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the editor's corner

The Sun Also Rises

A great many orthodontists have accepted a number of ideas that are not only untrue, but that may jeopardize the health of their practices. These are practice myths that need to be punctured so that orthodontists can direct their energies in constructive ways.

MYTH #1—*All reports about declining practices and lowered standards of living are just gloom-and-doom talk.* The truth of the matter is that properly conducted studies only reveal what is actually happening in orthodontic practice. Their usefulness is to alert orthodontists to conditions in the real orthodontic world so they might plan an adequate response. Those who dismiss the truth as just gloom-and-doom talk are inviting their own decline. Those who do plan an adequate response are likely to have healthy practices that grow and prosper.

MYTH #2—*Dentist referrals are a thing of the past. Forget them. From now on orthodontists will have to depend on patient referrals.* While this may be true in some instances, there is no reliable evidence that it is generally true. On the contrary, every reliable study has reported that the majority of referrals to orthodontic practices have come and still come from general dentists, and that the more successful the practice is the more dentist referrals it has. Even if one were to believe that patient referrals exceeded dentist referrals, dentists would still be a major source of referral. It is self-destructive to write off the general dentist as a referral source, and it does not serve the patient well when the orthodontist distances himself or herself from the general dentist. Furthermore, while dentists appear to account for a majority of referrals in the average practice, they are reported to be even more influential in adult patient referral.

MYTH #3—*Orthodontists are professional people. Professionals don't become involved in crass commercialism such as marketing.*

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Because marketing is practice building and not many practices build themselves, marketing—along with management—is one of the major administrative efforts of successful practices. While there may be specific tactics that are characterized as practice building or practice promotion efforts, everything that is done in an orthodontic practice to attract new patients is related to marketing.

MYTH #4—*Adult patients are no different from child patients. They are amenable to the same treatment, the same administrative procedures, the same office environment.* Many adult patients are—especially young adult patients (two-thirds of present adult patients are between the ages of 18 and 27), and especially those who are related to present and former patients (and these make up 75 percent of adult patients presently in treatment). However, adult patients—especially older adult patients—are different from child patients. They are different dentally, occlusally, periodontally. They are different in their motivation to start treatment. They are different in their needs with regard to office location, staff relations, and appointment scheduling.

MYTH #5—*The primary key to success is excellent treatment of malocclusions.* While excellent treatment of malocclusions is related to practice success, excellent treatment of dentists, patients, and parents is even more related to practice success. Orthodontic specialists are expected to produce uniformly good treatment results. Those who consistently produce extraordinary treatment results may use that as a marketing tool. However, even they must also pay attention to optimal administration and communication.

MYTH #6—*In an orthodontic practice, the doctor is expected to perform the treatment.* In most instances, this expectation is in the mind of the orthodontist who prefers technical work to management work. The problem is that the orthodontist who spends the entire day at the chair has little or no time for diagnosis, treatment planning, quality control, staff training, administrative management, financial management, practice promotion, practice planning, and communication with dentists, patients, and parents. The first secret of delegation is to find employees to whom you feel comfortable delegating, train them properly so they can accept responsibility with authority, and reward them appropriately. The second secret of delegation is to educate patients and parents to the role of a competent, highly trained staff. The third secret of delegation is to decide to delegate all the technical tasks that can be delegated. Delegation does not eliminate the doctor from patient contact. He or she should see most patients; supplement and supervise operatory staff; assess patient progress; perform the initial examinations, case presentations, progress reports, and post-treatment consultations; make some or all of the comfort calls; perform difficult tasks; and work in the operatory as time and inclination allow.

These six practice myths indicate six ways to kill a practice—consider news about economic problems in orthodontic practice to be just gloom-and-doom talk, neglect the general dentists, neglect practice promotion, treat adults the same as children, believe that excellent treatment alone is a key to success, and never delegate technical treatment tasks.

If these indicate six ways to kill a practice, they also indicate six ways to build a healthy practice—take the news about what is happening in the economics of orthodontic practice seriously, and plan to cope with the problems; court the general dentists; promote the practice; cater to adults; supplement excellence in treatment with excellence in management; and delegate. ELG