

## EDITOR

Larry W. White, DDS, MSD

## SENIOR EDITOR

Eugene L. Gottlieb, DDS

## ASSOCIATE EDITORS

Charles J. Burstone, DDS, MS

Melvin Mayerson, DDS, MSD

Homer W. Phillips, DDS

John J. Sheridan, DDS, MSD

Peter M. Sinclair, DDS, MSD

## BOOK EDITOR

Robert G. Keim, DDS

## EDITOR, SPANISH EDITION

José Carrière, DDS, MD

## CONTRIBUTING EDITORS

R.G. Alexander, DDS, MSD

Thomas D. Creekmore, DDS

Gayle Glenn, DDS, MSD

Warren Hamula, DDS, MSD

James J. Hilgers, DDS, MS

Howard D. Iba, DDS, MS

Richard P. McLaughlin, DDS

James A. McNamara, DDS, PhD

Thomas F. Mulligan, DDS, MSD

Robert M. Rubin, DMD

Thomas M. Stark, DDS, MSD

Dr. John C. Bennett (England)

Dr. Carlo Bonapace (Italy)

Dr. Jorge Fastlicht (Mexico)

Dr. Angelos Metaxas (Canada)

Dr. Georges L.S. Skinazi (France)

Dr. Ane Ten Hoeve (Netherlands)

Dr. Bjorn Zachrisson (Norway)

## MANAGING EDITOR

David S. Vogels III

## EDITORIAL ASSISTANT

Wendy L. Osterman

## BUSINESS MANAGER

Lynn M. Bollinger

## CIRCULATION MANAGER

Carol S. Varsos

The material in each issue of JCO is protected by copyright. JCO has been registered with the Copyright Clearance Center, Inc., 222 Rosewood Drive, Danvers, MA 01923. Permission is given for the copying of articles for personal or educational use, provided the copier pays the per-copy fee of 5 cents per page directly to the Center. This permission does not extend to any other kind of copying, including mass distribution, resale, advertising or promotion, or the creation of collective works. All rights reserved.

Address all other communications to *Journal of Clinical Orthodontics*, 1828 Pearl St., Boulder, CO 80302. Phone: (303) 443-1720; fax: (303) 443-9356. Subscription rates: INDIVIDUALS—U.S.A.: \$130 for one year, \$235 for two years; all other countries: \$165 for one year, \$290 for two years. INSTITUTIONS—U.S.A.: \$175 for one year, \$305 for two years; all other countries: \$215 for one year, \$385 for two years. STUDENTS—U.S.A.: \$65 for one year. SINGLE COPY—\$12 U.S.A.; \$14 all other countries. All orders must be accompanied by payment in full, in U.S. Funds drawn on a major U.S. bank only.

# THE EDITOR'S CORNER

## Biding Our Time

I read the other day that in the course of a lifetime the average American spends five years waiting in line, two years trying to reach people by telephone, one year searching for misplaced objects, eight months opening junk mail, and six months sitting at traffic lights. After queuing up recently to renew my driver's license, I suspect that those times are far too conservative.

Throughout the Industrial Revolution and into our present age, the customer's time has been treated as what economists call an "externality", like air or water. It is an economic asset so readily available that it need not be accounted for. Wasting the customer's time has become so common a principle of marketing strategy that companies and clients take it for granted. Nowadays, even enterprises created out of the new information economy continue to practice as though the customer's time were subordinate to the company's needs. Just try getting through to a live service representative of a computer company to help resolve a software problem. Instead of timing the event with your digital watch, you might as well use a calendar.

The concept of a customer's lifespan as a scarce commodity has not yet occurred to most of the businesses and governments around the world. But that is about to change—just as it has with other previously unaccounted-for externalities. For example, once we became aware that the environment was degenerating faster than it could recover, we insisted on treating air and water as precious, limited, and finite resources.

I expect that the health-care professionals who will be big winners in the new era will be those who develop methods to deliver superior services at less cost of *the customer's time*. You can already see orthodontists responding to this new imperative. Just a few years ago, the typical new-patient appointment scenario went something like this: The patient's mother would call the office and receive an appointment for an orthodontic examination; upon the patient's arrival at the office, the doctor would perform a clinical examination, inform the parent

that more study was needed, and suggest a records appointment; a couple of weeks later, the records would be made, and a new appointment would be arranged for a consultation that both parents would be encouraged to attend; another two weeks would pass before the half-hour-plus consultation, in which an explanation of the orthodontic problem would be presented; once the treatment plan and fee were accepted, an appointment would be made in one to two weeks to place separators, take impressions for special appliances, and give toothbrushing instructions; within another one to two weeks, the orthodontic appliances would be placed, and treatment would be started. Six to eight weeks might pass between the original call and the actual start of treatment, and this was considered quite normal all over America. Once treatment began, the patient was brought back to the office every three or four weeks for archwire changes and appliance adjustments.

Today, many orthodontists will do the clinical examination, take records, put separators in, and arrange the fee and payment schedule—all at the first appointment. The appliances are placed at the next appointment, often within a week. Patients are seen at six-to-eight-week intervals. Working parents love the convenience this acceleration of services gives them. Not only that, but more efficient computerized scheduling allows them to schedule appointments when it is most convenient for them, while reducing the time they spend in the reception room—one of the greatest annoyances mentioned in surveys of

health-care consumers.

Clinicians cannot yet do much about changing the cellular biology that ultimately determines how fast teeth align, but with a variety of non-compliance devices, customized brackets, judicious extractions, and interproximal enamel reduction, they can deliver excellent treatment with the best array of tools and strategies ever available. The addition of thermal titanium and other exotic wires has given the profession some powerful instruments for bringing teeth into alignment with less inconvenience and distress for the patient, more efficiency for the doctor, and far less intrusion on the patient's time.

Orthodontists have a legitimate worry about the quality of treatment under such a hurry-up offense. But in the study groups I belong to, patients seem to receive superlative treatment in practices that use this approach. If quality is lacking, I suspect it is for reasons unrelated to the schedule.

Businesses can no longer consider time as an externality. In fact, the way businesses treat the customer's time will soon become the central test of commercial viability. The pursuit of this new paradigm will require companies and professionals to adopt new techniques of marketing, produce more efficient services, and accommodate clients in a more customized fashion. Essentially, they will have to adapt their businesses to serve their new sovereigns: the customers and their time.

LWW