Now’s the time to plan for AAO Annual Session

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

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

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

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

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

During the 109th Annual Session of the American Association of Orthodontists, being held May 1-5 at the Boston Convention & Exhibition Center.

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

Some of the highlights include:

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

Recession proof your practice

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

Sneak peek

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

The future of ortho

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

Medical disputes in Chinese orthodontic treatment

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

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Cross bite was treated inappropriately into bimaxillary protrusion.
Learning to look

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

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

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

The first phase of “learning to look” at our external and internal environment involves new way of thinking, which includes three separate but interrelated phases: 1. Inductive equals seeing, gathering and collecting data and answering the question: What? (Reason through the details) 2. Deductive equals observing, looking to make value judgment calls and internal editing, and answering the question: So what? (independent of inductive) 3. Abductive equals reflective, go out of the box for different ways of looking; go far away from tradiational thinking, and answering the question: Now what?

Leaders need to walk their talk and talk their walk. It is simplicity on the far side of complexity andbeckons the following:
1. What we know we know.
2. What we don’t know we know.
3. What we don’t know we don’t know.
4. Artmaking, for example can be used to express feeling, uncover social injustice and gain insight into their practice. The philosophy of artmaking for educational leaders of social justice was used as a form of expression to emotionally connect to the heart, body and mind of the educator. The “learning to look” framework teaches us how to look at an item inductively, deductively and abductively.

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

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

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

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

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

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

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

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

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

Each online course delivers information through professionally narrated multimedia and video. Courses are designed for efficient learning. Because course offerings are online, they can be taken at any time and from anywhere on a computer with a broadband connection. ITI also can provide hands-on training. Such training can be arranged within a single practice or in any venue in which orthodontic materials and supplies are available.

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

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

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

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

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

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

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**Financial Fund of Knowledge**

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

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

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

In medicine, a number of unscrupulous people are profiting from these disputes. The Chinese Medical Society investigated 116 hospitals and found the highest compensation for a single medical dispute was 920000 RMB (about $133,000), with an average of 108100 RMB (about $15,000). Some in the unemployed population were hired to make false claims against the hospitals for profit.

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

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

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

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

- **Inappropriate treatment plan.** There were 16 patients with inappropriate treatment plans; a typical example would be orthodontic treatment instead of combined orthodontic and orthognathic surgical treatment in patients who exhibited severe skeletal deformities.

- **Inadequate communication.** There was miscommunication with 15 patients. Some examples investigators found were guaranteed results or a guaranteed prognosis or that treatment fees had not been adequately clarified.

- **Negligence.** Examples include excessive retraction of anterior teeth or anchorage loss.

- **Insufficient clinical experience.** This could include obsessive compulsive disorder (OCD), depression or emotional changes of orthodontists.

- **Developmental problems.** Examples include unilateral condylar hyperplasia that occurred seven or eight years after treatment, causing occlusal changes with the ensuing facial asymmetry. The patient insisted it was the result of orthodontic treatment

- **Relapse.** This was not explained and not dealt with.

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

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<thead>
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<th>Ratio</th>
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<tbody>
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<td>Inadequate communication</td>
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<td>16.4%</td>
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<tr>
<td>False manipulation</td>
<td>3</td>
<td>4.9%</td>
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<tr>
<td>Negligence</td>
<td>4</td>
<td>6.6%</td>
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<td>Insufficient compliance</td>
<td>5</td>
<td>8.2%</td>
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<tr>
<td>Suspected psychotic disorder</td>
<td>5</td>
<td>4.9%</td>
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<td>Developmental problems</td>
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<tr>
<td>Relapse</td>
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Distribution of medical disputes.

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

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

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

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

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

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E-mail: pengyounger@163.com

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**Distribution of medical disputes.**
Resolved: 2009 will NOT be the end of the orthodontic specialty

By Brett Blake

I n 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).

2009

see page 6
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 who is a specialist, 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 attract and retain patients, products and services. Orthodontists will learn that branding, pricing, patient financing and the in-office patient experience must all be used to make the orthodontist stand out from the GPs offering similar services.

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

Equally confusing to many patients is the fact that they perceive clear aligners to be newer and more advanced technology than metal braces, and they find more GPs than orthodontists who offer clear aligners. Patients will expect the orthodontist to use the latest technology and will look for those who can convince them they know how to employ technology to get superior results and who can 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 find it wise to make strategic adjustments as well. For example, perhaps it is wise to reduce the total number of orthodontic specialists being trained each year.

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

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

According to current and former members of state orthodontic 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 to proponents have conveniently defined success as the ability to get a potential patient or parent to respond to an advertising campaign and to direct the respondents to an AAO member. While these 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. When I was a marketer at PepsiCo, we were taught to first spend time identifying who should be communicated with (in this case, not just mothers, but geos, 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 answer to the question, “Why should I choose a specialist rather than my GP or pediatric dentist?” Today’s messaging seems to stop short of the “why” and simply informs the consumer that an orthodontist has more education.

Once orthodontists have clearly delineated the role GPs will be allowed to play in treatment and the types of treatments only orthodontists should perform, the messages and media for communicating should become simpler. 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 show more resolve and commitment to the task of defending their specialty. The profession must specifically resolve that it will not allow its specialty to be dominated by generalists. If orthodontists do not show more resolve and a willingness to face these alarming trends head on, 2009 may indeed be the beginning of the end of orthodontics as we know it.

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**About the author**

Brett Blake is president and CEO of Utah-based Acceptx Financial Solutions, Inc. where he helps doctors increase case starts and cash flow using Internet-enabled software. Blake advises Wall Street analysts and Wall Street bankers as a Scholar Member of the Gerson Lehrman Group Council. He earned an MBA from the Harvard Business School and graduated cum laude from Brigham Young University. Blake can be reached at brett.blake@acceptx.com or (801) 797-8700.
The economy has dropped precipitously, and the recovery is sure to be a slow and steady process. In the meantime, orthodontists cannot wait for the economy to recover before starting to rebuild their practices or retirement portfolios.

The power of systems

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

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

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

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

Five things to do now

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

1. Making your referral marketing the strongest it has ever been. Put in place a professional relations coordinator on a part-time basis and have her extensively involved in outreach to referring offices and patients.

2. All new patients should be scheduled within seven days. Many parents are shopping orthodontic practices, and the first practice they see often wins.

3. Create a strong and highly monitored observation program. All observation patients should be seen every six months on a pre-scheduled basis. If the observation patient misses an appointment, a staff member should reschedule it within 24 hours.

4. Patient financing, available through companies such as CareCredit, is a critical factor in orthodontics today. Levin Group clients now use financing, which can be approved in less than five minutes, for an increasing number of patients. While there is a discount factor, the practice will receive the entire orthodontic payment upfront without worrying about collection.

5. Limit the overdue debond rate to less than 2 percent. Many orthodontic practices do not think that they can handle any more appointments, only to find out they have a 10, 20 or even 40 percent overdue debond rate.

Conclusion

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

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

**By Scarlett Thomas**  
Orthodontic Management Solutions

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

### Case acceptance

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

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

### Creating budgets

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

First, figure out where you spend your money — track all of your income and expenses for the last 12 months. Be sure to count even the small payments. Once you know how much you earn, you can figure out areas where you spend too much for your future needs. Creatively cutting costs can make a difference. It can help you cut back in areas where you spend too much money — track all of your expenses for the last 12 months.

### Equipment loans

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

### Lab expenses

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

### Inventory expenses

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

### Gift giving

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

### Miscellaneous savings

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

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

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

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

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**About the author**

Scarlett Thomas is an orthodontic practice consultant who has been in the field for more than 25 years, specializing in case acceptance, team building, office management and marketing. As a speaker and practice consultant, she has an exceptional talent to inform, motivate and excite. Contact her by phone at 455-2190 or by e-mail at scarlett@orthoconsulting.com.
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- Dr. Jay Gerber
Director of Orthodontics
Preparing for the Ortho Practice Makeover

By Kevin Johnson and Emily Ely

The winner of the Levin Group Total Ortho Success Practice Makeover is ready for change. And he is going to get it!

Dr. Brian Hardy of Hardy Orthodontics in Grove City, Ohio, is about to begin his one year of Total Ortho Success® Management and Market- ing Consulting with Levin Group. But he won’t be going through the process alone. For the next 12 months, we will be taking you along for the ride. As Dr. Hardy’s consultants, we’ll report on what steps are being taken to grow his practice.

In this year-long journey, Kevin Johnson will focus on the management systems in the practice and Emily Ely will focus on referral-based marketing systems. Participating in both programs simultaneously will dramatically enhance Hardy Orthodontics’ position for practice growth — even in our present economy. He and his staff will be actively involved with us in making critical changes to the management and marketing in the practice.

It is the hope of Levin Group and Ortho Tribune that the strategies and ideas that we share with you in the articles will educate and inspire you to spark your own makeovers. So, let’s get started! Let us introduce you to Dr. Hardy and his practice.

Dr. Hardy's chief practice concerns:
- The economy. Specifically, he is concerned about patients’ continued ability to make a 25 percent down payment on orthodontic treatment in the midst of a down economy.
- The schedule. He readily admits his scheduling system is not as disciplined as it should be. He says he is, “reaching a point where hard and fast scheduling rules need to be implemented.”
- Limited staff. He wants to create a professional relations coordina- tor (PRC) position and have an office manager who can handle employee-related issues.

Dr. Hardy feels that his staff is not large enough for him to be able to delegate responsibilities. Staff members agree the office is understaffed.
- Inventory. Dr. Hardy is apprehensive about the fact that he has no solid system in place to handle inventory. Staff members made note of the same fact in information surveys they submitted to us.
- Stress. He reports stress is high in his office. Dr. Hardy feels with the implementation of new and improved systems, the stress level will be much better.

Chief staff concern Overall, staff members rate their office highly. However, one area of concern did present itself when team members filled out Levin Group’s information forms: communication. Staff members report the atmosphere of the office is personable, but they are concerned about the level of effective communication between themselves and Dr. Hardy.

What’s next for Dr. Hardy and his team? Dr. Hardy’s 12-month program consists of three phases with each featuring intensive classroom-style lectures, intensive workshops and one-on-one consulting, hard Orthodontics will begin Phase 1 of the process. Dr. Hardy and his team are packing their bags for a two-day trip to Levin Group’s Advanced Learning Institute at our headquar- ters in Owings Mills, Md. Through team are packing their bags for a two-day trip to Levin Group’s Advanced Learning Institute at our headquarters in Owings Mills, Md. Through classroom-style lectures, intensive workshops and one-on-one consulting, Hardy Orthodontics will:
- develop a vision for the practice
- learn Levin Group’s Power Cell Scheduling
- identify the goals they want to achieve during the program
- create an Ortho LifeMap

Conclusion As orthodontic consultants, we experience no greater satisfaction than helping doctors discover the potential that we know exists in their practices. Look for the next installment when we report on Dr. Hardy’s visit to Levin Group headquarters. We will discuss our findings and recommendations in detail.

To jumpstart your own Total Suc- cess Ortho Practice Makeover, come experience Dr. Roger Levin's next Total Ortho Success® Seminar being held April 2-3 in Chicago. Ortho Tri- bune readers are entitled to receive a 20 percent courtesy. To receive this courtesy, call (888) 973-0000 and mention “Ortho Tribune” or e-mail customerservice@levingroup.com with “Ortho Tribune Courtesy” in the subject line.


About the authors

Levin Group Senior Consultant Kevin Johnson has spent the last eight years working as a Levin Group orthodontic management and marketing consultant. He manages a team of consultants and is a frequent lecturer at the Levin Advanced Learning Insti- tute. Johnson earned his degree from Towson University in 1996.

With many years of market- ing experience, Levin Group Con- sultant Emily Ely joined Levin Group in 2005. Ely uses her unique knowledge and experience to provide marketing solutions for her orthodontic practices. She earned her degree in business from Towson University.

Both Ely and Johnson are members of the Ortho Expert Team, a specialized group of consultants who are trained in the needs of orthodontic practices. Further than two decades, Levin Group has been dedicated to improving the lives of orthodontists. Visit Levin Group at www.levingrouportho. com. Levin Group also can be reached at (888) 973-0000 and by e-mail at customerservice@levingroup.com.
Encouraging early myofunctional habit treatment among growing children has been a continuous goal for Myofunctional Research Co. (MRC) during the past 20 years. In that time, the company has made significant improvements to children's faces all over the world and has educated people about the effects of soft tissue dysfunction on the dentition.

To celebrate MRC's 20th year, the company has introduced MRC Clinics — a system for dental and orthodontic professionals to substantially improve efficiency in treating malocclusion in growing children, satisfying a growing patient demand.

MRC was formed in 1989 when Dr. Chris Farrell first became interested in the work of myofunctional therapists Garliner, Hale and Atkins and their philosophies on tongue and lip function affecting jaw and facial structure. After Farrell had discovered that myofunctional habits were the direct cause of 90 percent of malocclusions, all his effort was then devoted to simplify this treatment with an appliance.

Farrell merged together three well-known prefabricated appliances — the chewing brush, oral screen and occlusoguide — plus the John Mew and Rolf Frankel designs to make the first appliance from MRC — the Orthotrainer. Its function was to correct myofunctional habits, align erupting teeth and allow for more stable orthodontics. Just one size was required for all children in the mixed dentition for all malocclusions.

The response from dental professionals in Australia was disheartening, all criticizing this new invention. Orthodontists in the United States rejected the Orthotrainer, saying braces could do the job better and faster.

Heading to Europe's IDS in Cologne in 1995, Farrell received immediate orders from France, Holland and Belgium after doctors were shown the Orthotrainer. Not long after, Germany, Russia and Italy adopted this appliance, which then sparked the creation of the T4K, now used in more than 70 countries.

With such a growing rate of success with the T4K, requests were raised for more complex appliances to be made for TMJ/D treatment and a replacement for fixed appliances. The TMJ Appliance, TMD Appliance, T4A Appliance, Myobrace and i-3 followed soon after.

2009 marks the beginning of the MRC Clinics System. This new approach increases patient flow, patient education and requires less patient-doctor time, creating a practice that can efficiently accommodate the high demand of children needing orthodontic treatment.

The fact is three out of four children have a developing malocclusion, with a large number caused by bad myofunctional habits. No orthodontic treatment can reach a really satisfactory outcome without correction of these habits.

The simplest way to implement an education strategy with little knowledge required is to use MRC Clinics' new educational media, which can be run on any computer and administered by any trained auxiliary. Auxiliaries can easily present the information to patients and parents and results can be achieved once this system has been implemented.
2D lingual brackets

New bracket types are now available within the 2D™ lingual bracket system by Forestadent.

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2D lingual brackets have one of the lowest profiles of all lingual orthodontic brackets on the market. A total thickness of 1.3 to 1.65 mm (2D lingual bracket with T-hook), rounded edges and smooth surfaces make them extremely comfortable for the patient.

Their low profile also ensures the archwire is held close to the tooth surface, allowing the system excellent biomechanics especially for the correction of tipping and rotated teeth. Consequently, the first phase of treatment can now available:

- The 2D lingual bracket with T-hook for fixing elastic chains.
- The 2D plus lingual bracket with additional slot allowing torque to be applied to a single tooth.
- The 2D plus lingual bracket with a gingival hook for applying intermaxillary elastics.

The new 2D lingual brackets are competitively priced and may be bonded directly, eliminating laboratory costs. This bracket system is a cost-effective way to introduce low force, low friction lingual orthodontics into any practice.

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Kidzpace Snow/Skate Boards

Waiting rooms can become a fun place to be with the new Kidzpace Snow/Skate Boards.

This entertaining, interactive game has children wanting to go to the dentist! They ride the boards, just like the real thing, to control the action on the screen. Jumps, flips and wipeouts are controlled by leaning the board and pushing the stunt buttons. The game is intuitive and easy to play yet remains challenging as a player’s skill level improves.

Kidzpace products are a great way to make your waiting area a hit with the kids. As Dr Nicholas Zafiropoulos says, “Everyone loves the games! New patients have chosen our office because they have talked to patients and heard about the games.”

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Mystique MB is a top choice for the growing number of teens and adults seeking aesthetic treatment, now approaching one-quarter of all orthodontic patients. Mystique MB is highly translucent, appearing to blend with the enamel from a distance of one meter. Furthermore, the silica-lined slot provides greater aesthetics over other brackets while simultaneously reducing friction. Additional Mystique MB features include:

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May 3 at the Renaissance Boston Waterfront Hotel. Motivational speaker Donny Clay will join him. The ceremony runs from 1:15–2:45 p.m. and costs $20.

- Music from the Boston Pops, performing a special opening ceremonies concert on Saturday, May 2, and the Beach Boys, singing during the AAO Gala event on Monday, May 4, at the Boston Opera House. The opening ceremonies will be from 4:30–6:30 p.m. at the John B. Hynes Veterans Memorial Convention Center. Tickets are $30. The AAO Gala starts with a cocktail reception at 7:30 p.m. Tickets are $40 and include two drink tickets.

Early registration for the AAO Annual Session ends March 27. Hotel reservations also must be made by this time. For registration forms, tickets for special events and more information, visit www.aao.org/mtgs/annual/2009.

For a more detailed look at the people and products on display at the AAO, along with a guide to planning your stay in Boston, be sure to pick up the April issue of Ortho Tribune.
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Increase Your Case Acceptance
YOUR PATH TO GREATER SUCCESS BEGINS WITH IMPROVING THE SYSTEMS IN YOUR ORTHODONTIC PRACTICE. BETTER SYSTEMS INCREASE EFFICIENCY. EFFICIENCY REDUCES EXPENSES, PRODUCES HIGHER PRODUCTION, CASE ACCEPTANCE AND ULTIMATELY HIGHER FINANCIAL GAIN.

Agenda: Day 1
8:00am-12:00pm Mastering The New Patient Exam
- The One Step Start
- How to Increase Case Acceptance
- Educating and Motivating the New Patient
- Scripting for the Entire New Patient Process
- Creating a Successful "Will Call Back System"
- Having an Effective "Recall System"
- The New Patient Exam as a Team Approach
- Role Playing
- Presenting Fees
- The Importance of the Initial Phone Call

1:00pm-4:00pm Top Notch Management
- The Hiring Process
- Employee Appraisals
- Addressing Collection Policies
- Effective Communication
- Creating and Managing Budgets
- The Importance of Delegation
- Motivating Staff
- Morning Meetings
- Staff Benefits

12:00pm-1:00pm (Lunch and Open Discussion)

Agenda: Day 2
9:00am-12:00pm Effective Marketing That Works!
- Creating a Yearly Marketing Game Plan
- Determining a Marketing Budget
- Assigning a Marketing Coordinator
- Understanding the Market Trends
- Internal Marketing
- External Marketing
- Community Marketing
- Media/Community Marketing
- Staff Marketing

1:00pm-4:00pm Building A Successful Schedule
- Building a Schedule for the Growth of a Practice
- The Build for Growth Formula
- Scheduling Doctor Time
- Assigning Columns and the Benefits
- Emergency Appointments and How to Handle Them
- Building Production into the Schedule
- Scheduling Debated Days
- The Importance of Morning Meeting

12:00pm-1:00pm (Lunch and Open Discussion)

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David Stephens - Utah

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

After implementation of her concepts into your practice, Scarlett invites you to experience not only tremendous growth and increased income but a well organized practice.

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