of an effective digital campaign. The key at this stage of the game is to have a plan, get started and stick with it!

Once your priorities have been outlined and strategies for success defined, it's crucial to build out the timelines for execution on each of your efforts. For our members, The Invisible Orthodontist likes to use Gantt charts to help organize each of our tactics and keep our tasks on track.

One digital component we focus on with many of our members is search engine optimization (SEO). However, you can see that we have made no direct mention of SEO in the quadrant above. This is because SEO is not a standalone strategy; it's a comprehensive collection of a variety of strategies designed to

MARKETING, SOCIAL MEDIA & EVENTS

Digital Marketing Cost vs. Value Quadrant high Google AdWords Blogging Facebook Ads Video Content Marketing Instagram Ads

- Retargeting
- Organic Social Media Posts

Yellow Pages Online

- Social Media Contests
- Conversion Focused Website

Google/Yelp Reviews Strategy

- Responding to Social Posts
- Lead Management with CRM
- Optimized Lead Follow Up Processes
- **Marketing Automation**
- Google My Business (Optimization)

high

Effective Reporting and Analytics

VALUE

demonstrate to Google that you deserve to be ranked higher for certain searches than your competitors. The topic of SEO in orthodontics could be its own article. but suffice to say, a common theme among orthodontists is the blind pursuit of 'ranking number 1 on Google' without spending the time to analyze and truly understand the impact of what they're doing and why. With our members, we work to fit the puzzle pieces together to impact SEO and rankings.

Now let's get back to the highway example from earlier. Building out a marketing quadrant would be equivalent to choosing to buy a sensible car by categorizing and selecting features that will get you to your destination quickly or most enjoyably. The prioritization pyramid is similar to setting your navigation or deploying your GPS to guide you to your destination.

At The Invisible Orthodontist, we integrate the rollout of a comprehensive digital strategy with a larger practice growth program to get you on the road to success. We focus not only on generating new patient leads online, but also on utilizing different strategies in your practice to convert those leads into treatment starts.

To learn more, visit our website at www.TIOdownloads.com and download your free digital marketing checklist. *This resource includes explanations of* recommended strategies and a template to help you prioritize the rollout of each.

Blogging **Retargeting Campaigns** Video Content Marketing Social Media Posting/Contests

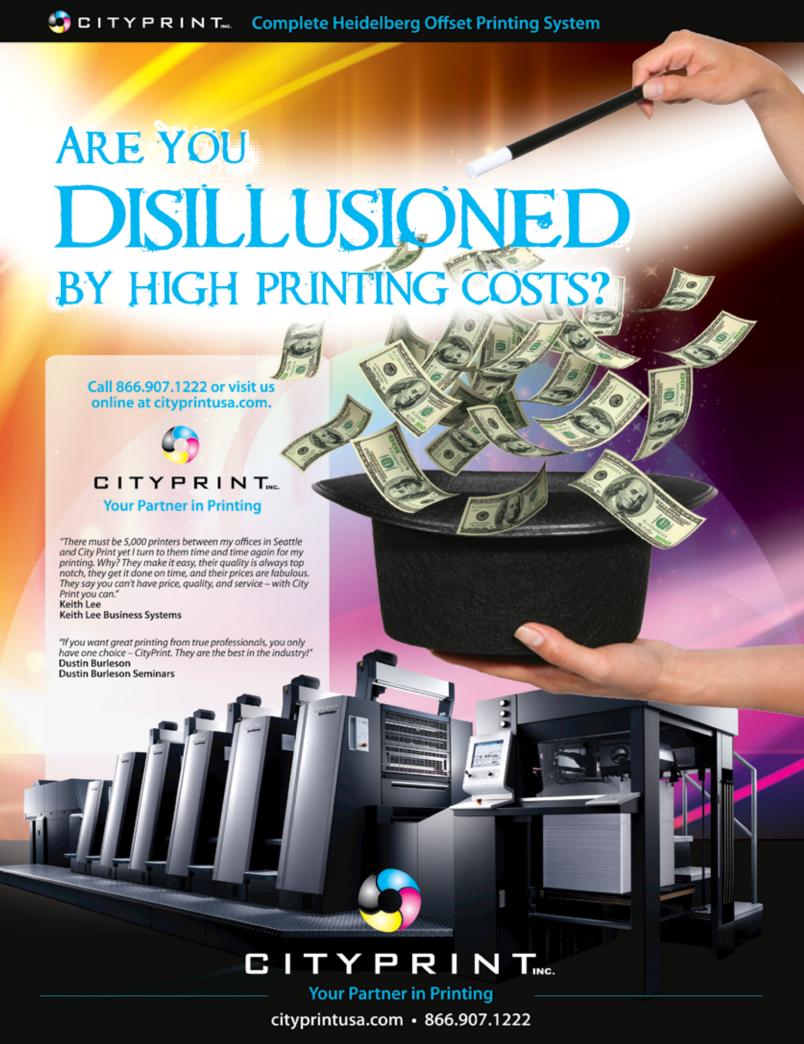
Google AdWords Online Review Generation **Reputation Management** Facebook/Instagram Advertising Google My Business Optimization

Marketing Automation Reporting and Analytics Optimized Lead Follow Up **Conversion Focused Website** Lead Management with CRM System

Digital Marketing
Pyramid of Priorities



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Croatia: Jewel of the Adriatic

By Dr. Payam Zamani

"Croatia is the next great thing. If you have not been here, you are ... an idiot!"

These were the words of the late and great Anthony Bourdain after his adventures in the jewel of the Adriatic Sea. I decided to follow in Bourdain's footsteps this past July.

Before making my way to Croatia, I started my travels in Italy -- admiring the history and ruins of the Roman Empire, driving through the Tuscan hillsides and enjoying truffle dishes and the famous Brunello wine, and finally admiring the beauty and architecture of Florence. I then departed Florence by train to Venice, where I took a cheap flight to Croatia.

My stay in Croatia included 3 nights in Dubrovnik, 3 nights in Hvar, and one full day in Split. The Croatian people were warm, very friendly and excited about the new tourists visiting their country.

The Croatians I encountered were very knowledgeable about world affairs, and eager to share their views about their recent history and the political unrest they endured with their neighbors.

With some of its cities featured in the Game of Thrones megahit show, Croatia has become a popular travel destination and has been hit with a massive wave of tourists in the past several years. Croatia has experienced an annual 10% increase in tourism that has resulted in improved infrastructure and economic growth, but which has also led to a severe increase in costs for both locals and tourists. Despite the crowds, it is still well worth the visit.

In particular, I would start out in Dubrovnik. Nicknamed the "Pearl of the Adriatic." Dubrovnik is located in the most southern tip of the Dalmatian Coast and is easily accessible through its airport just 30 minutes away from the main tourist attraction: the Old Town.

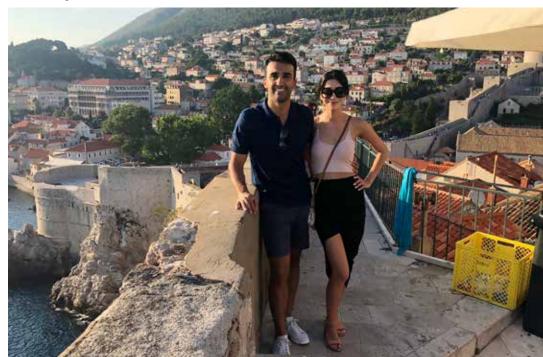
WHAT TO DO IN DUBROVNIK:

The Old Town, a UNESCO World Heritage Site, is one of the main

attractions of Dubrovnik. It is built entirely of white marble and is most famously known as the filming location of King's Landing from the Game of Thrones show.

Even though the old city is filled with tourists, you will be in absolute awe of its architectural splendor once you enter, feeling as if you had just time-traveled back to the medieval times. You need at least one full day to see the Old Town properly and your introduction should begin with the famous ancient city walls walk. No need for a tour of the wall -- just show up at the main wall entrance right next to the Great Onofrio's Fountain and pay the \$30 entrance fee. The wall surrounds the entire city and takes about 1.5 hours to complete, since you will be making plenty of stops to enjoy the most breathtaking views of the sea, ports, beaches and bird's eye view of the old city center. PRO TIP: The wall has many steps and no shaded areas, so it may not be enjoyable for very small children or the elderly.





TRAVEL & LEISURE

Next, walk the city to explore the many restaurants and bars, and to take in the unique city design. Did I mention that it is made entirely of white marble? And if you are a diehard Game of Thrones fan, you can even sign up for a walking tour of the most iconic show scenes (yes, I traced Cersei Lannister's famous walk of atonement)!

Lastly, enjoy the crystal clear waters by renting kayaks or jet skis from your hotel. If you are a thrill-seeker, you can try cliff diving from Buza restaurant and bar, which is located in a hideaway in the ancient city wall. If you're not too adventurous, you can sit back and watch the cliff divers while enjoying a drink at the restaurant. PRO TIP: Take water shoes or swim shoes to enjoy the beaches, since they're rocky!

WHERE TO STAY IN DUBROVNIK:

I would recommend staying at a hotel on the peninsula just north of the Old Town. My hotel, Valamar Dubrovnik President Hotel, had absolutely breathtaking views, fewer crowds, access to a private beach, and large swimming pools overlooking the Adriatic Sea. It was an easy 10-minute Uber or shuttle into the Old Town from this location.

WHAT AND WHERE TO EAT IN **DUBROVNIK:**

Eat seafood! You will not be disappointed by the fresh seafood that Dubrovnik has to offer, and there are lots of great places overlooking the sea. Two restaurants that I really enjoyed were Victoria Restaurant and Lounge Bar -serving Peruvian/Adriatic fusion dishes with an amazing ambiance, and Levanat -- located on a beautiful seaside pathway on the peninsula. Levanat is really best for a sunset drink and some appetizers -- try the grilled squid!

After three nights in Dubrovnik, we took a very comfortable 3 1/2 hour ferry to the island of Hvar. PRO TIP: Don't wait to book the ferry last minute, as ferry tickets sell out -- in which case you will be forced to take a long bus ride to Split in hopes of finding a ferry.





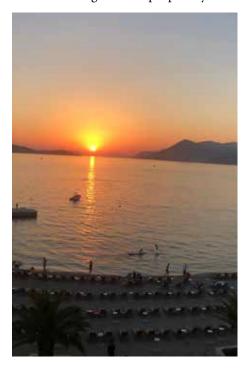




WHAT TO DO IN HVAR:

Hvar is all about scenery, water activities and partying! Indeed, if nightlife is what you are looking for, the famous Carpe Diem party island is a 5-minute boat ride away. (But be warned, expect a lot of 20 something year-olds and a lot of house/dance music.)

The main attractions of Hvar are the green and blue caves that are located on small islands about 45 minutes away by speedboat. The "green cave" was a bit underwhelming for most people as you



pay \$10 to swim in and out of a fairly small and not-so-green cave. Although the "blue cave" is much more popular and beautiful, we opted to skip it as there was a 2-hour wait just to enter the cave by boat (and you can't swim from the port) -there were masses of people sitting under a tent waiting their turn to enter.

PRO TIP: Rent a private boat (instead of a tour) from your hotel or from one of the many shops in town, which comes with a captain and 12-hour rental time to do whatever you want for the day! We visited five different islands, hung out at various beaches, had lunch and relaxed all on our own time. I recommend visiting Palmizana beach.

Nightlife is also a big part of the experience with Hula Hula Beach Bar and Carpe Diem, but these places attract the "spring-breakers" crowd, which a lot of couples do not find entertaining.

WHAT AND WHERE TO EAT IN HVAR:

Just like many other coastal cities, prepare yourself for lots of seafood. Due to the high tourist population of this island, you can still find many international restaurants as well, with most situated in a beautiful plaza or beach-side with outdoor seating. If you visit Palmizana beach, check out Toto's Restaurant.

In Hvar Town, my favorite meal was at Black Pepper, serving modern Croatian cuisine. We received amazing service in a very warm and unique atmosphere seated in an outdoor stairway surrounded by ancient stonewalls, bougainvillea flowers and colorful window shutters. PRO TIP: Try the octopus stew!

WHERE TO STAY IN HVAR:

You can really stay anywhere near the town center and have easy access to the main island attractions. I recommend Amfora Hvar Grand Beach Resort. It is located ten minutes walk from the main town center, has great ocean views and is specifically known for their familyfriendly pool. Although this is one of the nicest and pricier hotels on the island, don't expect the most luxurious rooms, as Hvar is still an island and not known for luxury hotels.

There are so many more places in Croatia that we wished we could visit. If you have more time to travel, look into visiting Krka National Park and the majestic waterfalls outside of Split, or even take a quick trip to Montenegro -- a short drive from Dubrovnik. And please feel free to email me at pz.zamani@gmail.com if you need any more recommendations or have any questions about my travels. Croatia is a beautiful country and Croatians are friendly people -- I hope you've been inspired to visit Croatia!





Be Bold, Embrace Change, Think Big. The Importance and Power of Mindset and Action.

By Dr. Dustin Burleson

"Faith is taking the first step even when you can't see the whole staircase." -Martin Luther King, Jr.

There is an important concept that I like to include in all of my seminars and presentations. If you haven't given much thought to your closest friends, now is the perfect time. What many people don't realize is that you will, in all likelihood, become the average of your 3 closest friends. And, this extrapolates to every area of your life, most importantly, your practice. It is important in life to choose your friends, and business associates, as well as those who you surround yourself with, with great care. These people will help to determine your mindset, and your mindset can make or break your success.

Having said that, the importantance of having a coach or mentor is incomparable. In fact, if you look back in history, you will find some of the most successful entrepreneurs and businessmen telling stories of their mentors and the place they held in their success.

Mark Zuckerberg, Co-Founder and CEO of Facebook, created a lucrative company that transformed the world with the help of his mentor, Steve Jobs. In an interview with Charlie Rose, Zuckerberg spoke of his inspiring mentor as "amazing". He explains that Jobs taught him how to build a team that was as focused as he was. They both believed that their life paths crossed to do more than just build businesses. What they

were both inspired by was changing the lives of others.

Bill Gates credits a great amount of his success to his mentor, Warren Buffet. He praises Buffet for teaching him how to deal with tough situations and how to think long-term. In fact, in many an interview, Buffet, being a simple man despite his great wealth, has stated that he has been empowered by Gates as well and greatly admires his view about what he does with the wealth he's accumulated.

Richard Branson, from day one, understood the importance of mentorship. Sir Freddie Laker became his mentor during his struggle to get Virgin Atlantic off the ground. Branson was smart enough to know that it's always good to have a helping hand and always makes it known that he would not have got where he is today without the help of Sir Freddie Laker. The first step to finding a great mentor, says Branson, is admitting that you can benefit by having one.

Even professional athletes and musicians hire mentors and coaches to take them to new heights throughout their journeys.

Tom Brady's longtime mentor, football coach Tom Martinez passed away in 2012, but Tom says he would never be where he is today without him. And, he credits

Greg Harden of Michigan State as being his Guru. Brady tends to gravitate to mentors who don't embrace mainstream philosophies. The book written by Miguel Ruiz, a spiritualist, best known as a shaman, The Four Agreements: A Practical Guide to Personal Freedom, is something he reads prior to the football season every year, and he calls it "a mantra for my life". Brady always says that he doesn't take things personally, because a lot of times it's not even about him.

Famous musician, Ray Charles mentored music industry legend Quincy Jones. Charles says, "Because I was able to show him some things, that made me happy, that's what stirred my heart." In turn, Jones has mentored many young musicians and became a longtime spokesperson for National Mentoring Month.

Thinking BIG and putting the right team plus the right skills in place is probably not something you learned in dental school or orthodontic residency. In fact, most of the things doctors are being taught about growing their practices is just dead WRONG. For those of you who are serious about significant growth, you need to find the right partner, coach, mentor, or consultant to help you. The data we've collected over the years suggests that what

we're doing and teaching is working. I invite you to watch some testimonials at DustinLovesResults.com or find one of my books on Amazon and dig into those lessons. You can also request a free copy of my book, The Ultimate Success Secret, at MyOrthoSecret.com

So, let's talk about change. Currently, the orthodontic industry is undergoing massive change. Tele-dentistry, direct-to-consumer aligners, corporate competitors, etc. are all changing what was a cottage industry for nearly 100 years.

I'd like to share some stories about change and why we resist it.

Think about the Apple-Microsoft deal in 1997. Bill Gates stepped in to save Apple which was on the brink of bankruptcy at the time. And, to stay alive, Steve Jobs had to step outside of the competitive mindset. The olive branch which was

extended between Jobs and Gates shocked the business communities. As we all know, Microsoft went on to save Apple, and the deal didn't end the competition between the companies. Instead, they continue to shape the computing industry together. It just goes to show that a change of mindset and cooperation can work hand-in-hand, even with competition. When Steven Jobs died in 2011, Gates honored him as both competitor and friend.

And speaking of Bill Gates, in a recent interview on CNBC with Warren Buffett and Charlie Munger, he admitted that Microsoft was late to the game when the internet became a huge force, changing the way they did business. The minute he realized how late they really were, he quickly made some very tough decisions. Because of his decisions, Microsoft survived and has gone on to thrive in cloud computing, etc.

Go back to the beginning days of the printing press. The Roman Catholic church was up in arms and highly protesting the invention. They believed 2 things. That people would no longer have the need to attend church because they would be able to read the printed bible at home. And, they also worried that their teachings would now have to be in conjunction with the printed teachings. The bottom line is that what they were really doing was trying to hold on to power and resist change. The Bible ranks as the world's most-read book today selling approximately 3.9 billion copies, which doesn't even include the number of copies that have been given away for free. Printing the Bible actually strengthened the numbers.

Here's another good one. Do you remember back in the day when we all heard our parents warn us, "That TV will rot your brain!" In fact, you probably find yourself repeating that same threat to



your own children at times. Today, this concern is on the rise with the amounts of video games and streaming on portable devices and smartphones. But are young minds truly being damaged? You will get no argument from me that too much television will affect a child's socialization, verbal and physical skills. However, in moderation, studies have shown that the more television these kids watched, the bulkier the brain's hypothalamus, septum, sensorimotor area and visual cortex became (Takeuchi, 2015). The point is, anything new is feared and change is hard. But change is also good.

In orthodontics, with the invention of the edgewise appliance and preangulated brackets, orthodontists from the 50's and 60's thought it would ruin the orthodontist's ability to bend wire and finish cases properly. They shouted that it would result in poor quality. However,

the opposite is what actually happened. In the dispute between Edward Angle and Charlie Tweed about extraction versus non-extraction, heated debates ensued and doctors were even kicked out of meetings, sometimes forcibly, for voicing their opinions that went against the status quo. Nowadays, with direct-to-consumer aligners and tele-dentistry, we're hearing a lot of the same cries...it's just resistance to change. In each decade, the quality of treatment has improved, and technological advances have made orthodontic treatment more comfortable and more available to a wider audience. Despite our resistance to change, things have gotten better for the consumer. That's how free markets work. Prices should come down and quality should go up.

Consider some companies who did not embrace change: IBM, Kodak, Sears,

Blockbuster, Borders Books, Motorola, Sony, Toys-R-Us, Xerox, Blackberry, Polaroid, MySpace, Hostess. These companies were huge. At one time, they were actually considered to be some of the brightest in their industry. However, their failure to innovate and make change led to their ultimate demise. This is called "Big Company Syndrome", where companies become successful very fast and they think that they should just keep doing what they're doing. They think their best products will always be their best products. They think they will have the same competitors five years from now. They assume because they succeeded in the past that they will continue to succeed in the future (Kotter, 1995). You understand what separates good companies from the best companies is innovation, change and constant improvement, but how do you go about achieving those objectives?









The best companies innovate because they're open to the possibility of being wrong. They embrace change by taking one or two of their best-loved ideas and killing them each year. Compare and contrast this style of thinking, which is prevalent at Amazon, to the massive bloating, now on life support and eventual failure at Sears. John Galbriath said, "Faced with the choice between changing one's mind and proving there is no need to do so, almost everyone gets busy on the proof." When you hear about Ben Burris or Burleson Seminars teaching something different or provocative, do you immediately go searching for proof why you're right and we're wrong? Maybe you are, but wouldn't you like to know if we are and you're missing out on a better, faster, more enjoyable way to provide the best for your patients?

Advisors, coaches and consultants can certainly help you make change, help you be innovative, help you see into the future and make the smart pivots that companies like Microsoft were able to make. But, it's not because these people are perfect. Rather, you should find an advisor who has been quick to say when they are wrong, is able to stay curious longer than the average person in your field and is slower to rush to judgment until the facts are available. When he or she finds proof that their way of thinking is incorrect, they should feel an overwhelming compulsion to act on it quickly. True wisdom inhabits a unique mix of advice that hasn't changed for millennia and that which draws the horizon closer through finger-on-pulse knowledge of the day-to-day.

In setting out on your journey to grow your practice and your mindset so that you can embrace the change and thrive in an era of disruption, be certain you keep in mind the case studies of companies that have failed and those that have survived and gone on to thrive. Epictetus taught that

we can control two things in our lives: our thoughts and our actions. Everything else you will face over the next 10 or 20 years will be completely outside of your control. Your ability to navigate, survive and thrive depends largely on how you embrace change through your thoughts and actions. You need not reinvent the wheel.

I meet with a lot of doctors today who ask me, "Will I be forced to sell my practice and not get what I think it's worth?" My answer to these doctors is brutally honest. "If you pull your punches, think small and fail to embrace change, yes." You will sell your practice one day or give it to your kids who will probably screw it up eight ways from Sunday. If you own your mother or father's orthodontic practice and haven't screwed it up yet, you're in the extreme minority. Cheers to you. You're my kind of guy or gal.

For everyone else who had to build a practice from scratch or for those who work several associate jobs, waiting for the right time to take a leap of faith, understand this: in any market, in any niche, if there's someone doing what you want to do, you can do it too. You might have to hold your nose and swallow a whole bunch of things you don't think

you should have to do, like working early or late hours, taking discount insurance plans, working on the weekends, crawling through broken glass for your customers or treating the most difficult TMD, cleft palate and surgery cases no one else in town wants to treat, but you can do it. What else are you going to do between now and when you exit the practice? Sit around checking your smartphone?

The most successful people I've met, had the privilege of working with or interviewing, people worth \$50 million, \$100 million or even \$1 billion or more all have this unique character trait: they're the most enthusiastic person in their particular area of expertise and they really, really, really enjoy the journey. They wake up excited to solve challenging problems for patients, clients, customers or donors. They don't wish for an easy button that skips to the end result. They are the best at getting better and they are curious about and openly embrace change.

You wouldn't show up to the symphony just for the last note, would you? Do you read a novel by skipping to the last paragraph? Would you want to raise a kid by only showing up at his graduation and wedding? No. You want to enjoy the entire

song, the ups and downs, the highs and lows. You want to read the entire novel, to be there, engaged in the entire story, reliving the journey. You want to savor every moment of raising a kid. You don't want to skip to the end.

If you want to do something big and leave an inspiring legacy, start embracing change, get good at killing a few of your best-loved ideas each year, stay curious longer than the average person in your profession, be the most enthusiastic orthodontist in your town, stop looking for proof why you're right and start considering every area where you might be wrong – and use the only two tools you have to survive and thrive: your thoughts and your actions.

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HOW MANY HOLES ARE IN YOUR BUCKET?

By Dr. Tyler Coles



A few years back, we had a scheduling coordinator in our practice unexpectedly quit. The next day, her manager was looking through her employee work email account and was shocked to find fifteen appointment request emails sitting in her inbox, unopened. Many dated back several weeks!

We scrambled and had everyone get on the phones and call these people right away. Most of the people who had requested appointments with our practice had already started treatment somewhere else. This ended up being a \$70,000 mistake.

Our problem wasn't just with this one employee not checking her emails; the problem was with our system. Spending marketing dollars to get people to our website and request an appointment, only to send these leads to an email inbox, was a horrible system. At best, an employee would call them once and leave a voicemail. At worst, the email was lost, mishandled, unopened, or sent to the SPAM folder.

It was at this point that I realized we had a big gaping hole in our system. This was a major hole in our bucket. As I looked closer, I saw even more areas in our new patient process where prospective new patients could slip through the cracks. We had hundreds of observation/recall patients who had no future appointments. There were pending new patients with whom there'd been no follow up for months. Most of our new patient no-shows hadn't received any follow up at all! I did the math, and there was about \$1.9 million dollars' worth of

lost production buried in our practice management software.



INVESTING IN FOLLOW UP IS THE **SMARTEST INVESTMENT**

When trying to grow one's practice, most orthodontists will immediately spend money on marketing. We're all tempted to pour more money into Google, Facebook, direct-mail, or radio to try to generate new patient leads. Too often, the missed opportunities sitting inside of our practice management software are entirely overlooked.

Right now, you likely have hundreds of thousands of dollars sitting in your practice management software. You wouldn't keep pouring water into a bucket with holes, so why pour more money into marketing before fixing your systems?

THE PERFECT FOLLOW-UP **SYSTEM**

Our old system of printing out spreadsheets and telling our employees to "start calling" was clearly not working. We had hundreds of patients that needed to be contacted, but without a system to help, the job was too daunting to be done effectively. I decided we needed something better.

I made a list of things the ideal follow up system would have:

- All new patient leads would stay out of the email inbox.
- Appointment requests, recalls, pending new patients, and new patient no-shows would be clearly displayed and accessible.
- We should have the ability to text, email, or send letters to follow up to these lists with just a single push of a button.
- We would need the ability to send text messages or emails in bulk to multiple people on the list.
- If needed, our employees should be able to start automated follow-up for those patients who don't initially respond.

After looking around, I found there were no systems on the market that checked all the boxes. So, I partnered with a developer and decided to create the system myself. After nearly two years of testing, optimizing, and refining in our own practice, we finally had a system that did everything that I wanted. We call this system the Ortho-Prompt New Patient Safety Net System.



MINING YOUR LIST IS LIKE MINING FOR GOLD

The first month we turned on this new system in our practice, we sent a text

message to everyone on our pending new patient list. These were people who had been in our office for a consultation in the last eighteen months but hadn't started treatment.

" Over the course of the next two weeks, we scheduled 17 patients that went on to start treatment. This generated \$74,800 of production from a single text message! Having a way to "mine our list" was literally like mining for gold."

We sent out a "text blast" to this entire list advertising a seasonal special. For a limited time, they could save \$750 off treatment and start for \$0 down. This text message was sent to about 180 people and we got some immediate responses. Over the course of the next two weeks, we scheduled 17 patients that went on to start treatment. This generated \$74,800 of production from a single text message! Having a way to "mine our list" was literally like mining for gold.

Having implemented this system in our own practice, we've found that many who had a consultation and didn't start treatment don't go down the street and start with somebody else. Most of the time, they didn't start treatment at all. The time may not have been right for them.

This holds true for those individuals on your no-show list and your past-due recall list. Even if these individuals haven't been on your radar for some time, that doesn't mean they aren't still interested in treatment. When you reach out to them, many will still choose your practice for their orthodontic care.

Start needed	6-9-18	Phoenix	8-9-18				85	Actions *
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HOW MANY HOLES ARE IN YOUR BUCKET?

After testing this system in our own practice, we made it available to orthodontists in the U.S. and Canada. With nearly 100 offices using Ortho-Prompt to date, we've found that the problems we experienced in our own practice were not unique. Every practice has holes in their bucket.

For most clients, we've been able to help generate at least \$20,000 worth of production in the first month alone. No extra marketing dollars were required. With a push of a button, we can follow up with the people that are already in their practice management software and generate a nice boost of production in week one.

FOLLOWING-UP IS THE FIRST STEP

The goal with any follow-up system is to avoid having dozens of patients sitting in the pending, no-show, or recall with no future appointment list. Once someone is over two weeks pending, the chance of getting them back into your office goes down significantly.

The Ortho-Prompt New Patient System helps to make sure your prospective new patients receive prompt and efficient follow up, so they don't end up on these lists. Having a consistent system that makes it easy for your employees to routinely follow up will ensure that these new patients don't slip through the cracks and end up lost or buried in your software.

Once you've fixed the holes in your bucket, and your follow-up system has been fixed, the time is right to start investing more in your marketing. You can confidently add more prospective new patients because you know your chances of them turning into a paying patient will be dramatically increased. Remember, fix your bucket first.

To learn more about how Ortho-Prompt can help fix the holes in your system, visit FixMyBucket.com



HOW MANY HOLES ARE IN YOUR BUCKET?

Every month you're spending marketing dollars to acquire new patient leads but how many of these leads actually start treatment?



Where is the Biggest Hole in Your Bucket?

Unscheduled New Leads?

New Patient No-Shows?

Pending New Patients?

Observation Patients Who Are Past Due?

Every orthodontic practice loses hundreds of thousands of dollars each year through lost, mishandled, and unconverted prospective new patients. Before you spend another dime on your marketing, first fix the holes in your bucket!

Find Out How Ortho-Prompt Can Fix the Holes in Your Bucket

Visit FixMyBucket.com to learn more!





Maintaining Your Estate Plan

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

In our first ProOrtho article, we stressed the importance of maintaining your estate plan, as well as some of the consequences for failing to do so. We urged you to contact and meet with a local estate planner and provide hem detailed information about your unique facts and circumstances. In our second ProOrtho article, we highlighted basic objectives that should be met within your planning, no matter your unique facts or circumstances. Those included, among other things, a plan for incapacity, limited court interaction at your passing, and coordination of your assets with your estate plan. This article urges you to maintain the estate plan you establish to ensure it reflects your desires, with the passage of time.

CHANGING CIRCUMSTANCES IMPACT YOUR ESTATE PLAN

Like most things in life, an estate plan is not a "set it and forget it" task. Instead, it is a plan based on your unique facts and circumstances, as they exist at the time of the execution of the plan. However, there are many events that impact the ongoing viability of an estate plan, some of which include:

- Birth of a child or loved one
- Adoption
- Death of a child or loved one
- Death of nominees appointed within your estate plan
- Injury or waning capacity
- Accident
- Divorce
- Bankruptcy
- Receipt of inheritance
- Change of residency
- Acquisition of a business
- Sale of a business
- Change in the law

It is critically important that you contact your estate planner to review the impact of any of the above circumstances and events. This review will allow for resulting updates that may be required to maintain plan viability.

SET PERIODIC REVIEWS, FINANCIAL STATEMENT IN HAND (EVEN WITHOUT CHANGING CIRCUMSTANCES)

Even without changing circumstances, it is advisable to meet with your estate planner every few years. The review should include a refresher of your plan, an assessment of your current assets and their coordination with your plan, as well as an update on changes or trends in the law, if any. The growth (or decline) of your assets drives the nature of your estate plan. The relevance of transfer taxes, such as the estate tax and gift tax, and income tax planning is based on your assets. What may have been true of your assets when the plan was first established may now be entirely different. That difference could have a tremendous effect on the success of your plan, in meeting your wishes. Following a review with your estate planner, it is also advisable to coordinate recommended titling and beneficiary changes with your financial advisors.

CONNECT YOUR CPA WITH YOUR ESTATE PLANNER

Time and again, the authors are reminded of the importance of connecting the estate planner with the client's CPA. Your plan should be manifested in proper tax reporting. Titling of assets should be reflected in your tax reporting. Transfers of assets should be reflected in your tax reporting. Connecting these professionals is efficient and may highlight opportunities, such as charitable giving, that would otherwise be unseen. Any marginal increase in fees would be outweighed by the value of shared knowledge and expertise. Further, the lack of communication, depending on your unique facts and circumstances, could be costly and forfeit your objectives.

So, remember, get a plan in place! Ensure that plan is both tailored to your unique facts and circumstances and generally meets primary directives, including incapacity concerns and limited court interaction. From there, don't abandon your plan! Meet with your estate planner regularly, providing accurate financial information. And lastly, connect your estate planner with your CPA and ensure your reporting is synchronized and optimized with your estate plan.

For more information visit: www. deloachplanning.com



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Listen UP!

By Dr. Jose Garcia

"I remind myself every morning: Nothing I say this day will teach me anything. So if I'm going to learn, I must do it by listening."

-Larry King

Imagine a typical patient day, 3:30 in the afternoon, and what do you hear? If your practice is anything like mine, you would hear the rapport between assistants and patients, maybe their younger siblings trying to get their parent's attention, high speed suction sounds from a lot of bonding going on, the phone is ringing, and the music is blasting. Just a typical day in the office.

Anyone in a fast pace practice knows there is a multitude of things happening around us. We jump from chair to chair in the clinic and then we get called in to an exam. Your treatment coordinator gets you away from the clinic, tries to get your attention and briefly tells you about your next consult. Most of the time we hear the words coming out of our TC's mouth, but are we really listening?

We meet our prospective patient and we either ask or they tell us their chief concern.

You have a few minutes to listen, quickly go through your clinical findings and present a simple treatment plan that can be understood by your patients.

I want to show you a case that exemplified everything I'm trying to say, had I not listened, we probably would not have started her treatment.

Giarri came in for her exam and she had already been through 3 orthodontic consults which resulted in disappointing news. She heard "impossible", she heard "surgery", she heard "braces". Even though she still had hope, she was expecting for me to be the 4th orthodontist to not listen and overlook her preferred method of treatment. She wanted Invisalign! And she was not going to take no for an answer. She appeared to be a calm, intelligent and responsible teenager who had already done her research. Not only had all 3 previous orthodontists told her she was not a candidate for Invisalign, but all of them recommended orthognathic surgery, which she adamantly opposed.

Listening has not always been my forte, but this time it was. She did not ask for a Class I finish, she did not ask for an improvement in her profile, and she did not ask for canine guidance with an optimal finish.

During the exam I processed everything she told me. I could tell she was highly motivated, and serious about doing whatever it took to finish with a good result, while avoiding surgery and braces.

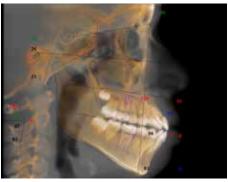
She presented with a Class III malocclusion, 7mm of crowding in the upper arch, a 2mm open bite, and

congenitally missing her lower lateral incisors. Given her U1/L1 angulation, I knew we could afford to extract 2 maxillary teeth. I planned for the extraction of 2 upper teeth, lower IPR to re-shape the lower canines as much as possible to make them look like more like lateral incisors and to address the potential Bolton discrepancy, and for class III elastics.

INITIAL RECORDS







I told Giarri we could do this with Invisalign if she followed my lead and did everything that I asked of her. We decided to extract her third molars and maxillary second premolars right before the delivery of her first aligner, starting Class III elastics from Day 1 (one of the versatilities of treating with plastic). I don't use MOPS very often, but this time I asked my oral surgeon for corticotomies in the upper posterior cortical bone at the time of her extractions in order to take advantage of the known Regional Acceleratory Phenomenon.

Initially, I requested for her to accelerate her staging and to change her aligners once per week (this was done at a time Invisalign was intended for 2 week intervals). Once we got to Refinement #1, I used Acceledent for my first and last time, and requested 5 day intervals.

FIRST REFINEMENT 6/18/2015

Having gone through Invisalign myself, I know now that her superb compliance allowed her to change aligners in this schedule, not necessarily a device.

Invisalign is not known to be good at moving posterior segments mesially, but I did prescribe it in the clincheck. What happens if one tries to close spaces too fast or apply a little too much force to close spaces? You lose anchorage! That is another reason I kept her intervals at 5 days, as all I wanted to do is close the upper space as fast as possible while losing anchorage, figuring I could recapture more detailed movement in a later refinement.

PROGRESS 1



PROGRESS 2



My patient also listened very well to me. She wore Class III elastics for 4 months and corrected her Class III open bite to a Class I canine. Her open bite overcorrected to a deep overbite by being so diligent with her elastics that it changed the occlusal plane.

PROGRESS 3



At this point we did a refinement to address a totally different problem list than when we started. Now we had to correct the deep overbite and the Class II occlusion.

PROGRESS 4



FINAL RETAINER



This was all dental movement as my CBCT confirmed the condyles to be in the same place from start to finish.

The keys to this treatment was the mild posterior intrusion requested, the properly timed extractions and corticotomies, and the early use of elastics. Needless to say, her cooperation was excellent and the biggest key in her result.

OS CORTICOTOMIES



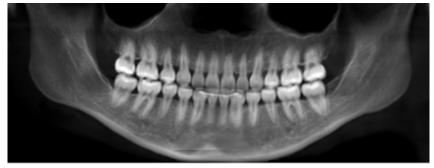
We used 22 initial aligners (one week intervals), 57 aligners at Refinement #1 (Acceledent with 5 day intervals), and finished with 18 aligners (5 day intervals) on Refinement #2. At this point, Giarri and her parents were more than satisfied with her outcome. Sure, I would have loved to tinker a bit more and improve some minor issues, but I had met all of her expectations. She got done without braces being used at any juncture in the treatment and without orthognathic surgery. She finished in 16 months and all parties were very satisfied. Success!

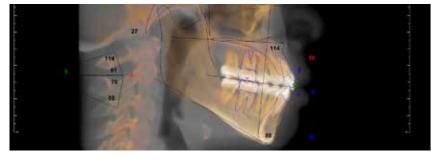
I love Invisalign to treat complex cases! Quite often, we have more control over fixed appliances, as the AP correction can begin from Day 1. If compliance becomes a problem, there is no harm in reverting to fixed appliances.

While listening is and will always be a learning process for me, it has changed my perspective for the better. Listen to your patients, instead of wanting to be heard. And if it does not cause any harm, why wouldn't you want to accommodate them as much as possible with the appliance of their choice?









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What An \$800 Facebook Ad Spend Taught Me About The Future of Patient Interaction

By Dr. Keith Dressler

Orthodontists are facing a lot of challenges as competition seems to be coming from every direction. And, with birth rates in decline since 2007, fewer children are entering the orthodontic market. (Between 2000 and 2007 the average birth rate in the US was around 14 million, and since then, that number has been steadily dropping.) This means the value of individual patients has gone up, and their loyalty to your practice is absolutely vital. Even more, ads are becoming more expensive as ROI on traditional advertising continues to dwindle. How is an orthodontic practice to respond to all these changing conditions without taking a serious hit in revenue?

One solution is to find patients where they are, and today, that's on social media. Over the last five years, Facebook has dramatically reduced the number of views business accounts get per posting.

"Users want to see more posts from friends and family, and fewer posts from businesses, even if they do "like" your page."

Less than 3% of the people who "like" your page will see your posts, and future algorithm changes may push that percentage even lower. Facebook claims

many of these changes have occured due to feedback from users who want to see more posts from friends and family, and fewer posts from businesses, even if they do "like" your page.

Why, then, is Facebook so important to your business? While "organic" posts from businesses have been weeded out of individual newsfeeds, Facebook has made great strides to help businesses find the right audience for paid content. This aligns with the social media giant's strategy to get more relevant content in front of their users. And with two billion users, Facebook has a lot of data to help them understand just how people use their platform. Advertising on Facebook gives you a lot of power, allowing you to be impressively specific about defining the audience you want to reach.



MARKETING, SOCIAL MEDIA & EVENTS

How does all this help you grow your practice? Good question.

Again, Facebook users account for more than a quarter of earth's total population, so chances are the audience that you are trying to reach is there. Facebook allows you to define your audience and put very tight spending controls on advertising efforts to reach them. In fact, you can start with as little as \$10 a day.

One of the best tools to grow your practice is probably already in your next patient's pocket. Even a small ad spend on Facebook can dramatically increase your number of inbound calls, texts, and Facebook messages from potential patients. I started by asking these future patients to send three dental "selfies" to serve as a cursory exam. This guides them down a path of a same-day start with little more than a few simple text exchanges.

A reminder: HIPAA prohibits you and any member of your practice from having PHI on personal devices or any device that is not encrypted. To get around this, I utilized a HIPAA-compliant digital messaging tool called Rhinogram that makes my office number textable. With a textable business number, not only do I still receive voice calls, I can now receive standard SMS text messages as well as images (aka - MMS messages). The system also incorporates my practice's Facebook page, so if someone sends me

a message through Facebook it shows up in Rhinogram. These capabilities make my Facebook ads exponentially more effective.

Here's how it works. I'm running ads on Facebook targeting a very specific audience. (My audience consists of adults ages 25 to 45 that have liked my clear aligners Facebook ad, and live within 25 miles of my office's zip code.) The ad provides an example of the images I need them to send to me via text or Facebook Messenger. I perform a cursory exam from the photos and respond back appropriately. Approximately 80% of the people who inquire about clear aligners are excellent candidates for the service. If someone needs a cleaning first, I refer them to a general practitioner, and encourage them to reach out again when they are ready to move forward.

So, I get the photos from the potential patients. We exchange a few text messages, usually about price, payment types, financing, length of treatment, and/or insurance. After I've answered their most vital questions, a team member can take over to schedule their appointment, send them a link to the necessary paperwork, and let them know how excited we are to be working with them and how great their smile is going to look.

When they arrive in the office for the first time, we are ready to get started.

Yes, first visit, same-day starts are possible. A quick clinical exam and x-rays confirm what I saw in the pictures. They pay the pre-agreed down payment and we are on our way. We just did a new, easy, Class I same-day start, and a happy adult patient who may not have otherwise found my practice is excited to tell their friends. All this is made possible with technology provided by Rhinogram and a monthly Facebook ad budget of less than \$800. Since starting my FB advertising strategy in June of 2017, I have averaged 15 to 20 additional new starts a month, most of which are same-day starts.

It took some experimentation and a little out-of-the-box thinking on my part, but utilizing these technologies is one of the few, sure-fire ways to reach your audience. You automatically expand your market by empowering adults with limited time to access you directly. Instead of asking them to take a half day off work for an in-office appointment, you ask them to take two-minutes to snap some selfies. You implement the technology necessary to remain HIPAA-compliant, and keep all texts and FB messages in one place. You answer a few simple questions via text message or Facebook Messenger, and then watch your practice begin to grow again---the progressive way.



Rhinogram's Premier Teledentistry Platform Empowers Today's Elite Practices To:

Improve Revenue

Attracting new high quality patients
Boosting patient engagement and loyalty
Conducting remote patient monitoring

Optimize Valuable Staff Time

Saving hours of phone time each day Keeping patient conversations in sync Sharing documents and images quickly

Wow Patients

Using text and social media messaging Increasing meaningful communication Limiting life's interruptions

And, did we mention it is HIPAA-compliant?

Yes, Rhinogram can do all this and so much more! Join the increasing number of elite orthodontists improving patient experience and growing their practice.





Closing the Gap: Adapt Your Practice to the New On-Demand Business Model

By Dr. Leon Klempner and Amy Epstein

THE WAY WE WERE

Peruse the websites of enough orthodontic practices and you begin to pick up on a common thread: Most have a long history in their communities of providing patients with healthy bites and better smiles. Another commonality is the pride orthodontists take in getting to know patients. Unique in the medical field is the opportunity to work with a young patient at a time in their lives when they are growing and changing the most. This fosters a healthy relationship with families and forms the foundation of a long-lasting practice serving the local community over many years, and if we're lucky, for generations.

This is still true. For many, there is no better way to get orthodontic treatment than through the local, independent practice run by dedicated, caring staff and a well-trained specialist. And, up until about ten years ago, if a person wanted orthodontic treatment the only way to get it was from a local orthodontic practice. This enabled a very doctor-centric model that spanned back to the era when Elvis was at the top of the charts. Running an office around a banker's schedule with no nights and only occasional Saturdays, stringent financial arrangements, doctordictated treatment plans and minimal patient involvement were par for the course. Practices thrived despite these imposing limitations because patients simply had no other choice. It was a classic seller's market. But, the tables have turned.

We got too comfortable and never noticed the gap opening up between the traditional orthodontic practice and the patient. Like so many other industries, technological innovations have allowed entrepreneurs to find alternative services to fill that space, giving patients more choices. The patient perceives these services as more efficient, convenient and cheaper than the traditional way of doing things even if we know as professionals that in the long run this just isn't true. For better or worse our industry is being disrupted by technology.

WHAT'S CHANGED?

According to a Pew Research report, more than 70% of American adults have used some type of shared or on-demand service, a multi-billion dollar business that is changing the way we do almost everything. (Smith, 2016). The list of industries that have experienced this technological disruption is growing every day. Uber has altered the way we get around town and is a real threat to typical taxi services, Airbnb has turned the hospitality trade upside down and Netflix is making movie and television studios rethink how they produce and deliver high quality content to viewers. Alwayson technology, big data and Artificial Intelligence-driven computer algorithms are creating opportunity and choice for consumers. How long will it be before self-driving trucks and drones are zipping around the country making deliveries to our homes and businesses?

The Millennial generation is a very large part of the movement to demand companies play by their rules but they certainly aren't the only ones. A Harvard Business Review article quoted data that showed Millennials (ages 18-34) make up almost half of on-demand consumers while another third are between the ages of 35 and 54 and more than 20 percent are age 55 or older. (Bell, 2017) This new on-demand economy spans generations and is putting the consumer in control of the transaction rather than the seller. No longer can a business dictate the rules of the game. If you haven't noticed, the orthodontic industry has not been immune to this trend, which is not surprising. The survey above shows Millennials are a significant portion of the on-demand consumer economy. Millennials are also beginning to make up a similar proportion of our patient base, whether they're in for treatment themselves or for their children.

THE "HGTV EFFECT" AND **ORTHO-ON-THE-GO!**

Spurred on by the proliferation of instructional videos on YouTube, the doityourself (DIY) movement has exploded. People are now turning to the web before a professional. Known as the "HGTV effect" throughout home improvement circles, people are convinced by reality television and online videos that the uninitiated can remodel a kitchen or bathroom in just one weekend. If you have ever tried to tackle a similar project you know that the multiple factors that go

BUSINESS & PRACTICE DEVELOPMENT

into remodeling a home are challenging even for the most skilled tradesman. There are unknown variables that take decades of hard work and experience to overcome. Cost, time, and frustration might make it prohibitive, unless you are highly skilled, very patient, or have the dough to shell out for a pro to fix your mistakes–possibly costing you more in the end.

Believe it or not, there is a direct comparison to the "HGTV effect" in orthodontics and the alternatives range from ineffective to downright dangerous. DIY orthodontics proves to be the most damaging. So much so that Good Morning America did a segment last May on an alarming trend: Young people are taking to social media to learn how to to correct crooked teeth using home remedies with rubber bands and paper clips. The American Association of Orthodontics (AAO) reported that 13% of members have had patients who came to them after trying a DIY method, costing consumers more than it would have if they'd just gone to an orthodontist in the

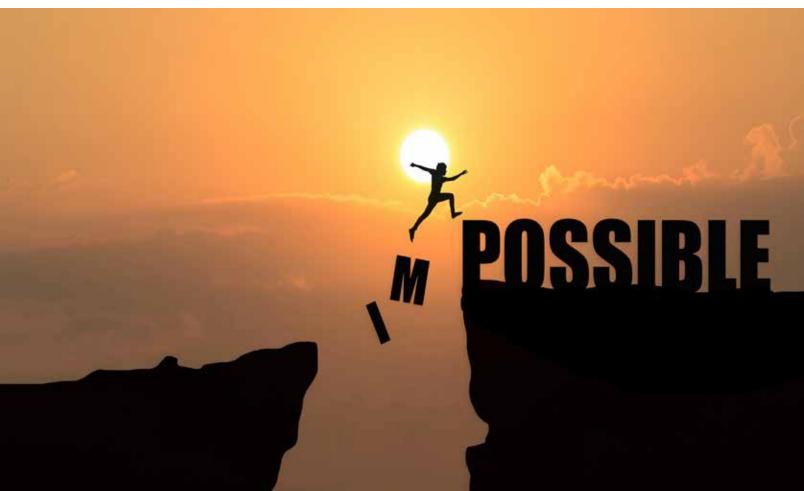
first place. Even worse, some are causing serious, often irreversible, damage to their teeth in the process. (Messer 2017) The DIY movement is not just affecting the home improvement industry. It has infected orthodontics.

We also have to contend with the rise of the many direct-to-consumer orthodontic businesses. Services like this fill a niche for the consumer who doesn't want to make time to go to the orthodontist's office or who thinks the price of braces and aligners is too darn high. The service gives them a sense of control over their treatment, ease of online ordering, and by-mail delivery. To them, it's just like getting your Christmas shopping done all on Amazon and scratches the consumer's on-demand itch in the area of orthodontics. Technological advances in materials and in communication have made it possible for a patient to conceivably cut out the middleman. That middleman being you, the actual orthodontist who spent hundreds of thousands of dollars and thousands of hours earning an advanced degree and

building professional expertise.

The industry is also experiencing an upheaval from within. Dental Service Organizations (DSOs) are gobbling up freshly minted orthodontists right out of school to work for their large conglomerates putting additional pressure on the independant practice. They are able to crush the competition by heavily investing in advertising that entices patients with lower fees and subsequently commoditizes treatment. What a patient gains in cost savings they tend to lose in personal, one-on-one care and trust that comes with the traditional doctor-owned and operated practice. The high value you offer is being undercut by a low price.

Combined, this commoditization of orthodontics gives the appearance of filling the gap between doctor and patient. We need to look at the ways that orthodontists can bridge the gap. It's going to take a proactive approach, digital savvy, a shift toward marketing to a different audience and a departure from your comfort zone a little bit.



CLOSING THE GAP

Whose fault is it? If we blame the patient then we're pretty much doomedas a profession. In the 21st Century, technology influences culture and not the other way around. We can apply technology to do almost everything more efficiently, cheaply and conveniently. This has empowered the individual in ways that has never been seen before. In fact, many technology companies adopt as one of their guiding principles the transferring of power away from a rigid, centralized system and delivering it to the fingertips of the consumer at the touch of a screen.

However, if instead, we look in the mirror we can make some definitive changes to the way we do business by modernizing our practices to leverage disruptive technology. Don't worry, we we're not the only ones to miss this technological revolution. Believe it or not there are other industries humming along that still think technology won't disrupt their status quo. The good news is that it's not too late.

EDUCATE AND ENGAGE

There is a perception out there that braces are merely cosmetic devices, only useful to give people better smiles. As orthodontists we have done a poor job educating the public on the importance and benefits of correcting the occlusion and paying attention to facial harmony and not just the social six front teeth. The AAO released a Public Service Announcement recently advising people against using any DIY process focusing on the damage it can do and the health benefits of proper orthodontic treatment. This PSA goes a long way to raising awareness but we can't rely solely on advocacy groups to to the job. As individual orthodontists we have to be our own advocates and fight fire with fire by leveraging social media and digital advertising to communicate our message through effective use of educational content.

Educational content can explain the health benefits of proper treatment administered by a highly trained orthodontist as well as the parallel benefit of a great smile. It will act as a counterbalance to make people think twice before going the DIY or on-demand route to straighten teeth. Without using scare tactics we can point out all of the things that could possibly go wrong, the pain, and the higher costs associated with fixing what people have done to their own mouths.

An orthodontist is also the best resource to parse the research when choosing from different types of treatments. For example we can draw from evidence-based studies to highlight situations where Invisalign is a good choice or when another type of treatment might be a better fit. (Searching online serves up hundreds of individual papers on the subject.) This content can be presented as expert opinion to local press, posted to a practice's website, turned into educational social media content and used for online advertising.

We need to use our professional voices to cut through the misleading mix of noise barraging consumers about braces. Just add online communications to the list of other skills you never knew you needed like bookkeeping, human resources, conflict resolution and real estate negotiations. No small business can survive today without a solid online plan in place. This is especially true for the orthodontic industry. As we have seen already, your competition is very savvy at marketing themselves online. You need to be just as savvy. The good news is that you don't need a mega marketing budget or an army of digital natives out there making your content go viral.

As a collective of experts we can blanket the marketplace with facts and sound research to guide customers into making informed decisions about orthodontic treatment. Learning how to harness the

power of social media, create engaging content and putting some advertising dollars behind it can go a long way to decreasing that knowledge gap. One study found that before receiving treatment from a practice, 40 percent of the people surveyed said they would visit an orthodontist's Facebook page first. More than a third indicated that "the Facebook page would be an important factor in their decision" (Cox & Park, 2014). The DIY and on-demand services are effectively deploying their message through these marketing channels; orthodontists have to become adept at it and use it to our advantage. Patients already trust the nformation they get from your Facebook page so let's give them what they need to know.

EMPOWERING THE PATIENT

We don't need to be open 24/7 or Uber-ize orthodontics by driving all around town to meet patients in their workplaces. Applications that enable patients and doctors to discuss problems in real time remotely or that update treatment progress through a smartphone camera scan exist today. Employing these technologies will help steer patients away from alternatives by offering the convenience and ease of use that they seek.

While we are railing against the ondemand technology that has caused this rift between the service provider and the consumer, there are ways to embrace similar technology to empower your practice and bridge the divide. Consider this, in the U.S. a majority of people view Artificial Intelligence (AI) in a positive light. They are "hopeful" about AI and other emerging technologies. ("Robotic Technology," 2017).

Dental Monitoring, currently being distributed by Rocky Mountain Orthodontics, is just one example of how progressive orthodontists are using AI to reduce the number of routine visits to the office, something that the

on-demand consumer will certainly appreciate. Like many other on-demand services this one uses a mobile app to monitor progress remotely. A photo taken on a patient's smartphone is analyzed by a complex algorithm to monitor and predict movement. The technology gives patients a sense of control over their treatment rather than waiting for the next appointment to get updates on progress. Add to this the ability to communicate with patients directly by text message and we can harness the power of technology to compress treatment time while enhancing patient communication.

PRACTICE EVOLUTION

You might have noticed that your banker's hours aren't necessarily "bankers hours" anymore. Retail bank branches have expanded availability to meet with the harried lives of their customers. They stay open later during the week and are open full days on the weekend. In a world where online banking and 24/7 customer service is a thing, why do banks feel the need to expand branch hours as well? Consumers aren't abandoning brick and mortar services completely, they just want them to evolve. As such, orthodontists need to recognize that their services need to evolve as well.

Until the recent past we enjoyed the fact that supply for our services was limited, which meant we set the rules of the game. Want to get an adjustment or need an emergency repair? Patients had to come into the office at often inconvenient times. taking off days of work or school to make appointments. We've seen that alternatives and technology have come to fill that gap. We can also take a page from the banking industry and modify our availability by offering extended hours during the week and on weekends. Technology can help us reduce actual visits to the office but chair time is essential to good treatment. That will never change. We just need to be more available when it's most convenient for our patients.

Braces can be expensive for a family. Orthodontists need to offer flexible financial arrangements to offset the cost otherwise we risk losing patients to lower cost, less effective treatment alternatives. People also expect the payment process to be easy, often forgoing the typical check writing process for web payments. It's easy for patients to make a timely payment and track their financial progress if you offer a secure web payment system.

DON'T BE AN ORTHO-OSTRICH

Let's not bury our heads in the sand and pretend technology is a fad that will just go away on its own. Although we will never close the gap completely, we can meet the patient halfway. To do that, we have to change the way we think about how we deliver our services to patients and evolve our practices. We also need to be better at educating about the health benefits of correcting a bite rather than just straightening the front teeth and the treatment options that will get them there. A great smile is the end game but we know that there's a lot more to it than that. To win back the trust of patients, orthodontic practices need to become more patient-centric, adapt to new technology like AI-enabled applications, and communicate the long-term health benefits we bring to their lives.

Amy Epstein, MBA and Dr. Leon Klempner, a retired orthodontist, founded People & Practice (www.pplpractice.com) in 2011.

People & Practice is a full service digital marketing consultancy. We position your practice to grow in a new price competitive economy by helping you compete on value not fees. Unlike most digital marketing companies that measure their success based on just getting your phone to ring, our focus is different. Our goal is based on attracting quality, educated new patients that are much more likely to accept your treatment recommendation, and pay a little extra

for a better service. We use digital social platforms to enable your current patients to advertise for you.

For more information, or a free marketing analysis, you can contact them at 888.866.DOCS, or by email at hello@ pplpractice.com.

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MARKETING: THE TOUGHEST NUT TO CRACK 10 Signs Your Marketing Isn't Working

By Angela Weber, CMO OrthoSynetics

Marketing can be a tough nut to crack, primarily because there is so much noise in the marketplace about what works and what doesn't. To sum it up, marketing effectiveness all comes down to two things: leads and new patient growth. If your marketing isn't having a positive impact on one or the other then what's the point. Now, there's a lot in between this statement and trying to determine why your advertising may not be performing as you desire. In the search for answers

it's easy to get caught up in data that can distract you from what's really going on.

Here are 10 signs that your marketing isn't working:

SIGN #1: PLAN? WHAT PLAN?

Without a plan you're just throwing ideas against the wall to see what sticks. And without a plan it's virtually impossible to track what worked and why. Marketing plans serve as an overall

roadmap to drive your practice forward. The plan itself should lay out every detail of what you hope to accomplish and exactly what you will do and when. Of course, this is subject to change and should never be a "set it and forget it" approach. It's meant to be reviewed, evaluated, and adjusted based on what's working. Understanding how to judge its effectiveness will save you time and money, but first the plan must exist.



"If your social messages are falling flat then your effectiveness is falling flat as well. There's a direct correlation between patient engagement and your practice success."

SIGN #2: YOU LACK A NEW PATIENT GOAL

If you lack a specific goal, how can you know if you've achieved it? By setting a goal for each of your marketing initiatives, you can more easily track your success. A good rule of thumb is to begin with the end in mind. If you want to measure the success of a campaign, define your end goals from the beginning.

Here are a few common goals for marketing campaigns which will in the end improve practice revenue.

- Increasing new patient calls
- Targeting a new market
- Building brand awareness
- Enhancing patient experience

SIGN #3: SOCIAL MEDIA ENGAGEMENT THAT'S ANYTHING BUT SOCIAL

Social media engagement can tell you a lot about your marketing campaigns. Are you motivating your audience to take action or drive engagement with your brand? If your social messages are falling flat then your effectiveness is falling flat as well. There's a direct correlation between patient engagement and your practice success. If patients are happy they are more likely to refer friends and family to your practice. Social media can be used to keep your customers engaged and part of the brand. If you are doing this then you are on the right track. Use analytic tools like Facebook Page Insights to monitor key engagement metrics such as likes, comments, shares, etc.



MARKETING, SOCIAL MEDIA & EVENTS



SIGN #4: ORGANIC WEBSITE TRAFFIC IS DECREASING

Search engine optimization aside, all marketing essentially drives traffic to your website. If your marketing efforts are doing its job then you will see an increase in your overall website traffic. Pop over to your Google Analytics to check your web traffic stats for the past 12 months. Look at the number of people who arrive at your site through organic search. Similar to total web traffic, you'll want to see this number increase each month.

Focusing on search results rather than outcomes can keep you from reaching the right audience. The number one position is only relevant if it drives more new patients. If you are focusing on search results and not people than you are going about it all wrong and your priorities are in the wrong place. If you produce great content for PEOPLE and not search engines, Google will reward you with high rankings. Google is all about the user experience, so keep the focus on the end user and the ranking will follow. Think about why you want to rank #1. Your answer should be to drive more traffic

to your site and convert them into new patients. To measure the effectiveness of your website and strategy, you need to determine if your website traffic is growing or shrinking. Ask yourself, based on your metrics are your web leads increasing or decreasing? If they're decreasing you know something needs adjusting.

"Focusing on search results rather than outcomes can keep you from reaching the right audience. The number one position is only relevant if it drives more new patients."

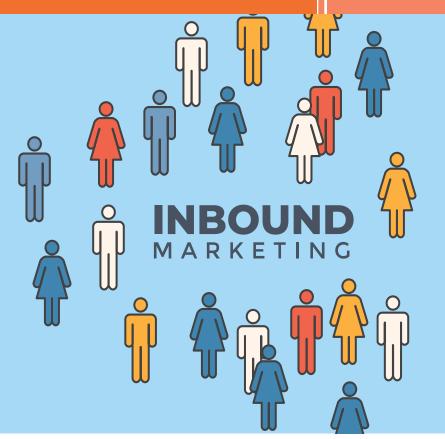
SIGN #5: REFERRAL ANALYSIS SAYS

Asking, "how did you hear about us," is key to determine how the new patient was motivated to come to your practice. Your referral analysis will ultimately help you correlate the contract dollars associated with your marketing initiative - A.K.A, your ROI (Return On Investment). The # of new patients by source will give you the contract dollar values so you can compare to your marketing investment for that source.

SIGN #6: NEW PATIENT LEADS ARE FEW AND FAR BETWEEN

Your marketing plan's ability to drive leads each month is critical. Your team's ability to convert those leads to consultations is even more important. Both aspects of this dynamic need to be paid attention to because having leads and no plan for follow-up is like throwing money out of the window. Both lead generation and follow-up must to work together for optimal success. After all, there is nothing worse than a clogged lead funnel. What's a clogged lead funnel?

MARKETING, SOCIAL MEDIA & EVENTS



It's when you're driving leads but none of them are turning into new patients. If it's been a while - or never - since you've reviewed your lead generation numbers and team report on follow-ups, it's time hop on it.

SIGN #7: USING THE SAME APPROACH YOU DID 5 YEARS AGO

Everything changes and your marketing approach shouldn't be any different. Keeping up with the latest trends and best practices should inspire you to consistently incorporate new ideas into your marketing plan. Not only is our industry changing, but marketing channels are evolving as well. Facebook and Google don't work the same as they did a year ago or even a month ago. Between algorithm updates and new features, if you aren't keeping up you could be missing out - or worse wasting money on tactics that simply don't work anymore. Sites like newsroom. fb.com/news and searchengineland.com are great resources to help you stay on top of emerging trends.

SIGN #8: YOUR COMPETITION DOESN'T KNOW YOU EXIST

How your competitors react to your marketing can be very telling. When it comes to marketing, ask yourself, "Are you a leader or a follower?" If the competition rushes to copy what you've done or tries their best to keep up with you, then your plan is working. How? Because if they are trying to copy you it means they're seeing/hearing about you and feeling the pressure to keep up. If the competition doesn't give you or your practice a second thought, it's time to up your game.

SIGN #9: MARKETING ON THE **CHEAP**

A healthy marketing budget is just the cost of doing business these days. When the going gets tough from a cash flow perspective it might seem necessary to scale back or eliminate your marketing all together. Unfortunately, this won't help you improve the situation. The hard truth is that to grow your practice it's going to cost you. And depending on how behind you are in building your brand awareness, it might take a few months to get things going. Yet, once your marketing starts working for you it can feel like magic, and you'll start seeing positive returns.

"Overall, it can take at least 3 months for a marketing program to get going and start driving the results you're after. "

SIGN #10: YOU EXPECT **IMMEDIATE RESULTS**

If you are short timer when it comes to your marketing initiatives you may not be giving it enough time to take effect. There are very few quick fix initiatives that are going to work instantaneously. Overall, it can take at least 3 months for a marketing program to get going and start driving the results you're after. Of course, there are exceptions, and you can strike marketing gold on the first shot, but don't get discouraged if you don't.

AND, THAT'S A WRAP ON BAD MARKETING.

After reading this, you may have identified with one or more areas in which you need improvement. If so, give us a call to find out how you can put a stop to bad advertising. Let's determine what kinds of changes you need to make. Then, put in place an action plan to up your marketing game. Now some people can afford bad advertising, but chances are you're not one of them. Marketing has to get results. So, stay focused on the core goals of your marketing program and keep new patients at the forefront of your marketing strategy and your investments will yield a higher return. Interested in OrthoSynetics helping you figure out how to improve your marketing effectiveness, contact us today.

Family Fun in Europe!

By Ben & Bridget Burris



There are few things in the world that are better than traveling the world as a family. As orthodontists we have two huge advantages - control over our schedule and funding - that makes family travel very doable. This summer we went to Europe for just under three weeks and had a blast. Instead of just reading about places in geography, social studies and history, our kids get the chance to see these places in person. Not only does this expand their educational perspective but we believe it gives them a larger world view, greater understanding of diverse cultures/belief systems and expands their

We are big fans of self-directed travel. The internet makes it possible to research potential sites, get access to reviews and create an awesome itinerary. We use TripAdvisor and Google to figure out where we will go and where we will stay in a given city or area and then we find local guides to do day trips from our central location. We have had excellent luck finding great places to stay and awesome experiences by relying on the reviews. If a place or event has a ton of reviews then you can usually trust them but a few high ratings doesn't tell much. The other thing to remember is that lower priced places and experiences tend to get higher ratings so depending on what you're after, keep that in mind.











Speaking of lower cost, at 6'5" I'm not much on flying coach on long trips but I'm also not up for paying 6-8 k for a firstclass flight from Orlando, FL to Athens, Greece. I just can't bring myself to spend that kind of money on transport and may never be able to - especially when the kids are with us! We have found a solution though. When we visit Europe we fly Norwegian Airlines. They have several flights from the US to Europe and we take their direct flight from MCO (Orlando) to LGW (London Gatwick Airport). Norwegian' first class seats are basically just like US Domestic first class with a little more room and better service. For the 8-hour flight to Europe this is more than enough space, we ride together as a family and the flights don't cost much more than a coast to coast US domestic flight (and sometimes less). While on the subject, Iceland Air has the same setup in their first-class cabin and offers free layovers of up to a couple weeks in Iceland (we did this last year and it was great). Once we get to London, it's cheap to travel around the rest of Europe and the Mediterranean on EasyJet or one of the other discount airlines and the flights are generally less than 2 hours so who cares what seat we get as long as we are all together?

Since we arrive and leave Europe through London we almost always plan a day or two of adventures there. London is a great town and this year we took the kids on a tour of the Houses of Parliament, checked out Big Ben, saw Buckingham Palace, went on the London Eye, attended Beat the Retreat and generally milled around London on foot checking out all it had to offer. We also met some friends and had high tea at the London Ritz. Bridget actually talked me into wearing a coat and tie for the first time in years to do so but it was well worth it!



For this trip we stayed at The Trafalgar St. James London hotel and it was great. We tend to pick our hotels for location more than anything and The Trafalgar was spot on in that respect as well as being a nice place. Staying in London is pricey no matter where you are so you may as well stay close to the stuff you want to see. Speaking of getting around, Uber is fantastic in London as well as most of the rest of Europe. It's pricey but you can maximize your time seeing and doing instead of waiting on public transit options.

After a couple days in London we stayed at a hotel near LHR (London Heathrow Airport) so we could take an early flight out for Athens. It's important for first time visitors to London to realize there are two international airports in London and they are very far from one another. I can't tell you how many horror stories I've heard of people booking flights into one and out of the other in a matter of hours and there is no way you can pull this off. Don't rely on your travel agent to know the difference either as I've heard of agents doing the same to unsuspecting clients. Our flight to Greece on British Airways was uneventful and we arrived in Athens about noon. While in Greece





we joined some friends on a Disney Adventures tour. It's been a very long time since the Burrises have done a group tour that wasn't self-directed but we wanted to spend time with our friends and this was the plan. On the upside we had a fantastic time with our friends, made some new friends and the kids had other kids to play with on the tour. The downside of the Disney Adventures experience is that it was by no means a Disney experience. We live in Orlando, we are season pass holders, we have done the private tours of the parks... we love Disney! BUT I can wholeheartedly say that I do not recommend traveling with Disney Adventures for a litany of reasons. For what we paid we could have stayed in top hotels, eaten at the best restaurants, done several private tours a day and covered the same ground in less than half the time. The hotels Disney Adventures chose ranged from ok to terrible and all shared one common trait - they were miles from where you want to stay in Athens, Santorini and Crete (so at least they were consistent). But enough about that. For obvious reasons I'll skip the review of the hotels and the logistics on the Disney Adventure segment and stick to the things we did that were cool.





Speaking of cool, the Acropolis, the Parthenon and all the other structures surrounding it were well worth seeing. Athens is just a city and didn't offer much other than visiting the Acropolis and eating at restaurants that had a great view of the Acropolis at sunset.

There was a cute little shopping area at the base of the Acropolis called Plaka. The Acropolis Museum is nice but honestly the best Greek collections are in other museums in other European cities. But all that aside it is well worth the trip to Athens to see the birthplace of democracy in person. One more important note... it's vital to stay near where you want to be in Athens because the Greek taxi cab drivers SUCK and Uber isn't allowed.



From Athens we took a bus to Delphi to visit the Temple of Apollo. I've long wanted to go see the place Alexander the Great visited before setting off to conquer the known world. Delphi was interesting and worth the trip. For someone who was obsessed with Greek history and Greek mythology it was cool to stand where it all went down thousands of years ago.

TRAVEL & LEISURE

We made our way to Santorini on one of the local airlines. Santorini is as awesome as we have been led to believe and we really enjoyed the island. It's the rim of an old volcano that mostly destroyed itself centuries ago and presents excellent eye candy! Again I would highly recommend staying where you want to be as getting around is not straightforward and walking is a much better option. Every evening we walked to the rim of the caldera and enjoyed the views as a family. The food was fantastic as were the excursions - we cruised the caldera and visited one of the islands in the middle of it, visited a vineyard, visited the black beach, went parasailing and did some flyboarding. All in all a great time! One thing I wouldn't' recommend is Akrotiri the so called "Pompeii of Greece". We love some archeological sites but this one was not all it was cracked up to be.













From Santorini we took the fast ferry to Crete. The ferry ride was enjoyable and the ferry certainly was fast! Consider getting upgraded seats - well worth it.

In Crete we enjoyed great weather and a lot of water sports. Mostly we just hung out at the beach and in the water. We skipped most of the official Disney Adventure excursions but we visited some of the small towns and an olive farm which were delightful. We also found some fantastic little restaurants through our usual online research. Overall Crete was great - kinda like the Caribbean is here in the US. From Crete we took a flight to Rome where we spent four awesome days.







Bridget and I visited Rome a couple years ago but we wanted to take the kids to experience one of our favorite cities. We stated at The Inn at the Spanish Steps because of the location and reviews and we were not disappointed one bit. The family villa we had included a balcony that overlooked the Piazza di Spagna where there was always something going on. One of the great things about Rome is that you can experience so much just walking around. The afternoon we arrived we set out on foot and saw the Pantheon, Trevi Fountain, several awesome squares, statues, obelisks, took a carriage ride, saw some great street performers and had a fantastic meal. We have a rule that the kids must try at least one new thing every day we are on a trip and this usually relates to food but not always.

The kids love it and we try to give them as much independence and freedom as humanly possible. It can be stressful to let them range a bit but the rewards are obvious.

The next day we took a guided, private tour of Rome. We hit The Flavian Amphitheater, several churches, and monuments, did a tour of the Vatican grounds, saw St Peter's Cathedral and the Sistine Chapel. Berkeley is quite the little artist and she was even more thrilled than the rest of us for the experience. That night we went for a walk along the Tiber river and enjoyed all the riverwalk had to offer. It's fun to pick a spot and just go see what there is to see.













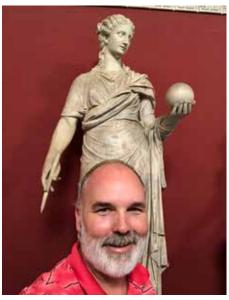












The next day we took a day trip to Positano on the Amalfi Coast followed by an afternoon visiting Pompeii. Very different places but both incredible in their own right. The time we spent at Positano was delightful as were the views of the Amalfi coast on the trip there. We have decided that a boat trip on the Amalfi Coast is in our near future! But the kids' favorite thing of the entire threeweek trip was our visit to Pompeii. They had read about Vesuvius and Pompeii and they were excited about the trip but to see it in person seemed to fire them up even more. We had another private guide who was also an archeologist and teacher and she was fantastic. We couldn't have asked for more! It takes about 3 hours drive to get to Positano and Pompeii but it makes for a great day trip from Rome. If you have more time it would be awesome to stay on the coast and have more time to explore.







We spent the last day wandering Rome and then caught a flight back to LGW where we stayed in a hotel attached to the airport. We flew home on Norwegian the

next morning and that was probably the best international flight we've ever had as a family. I am unsure why but it seemed to pass in the blink of an eye!





It doesn't matter where you go, how long you stay or what you do but traveling with our family is one of the most rewarding things we do. Get out there! Soon your kids will be grown up and have better things to do...

Brush

Straighter: The Rules of Orthodontics

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Drs. Marc Ackerman and Ben Burris are announcing the publication of their book...

Straighter: The Rules of Orthodontics

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

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