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THE EDITOR'S CORNER

Cottage Industry or Brave New World?

I recently began the rather onerous task of spring cleaning in my academic office—something I do at least every other decade, whether the office needs it or not. As I dug through piles of aging print journals, floppy disks (remember those?), Zip drives, and VHS video cartridges, I really began to appreciate how much things have changed since I began my career. Like many of us born in the years before Sputnik, my first office was a five-and-dime operation consisting of a waiting room, a small reception desk, a three-chair treatment area, and a private doctor's consultation office. Two bathrooms, a small wet-dry lab, and a storage room rounded out the floor plan, which took up all of 1,600 square feet. One receptionist/business manager did the scheduling over the telephone; appointments were kept manually in an "appointment book". Our bookkeeping was handled with a pegboard system that seemed to be simple, accurate, and reliable. I don't remember this system ever crashing.

When parents brought their child in to see me for treatment, I took alginate impressions and poured them up in dental stone, developed radiographs using acetate film and chemicals, traced and measured the cephalometric by hand, and then designed an individualized treatment plan. Once the parents agreed, they made a down payment, usually by cash or check, and set up a monthly schedule under which future payments were mailed in through the U.S. Postal Service, using stamps you had to lick. Dental insurance was just surfacing as a factor in orthodontic practice; most of us were convinced that it was a passing fad.

The concept of practice marketing was in its infancy. In fact, the only marketing plan I knew of was to deliver high-quality treatment, show the patients and their parents the same respect I would ask for myself in a similar setting, and then allow word of mouth to spread my reputation. In those days, any sort of advertising was seen as grossly unprofessional. I remember one of the greatest controversies before our extraordinarily conservative state dental board was whether to revoke the license of a dentist who had the audacity to take out an ad in the Yellow

Pages (remember those, too?) that actually included more than the doctor's name, address, and phone number!

Independence of the individual practice was accepted as an irrevocable right, so long as the doctor stayed within the norms and mores of the professional society. Orthodontists owned their own businesses, set their own hours, and devised their own management plans. Actually, these conditions explained why many of us entered the profession in the first place. It was the perfect cottage industry.

To borrow a phrase from Aldous Huxley (who borrowed it from Shakespeare), we are now living in a Brave New World. HIPAA, OSHA, the IRS, and insurance companies have ensured that the doctor is no longer the boss. PPO, HMO, and closed-panel-provider contracts have essentially eliminated the cottage industry we once had. How we practice, whom we treat, and when and where we do it are governed by forces far removed from our individual domains. The one-man or one-woman operation is now whimsically, perhaps even somewhat disdainfully, referred to as a "boutique practice". Large multi-office dental "chains" now employ most of the young orthodontic graduates, to the point that the idea of a new grad getting out and opening an office from scratch is almost a fantasy. Competition for patients, unheard of a generation ago, is now fierce. Advertising is commonplace, and practice mar-

keting has become a Darwinian process of survival of the fittest. The most up-to-date, high-tech marketing strategies are required just to keep pace.

Maintaining a practice website—considered a cutting-edge marketing approach just a year or two ago—is taken for granted. More recently, Internet-based social media have become hugely popular. Such forums as Facebook, Twitter, Myspace, and LinkedIn have evolved from simple means of bringing college kids or interest groups together into mass communications with tremendous business and marketing applications. Have they now become a necessity for today's orthodontic practice? This is the question that was addressed in a research project conducted by Drs. Jamie Haas and Jae Hyun Park of the Department of Orthodontics at the Arizona School of Dentistry and Oral Health. I found their results, presented in this issue of JCO, to be interesting and even a bit surprising. Obviously, the social networks present uniquely valuable (and affordable) marketing opportunities to the profession. It would behoove any practitioners wishing to remain competitive in the current environment to familiarize themselves with this study.

Drs. Haas and Park leave little doubt that our beloved cottage industry is a thing of the past—but they also signal that the Brave New World in which we live can actually have an exciting future. RGK