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THE EDITOR'S CORNER

Relating to Pediatric Dentists

I recently ran into one of my orthodontic graduate students at the University of Southern California after we had completed our morning workouts in the gym. I have known this promising young man since his days as a dental student, but before this encounter, he had always been rather shy, never daring to strike up a conversation with me. There was obviously something different in his demeanor this time, since he actively sought me out and began an enthusiastic dialogue. It seems he had recently signed a contract for an associateship following his graduation, and it was located in my old hometown: Albuquerque, New Mexico. At first, his line of conversation focused on the city itself. What did I think of it as a place to raise a family? What were my impressions of the local economic prospects? How is the cultural scene? What is there to do outside of work? I answered him as best I could. Albuquerque is a wonderful place both to live and practice. I indicated to the student that if there had been a dental school where I could teach, I would have been proud to stay and raise my family there. But when I asked him who the senior partner would be in his associateship, since I know many of the orthodontists in New Mexico, he suddenly returned to his customary reticence. He averted his eyes and sort of mumbled under his breath a name I had never heard. On further questioning, it turned out the reason for his reluctance was that the senior partner was not an orthodontist at all but, rather, a pediatric dentist with multiple offices who wanted to offer “in-house ortho”.

My student seemed to be ashamed or embarrassed about this, so he was obviously relieved when I didn't respond negatively. Instead, I told him that it appeared to be an excellent opportunity in a wonderful place. To my way of thinking, the notion that a real orthodontist would be delivering orthodontic care to the patients in this pediatric practice was a positive development.

Way back in the early days of my own practice, pediatric dentists (we called them pedodontists back then) were among our most reliable sources of referrals. One pediatric dentist regularly referred as many new patients

to my practice as almost all general dentists combined. As the years went by, however, the caries rate in the population declined dramatically, reducing the income base for both pediatric and general dentists. Simultaneously, technological innovations made it increasingly tempting for non-orthodontists to deliver orthodontic care to their patients. Interspecialty relations seemed to decline, and referral rates plummeted. In response, various marketing strategies were formulated to revive patient flow. I remember one group of orthodontists joining together to set up newly graduated pediatric dentists in practice in their immediate referral area, providing them with start-up capital under the proviso that they would never engage in the practice of orthodontics and would, instead, refer all their malocclusion patients to the involved orthodontists. Not a bad idea.

I have to say (confess, admit, whatever term you would like) that practically all the pediatric dentists I have known over the years have been wonderful people. As a group, they remind me a lot of elementary-school teachers—another group of which I am particularly fond, considering I married one and sired another. Both professions tend to attract genuinely caring people who simply like and want to help kids of any sort. This admirable trait goes a long way toward explain-

ing my lifetime friendships with several pediatric dentists. No matter what level of professional competition may exist between our two specialties, pediatric dentists remain near the top of my likeability list.

In any case, pediatric dentists remain a strong source of patient referrals for many orthodontic practices. Any orthodontist who wants to continue building a patient base should consider how to encourage more of these referrals. In fact, that very question is addressed in this month's JCO Management & Marketing column: an excellent study by Drs. Hemali Kothari, Dawn Pruzansky, and Jae Hyun Park entitled, "What Influences a Pediatric Dentist to Refer to a Particular Orthodontist?" Based on responses from a sizeable nationwide sampling of pediatric dentists, the authors have identified the features of an orthodontic practice that are most likely to result in referrals—including reputation, personal relationship, office environment, and quality and cost of treatment. I am willing to bet that their findings would apply to referrals from general dentists and other specialists as well. A close reading of this study, followed by a practical implementation of its findings, may well increase your referrals from pediatric dentists in your own area.

RGK