

# Orthodontic Scheduling and the Two-Income Family

JOHN J. SHERIDAN, DDS

One of our colleagues wanted to find out what his patients and their parents thought of his practice — what was right about it and, more importantly, what was wrong with it. So, he simply asked them via a questionnaire. The results were enlightening. Their aggravation with his practice was centered in two prime areas: (1) availability of appointments, and (2) no doctor contact after consultation. Very simply, parents wanted to get the kids to the office when it did not destroy their daily schedule, and they wanted to have some contact with the doctor to keep abreast of what was going on.

Notice that these chief complaints fall under the broad title of service. They have nothing to do with clinical acumen, patient cooperation, office decor, or the projection of professionalism. Our colleague instituted procedures to correct the parents' chief complaints, and the results were predictable. In his words, "I'm catching them faster than I can string them".

The orthodontist has associated the word "service" exclusively with the degree of excellence in treatment, and this overall concept I endorse passionately. But, in today's professional climate, it is getting tougher and tougher to compete for a limited supply of patients on a purely technical basis. There

are lots of competent orthodontists around and many more waiting in the wings. As it becomes more difficult to maintain a position of professional isolationism, we have to think of another way to augment concerned clinical treatment. That other way is service.

## The Problem

The middle-class family has undergone major change in the last nine years. The Census Bureau tells us that about 50% of today's middle-class families combine two incomes with both father and mother working. The working mother no longer has the time to get her kids to their routine activities. She has to work in order for the family to survive economically. Her schedule is usually tight. Any invasion on her delicately balanced timetable is a major obstacle.

A succinct example. Both parents of one of my patients worked — Mother for the telephone company, Father as a construction supervisor. Mother had to bring the child to the office. She had to take off from work, pick up the child, wait for the child, and return him from whence he came. This was a two-hour expedition. Her pay was docked \$22 while she was absent from work. Multiply this dollar figure for all visits including retention, plus the fee for the case,



and multiply the result by the aggravation she caused on her job by being absent, and we get a general idea of the impact that orthodontic treatment had on that particular family. When we realize that practically all adults and one-half of the families we treat are more or less in the same boat, the situation becomes serious enough until it is unconscionable to ignore it.

### **The Solution**

The problem has been stated, now what do we do about it? One answer is service. We can adjust our time to the schedules of our working parents and adult patients. The day is gone, glorious as it was, when the vast majority of our parents had the facility to adapt to our convenience. Our social structure has dramatically changed, and we must offer our working parents and adult patients appointments that are not unduly stressful to their livelihood. This means that we have to reevaluate the traditional 8-4:30 schedule. What was conventional ten years ago is inconvenience today. I suggest we work some evenings for our working parents and adult patients. Let's say we alter our schedule two days a week to work from 1:00 p.m. to 9 p.m. The "after hours" portion would be set aside exclusively for the patients who need to come at that time.

Can you imagine what would happen? Let me brief you. First, the parents would spread the word like wildfire, because they usually associate with other two-income families. Second, your referral base would be enthusiastically augmented by the employers of your working parents and adult patients. You have done a magnificent thing for their absentee problem. And, finally, your consideration for the plight of these patients will not go unnoticed. Your alteration of traditional

scheduling will be recognized for what it is — a sincere concern for people.

There is an easy way to test the accuracy of this. Ask your appointment secretary what time is requested, or better yet, pleaded for by parents. The overwhelming favorite of coveted appointment times will be the latest appointment in the afternoon or the earliest available in the morning.

You might justifiably say that these appointments have always been popular because parents were concerned about their children missing school. A point well taken, but with the advent of the American social phenomenon called the two-income family, the appetite for these choice appointments becomes ravenous. It is important that the child not miss school, but it is imperative, even essential, that the parent not miss work.

It would be naive to assume that the alteration of your conventional working day is easy. It is not. The clinician and his staff must make adjustments in their work program. One can expect to work through a period of awkward adjustment. But that's what service and practice building are all about. It requires effort and readjustment to offer benefits to your patients that are extraordinary in your community. If the inconvenience of change is too laborious to think about, then think about what will happen to your practice when the orthodontist down the street decides to have a service-oriented practice. After all, who would you go to if you were a working parent or a working adult seeking an orthodontist? The answer is clear. The service-oriented practice takes no additional time, simply readjustment of scheduling and attitudes that are rapidly becoming obsolete.

*2751 Virginia Ave.  
Shreveport, LA 71103*