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THE EDITOR'S CORNER

The Lifeblood of a Practice

My practice, like those of most of our readers, has not shown as much economic growth as I would have liked since the economic downturn began around 2008. Case starts are down, and referrals from general dentists have declined precipitously.

Many, if not most, of my case starts nowadays are what we call "legacies", to use a college admissions term—the younger siblings or children of former patients. To encourage these, I make a particular effort to be positive and cooperative whenever the mother of a current patient asks me a question concerning the dental status of one of her younger children: "You know, his little sister Bethany's lower front teeth are coming in, and they look crooked to me. Do you think she will need braces, too?" You can bet I respond, "Well, let me take a look!" and that I proceed to seat little Bethany immediately on completion of her older sibling's appointment and give her a complete exam with Mom watching. I comment on the highlights of the occlusion or malocclusion—explaining them clearly so that the mother knows exactly what I'm seeing—and I give her an honest and clinically accurate description of what I think the course of her child's orofacial development will be and what, if any treatment, she might need in the future.

Of course, I never charge for this kind of consultation. I ask the mother if it is OK for us to generate a record for Bethany, and I make a point of advising that she bring Bethany in with her older child at least once every six months so I can monitor her development. I also remind her to have Bethany seen by her general dentist or pediatric dentist for regular check-ups. The dentist takes any necessary diagnostic radiographs and keeps me apprised of any issues that might arise. When the time comes to initiate orthodontic treatment, we schedule a records appointment, for which the parents are charged a reasonable fee. The complete treatment plan never comes as a surprise to the child's parents, because they have had the opportunity for months—if not years—to ask questions about treatment and finances. Every parent in my practice

who has participated in this arrangement has been understanding and accepting.

In many situations, the older child's orthodontic treatment is completed well before the younger child reaches the appropriate stage of development. In that case, Bethany goes into our observation-recall system. As one clinician remarks in this month's Readers' Corner, the recall system is really the lifeblood of the practice. Many patients come in for consultations at a time when they are not yet developmentally ready for treatment, or when the parents are not financially able to start or "just want to think about it for a while". All these consult patients are entered into our office computer system. At six-month intervals, they or their parents are reminded by postcard and a follow-up phone call of their need for treatment. At that point, they are handled in just the way I described for our "legacy" patients. If the patient or parent instructs us not to call any more, we remove the patient from our follow-up system. Few people make that request, and most are grateful for our diligence.

These are the families that we genuinely cherish in our practice. A respectable number of them have become multigenerational patients, in that I have treated both parents and children over the years. I am excitedly awaiting my first "grandpatient"—I don't know who it will be, but it shouldn't be long now. This kind of return business would be practically impossible without a vibrant observation-recall system.

I was encouraged to see from Dr. Jack Sheridan's Readers' Corner survey that many of the techniques we employ in our practice are in general use. The financial importance of observation recalls has been confirmed by the data gathered over the years for our biennial JCO Orthodontic Practice Studies, at least in terms of converting referrals to case starts. But I would certainly welcome a well-designed nationwide survey that would reveal which particular observation-recall protocols produce the best results with respect to practice growth and efficiency. Such a study would benefit all of us. In the meantime, Dr. Sheridan's report on our readers' recall procedures makes for pertinent reading.

RGK