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

By Brett Blake

In the May 22, 2000, issue of Time Magazine, orthodontics was listed as one of 10 careers that would disappear in the “new millennium.” At the time, that prediction seemed ridiculous, not even worthy of consideration. Now, as we approach the close of the first decade of this millennium, there is evidence that might lead one to believe that the profession might be at risk, after all. I’m among the tens of thousands of parents who sent their children to receive orthodontic treatment from a dentist. My two oldest children went to their pediatric dentist to receive treatment. It wasn’t until I started working with orthodontists that I learned the difference between a dentist who has “orthodontics” on their door and a specialist who is a practicing orthodontist. Now that I know, my two youngest children are being treated by an orthodontic specialist.

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

Are orthodontists aware that in the United States there are more GPs “trained” to perform orthodontic procedures with aligners than total orthodontists? Align Technology reported it has trained more than 31,000 GPs and has nearly 25,000 GPs now submitting cases, according to the its 2008 investor reports. It now appears GPs have been seeing dramatic increases in their share of all orthodontic cases for most of this past decade. For example, an analyst report published in January 2008 by Piper Jaffrey estimated that in 2005 there were more aligner procedures performed by GPs than by orthodontic specialists. That same report estimated that GPs continue to perform more and more new orthodontic cases each year and are estimated to have performed about 5 percent of total orthodontic case starts in 2008.

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

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

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

Creating a case for action

In the past six months, it has been common for me to find orthodontists with practices that are in decline in today’s economy. Most of these doctors attribute their decline to the economy, but few mention the increased competition from GPs. As I have looked at available data, I have come to conclude that GPs gained market share during a time of unprecedented growth in demand for orthodontic services. During that time period (2005–2008), the impact of tens of thousands of GPs offering treatment was masked by an even greater demand for treatment (whether or not the GPs helped to stimulate demand is worthy of further exploration).

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

Redefining the specialty

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

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

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

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

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

Adopting communications, business strategies

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

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

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

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

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

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

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

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

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

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

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

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

Conclusion

It's time for the orthodontic specialty to define its role precisely and to defend that clearly delineated ground before the profession is completely captured by the general dentists. Orthodontists must specifically resolve and a willingness to face these alarming trends head on, 2009 may indeed be the beginning of the end of orthodontics as we know it.