

THE EDITOR'S CORNER

My Best Advice

In this month's issue, we present Part 1 of the 2023 JCO Orthodontic Practice Study, which covers important trends in practice management. This is the 22nd biennial survey conducted by JCO since 1981, and the sixth to be administered primarily online. To all the U.S. orthodontists who took the time to open up their practice statistics and complete the survey, a big "thank you."

Although Part 1 is filled with useful practice-management information, what stuck out immediately to me was the consistency with which orthodontists have accepted insurances over the past two decades. In 2001, 79% of the respondents accepted assignment of benefits; in the current Study, the figure was 82%, down slightly from the 85% reported in 2021 (Table 1). Those numbers are all dramatically higher than the 38% reported in 1981.

It is also important to note that the respondents' average number of years in practice held steady at around 20. In other words, even after 20 years of practice, some 80% of U.S. orthodontists are still working with insurance. These results are virtually identical to the findings of our April 2020 Readers' Corner, in which 81% of the participating JCO subscribers reported accepting assignment of benefits. Their reasons for taking insurance fell into three main areas: it was seen as a courtesy and good customer service, making payment easier for families; it helped increase case acceptance and lowered the initial payment; or it was expected in the area where the clinician practiced. One might assume that a greater dependence on insurance would affect orthodontists' bottom line, but the 2023 Study continued to show substantial increases in gross and net income, following a downward bump during the 2020 pandemic era.

New practice owners frequently ask me for my best practice-management advice, and my answer is always the same: "Accept insurance." Specifically, I think a young orthodontist starting a

new business should become an in-network provider for most preferred provider organizations (PPOs). My rationale is that it is crucial to avoid any obstacles that could prevent a new patient from starting treatment. I am more ambivalent about recommending health maintenance organizations (HMOs) and Medicaid, which offer lower reimbursement. My own office is an in-network provider for all PPO plans and a few HMOs. Crucially, during the COVID-19 shutdowns, we were able to maintain a steady collection rate as insurance checks continued to come in.

In addition to participating with PPOs, I encourage new owners to consider working at least one late day per week and one Saturday per month. This is somewhat contrary to recent Practice Study findings: in 2021, 28% of the practitioners said they had expanded their hours—presumably in response to the pandemic—but in 2023, that percentage fell to 14% (Table 8A). On the whole, our respondents don't consider expanding practice hours to be a very effective practice-building method. Still, I believe it can help early on. As your practice becomes established and there is a steady flow of new-patient exams from word of mouth, you can shorten your workdays and eliminate weekends. In the beginning of my career, I worked until 7 p.m. every weekday and had office hours every Saturday, but I now end my days earlier and primarily see consults on the weekends.

Your management systems will evolve throughout your career. The way I practice today is vastly different from the way I started; as my practice and family grew, I adapted. My best advice: focus initially on building your practice by participating with PPOs, which will help you generate momentum. At this point, try not to worry too much about collection goals and case starts. Allowing your practice to grow organically by emphasizing the highest quality of care is my second-best piece of advice. **NDK**