

Expanding Appointment Intervals with Dental Monitoring - Part 1

By: Dr. C. William Dabney

I have been an orthodontist for over 35 years. As you can imagine, a lot has changed during my career. We have gone from stainless steel wires that required a lot of bending to super elastic wires that maintain their activation over a much longer time period. There has been an explosion of clear plastic aligners replacing the standard metal brackets. Advances include standard analog x-rays to digital x-rays and CBCT volume studies. We have also progressed from in-the-office collections to having that function performed by an outside agency.

All of this has allowed us to stretch out the time interval between appointments. I believe most of us would agree that as orthodontists we are a bunch of control freaks. Letting patients continue treatment beyond our comfortable time intervals produces a good deal of stress to most of us. How do we decide on the interval between appointments for our patients? Did you learn appointment timing from your favorite instructor during your residency program? Do you follow a guru? Do you just copy your industry friends' timing methods? Better yet, if there are a set number of aligners in a box - do you follow the standard suggested interval? Once that riddle is solved, you are now in a position to greatly increase your efficiency. Let me explain my thinking.

I have always been interested in improving efficiency, both inside and outside the office. As a student, I recall friends in dental school who studied many hours beyond what I felt was efficient. I like to seek out products, techniques, and equipment to make my life easier and more efficient. About four years ago, I attended the World Federation of Orthodontists meeting in London, England. During this meeting, I came across a new software product called Dental Monitoring (DM) based out of Paris, France. The engineer behind this product also developed the HARMONY lingual bracket system, which was later sold to American Orthodontics.

My original concept to use this new DM software was to monitor patients who lived 30 to 90 minutes away from the office. I did not want them to travel to the office for a simple check, which would be a waste of time to them and also for the office. Each of us has experienced seeing a patient only to realize that not much has changed in their development or retention status since the last appointment. I believed using DM would be a quick fix to these situations.

After using DM for a very short period of time, I realized that I was extremely shortsighted on how to efficiently use this very powerful new software that is driven by Artificial Intelligence (AI). I realized that there was an abundant amount of data generated after each patient scan. I could now observe how much each tooth moved between appointments and also see if the arch wires were still active.

This was an extremely valuable piece of information, as I was using the SureSmile system to deliver care to my bracket patients. I recognized that I was changing wires much too soon and some of the wire prescription did not have time to fully express itself. As an example, posterior torque is one of the last movements to be fully expressed and I was not allowing the wires enough time to do their work. Using the SureSmile system, I reduced the treatment time from 23.5 months to 15.7 months. I thought that was great - but what I should have been watching is how many more appointments were saved and how many other appointments could have been eliminated. The fewer times patients are seen will greatly affect your revenue per appointment.

The formula I currently use to determine revenue per appointment stems from a formula I learned a long time ago concerning transfer cases. The original transfer case formula was used to determine what is owed to the doctor and also the patient financially at the time of transfer. My revenue per appointment goes something like this - I allocate 28% of my total fee to getting the braces on and 12% of my fee to getting braces off, and retainers delivered. Therefore, the remaining 60% of my fee is used in determining my "revenue per appointment."

Not long after integrating DM, they introduced a product called GoLive for clear aligner patients. With this new product, I follow my patients to see if they are wearing the clear aligners enough to progress to the next stage. I can also see if there is a fit issue or possibly a cracked aligner, am notified if this is the case, and can then make the correct diagnosis for the patient. With GoLive, the interval between appointments for my aligner patients quickly extended from 6 to 8 weeks - now patients are seen every 12 to 18 weeks or longer!

I consider DM my insurance policy that nothing will go wrong over this extended time. Not only did DM pick up issues with anterior teeth but also posterior teeth as well. Some of my colleagues say they can do a similar evaluation from selfies, but I do not believe they can come close to doing this on posterior teeth with much less information but more work. DM also provides alerts to dental health changes or tooth abrasions. All of these processes can be automated with DM and require very little time with the doctor and staff if the case is progressing on schedule.

In the 2nd Quarter 2017 *Bentson Copple reSource*, Angela Weber, Chief Marketing Officer of OrthoSynetics, asked the question, "How can orthodontists adapt?" One of her solutions was to simplify the process for the treatment, which can be a competitive weapon. There is an organization called the Society for Participatory Medicine. Their mission is to transform the culture of patient care to provide better care

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If you're looking for an easy way to engage with people but don't want to invest in the time to create content, having branded Snapchat filters in your office is an excellent investment! I can give you examples where the cost per impression is pennies and for some, it is less than a penny per impression. Most of the time it costs less than \$500 per year to have a Snapchat filter active in your office. When kids (and some adults) are in the office they can take a picture and overlay your filter on their picture. Now when they share it with their friends, they see your name and logo. If you aren't familiar with Snapchat this can be hard to understand. I've created a video training on utilizing Snapchat in your marketing and would be happy to share it with you. The great thing about the filters is you can change them as frequently as you like. Many of our offices change them for the seasons or holidays throughout the year. You may not find a more affordable or easier way to get your name in front of your target audience, teens!

Community Marketing

Community marketing can be costly, but the return can be high. This is an area where sponsorships and events can cost a lot of money and the time to see the return on your efforts can be a while. Even with the slower exposure, I think community marketing is worth it. I often recommend, instead of casting a wide net and trying to get a little bit of exposure in all areas, it is better to get more exposure in a few areas. Instead of sponsoring something at every school, sports program, or arts organization, you could strategically look for

ways to do multiple things with fewer organizations. It takes more than seven times for someone to recognize your brand, and sometimes more, before they act upon it. Sometimes the cost of your "no" to a sponsorship opportunity can be more than the cost of the ad or banner. If an active community parent with multiple children in treatment asks you to sponsor something for their child and you say no to a small monetary investment this could result in negative talk or outcomes. I understand you can't sponsor everything and there are ways to script your response, but I highly recommend you weigh the cost of your "no."

The business side of running an orthodontic practice takes time and effort. Success comes from strategically working to reach your marketing goals. This is not an area where you can simply sit back and wait to see what happens. If your goal is to DIY your marketing, my recommendation is to read as much as possible, listen to podcasts, and continually learn how to improve your practice. It's important to spend time with your team communicating the goal so they will be more invested in helping you reach your marketing and practice goals. If you find that you're stuck and don't know how to improve, I recommend a trusted marketing advisor as an extension of your team. 


Jaclyn Whiddon, orthodontic marketing consultant, is the owner of The Whiddon Group. Her team assists orthodontic practices with almost any area of their marketing needs. Jaclyn has helped offices through ongoing coaching, in-office consulting, design and branding services, as well as digital marketing and external marketing strategies. To learn more visit WhiddonGroup.com.

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by getting patients involved with their treatment. That society found there will be improved health outcomes, greater patient satisfaction, and lower cost using this participatory model. Dave deBronkart, Co-founder of the Society for Participatory Medicine, states "some think patient engagement and empowerment is an insult to the wisdom of the clinicians. Nothing could be further from the truth. Active, engaged patients contribute to the work of care." I believe DM's products encapsulates the society's mission.

In a personal email from Dr. Bob Hager, he asked me some questions about a project I was working on that involved DM. He asked about what was involved in integrating this into an office, how it was used for active patients, and the potential use for retention and recall patients. He also asked about how

much time it will take on a daily basis to use DM. He asked about staff time and the training to fully integrate this new technology. He also asked if this would shorten treatment time. All of these questions will be answered in our next installment in the *Bentson Copple reSource*, scheduled to appear in the 3rd Quarter 2019 edition. I will also show you the cost efficiencies of properly using the system. 

Dr. C. William Dabney is a skilled orthodontic specialist in Midlothian, Virginia, who offers orthodontic treatment utilizing the most innovative techniques including SureSmile® digital technology and Dental Monitoring. He has been in private practice since 1984 and is also a past-president of the Virginia Association of Orthodontists. Dr. Dabney currently volunteers and has served as the Virginia director for the Smiles Change Lives program, an orthodontic nonprofit organization dedicated to helping kids from low-income families receive braces.



Expanding Appointment Intervals with Dental Monitoring - Part 2

By: Dr. C. William Dabney

In part one of this article, published last quarter in the 2nd Quarter edition of the *Bentson Copple reSource*, we discussed how to expand upon appointment intervals using Dental Monitoring (DM). For the second part of this discussion, I wanted to dive deeper into the nuts and bolts of getting started with DM. We'll then explore some statistics that will show the efficiency gained by using this product. I am not an employee of Dental Monitoring but I am a key opinion leader for them. This article is published to share knowledge with the community - much like the way Dr. Neil Kravitz started a Facebook group for orthodontics in the VA-MD-DC area, stressing collaboration and not competition. I strongly believe that we can learn from each other's successes and failures to further strengthen our wonderful profession.

Dr. Bob Hager has published many articles in the *Journal of Clinical Orthodontics* (JCO) regarding the business side of the profession. For those that know him, chances are you quickly realized that he has a great analytical mind. When I first contacted him several years ago, he asked some very important questions about a project that I was establishing that incorporated DM. In this article, I will attempt to answer those questions and give you a perspective on how I use DM and touch upon the advances that are continually being made.

What is Involved in Getting Started?

DM is a cloud-based software that uses Artificial Intelligence (AI) to help manage the patient experience. Therefore, there are no expensive hardware or long-term contracts required to get started. The DM team introduces the product to your orthodontic team and the reasons to use it. The DM team educates the entire team on the tele-medicine concept and the various ways it's currently being used. Your entire orthodontic team, in turn, can use the same information to educate and impress your patients as many are unaware of this new platform that will help streamline their experience. Scripting and practice make the process much easier.

What is Expected of Your Team?

During the initial on-boarding processing, the DM customer care team will help create preferences and protocols regarding a 'plan of action' when certain clinical situations such as broken brackets, clear trays not fitting, poor oral hygiene, changes in gingival architecture, etc., are displayed on your practice dashboard. These action items are very easy to create as they are completely controlled by you and your staff - and will automatically send messages to your patients. Your practice will then set up conditions for both patients in braces and clear plastic tray patients. Consider using the generic preferences initially, then revisit the preferences every three to six months and fine-tune them for your office as you learn what AI and DM can do for your office and your patients.

How Do You Maximize Your Investment?

Each practice will need to appoint an individual as your new virtual clinical assistant (VCA). The VCA becomes the office DM coordinator and head cheerleader for the staff to rally around. The VCA will be tasked with checking the DM dashboard on a daily basis and reviewing the information provided from DM. From personal experience, my practice usually receives 15-18 notices per day which my VCA reviews and involves me, as needed. Seventy-five percent of these messages require about the same amount of time it takes to check attendance in a small classroom. The remaining notices entail between 10-15 minutes of VCA time and even less doctor time.

In addition to attaining treatment progress information, the app allows one to communicate with patients about any questions that may arise. The founder of Rhinogram, Dr. Keith Dressler, was the first person to help me understand that patients prefer text messages instead of phone calls - and they want quick responses! I have found this to be true as my office obtains one to three information request notices every day. This is another way to differentiate your practice by taking care of your patients' needs in the medium of their choice.

How Do Patients and Their Families Respond When Introduced to DM?

Patients like the convenience of not physically coming into the office as frequently as we previously scheduled. Our office used to see patients every 6-8 weeks and now we see them every 10-16 weeks or longer. We have our braces patients take a scan on their smartphone every three weeks while our clear aligner patients are scanned weekly using the DM app. Once again, all this can be customized for your practice culture. Also, you can request an immediate emergency scan. One feature patients love is a comparison of their first scan and current scan so they can easily see progress on their phones.

What Are the Costs and Benefits of Monitoring?

The cost of using DM is about \$10-\$15 per month, per patient, depending on the number of cases being monitored. If a case takes a year to complete your total monitoring cost will be between \$120-\$180 for that patient, which is easily recovered by seeing the patient less frequently in your office and more during their virtual house call.

In a report provided by Mary Beth Kirkpatrick of impact360 and Gaidge, the average value per visit for single doctors, who are very statistically-minded, for brace patients is \$297 (with 19 visits). These visits included all appointments from banding to debanding. The total number of visits also included any extra visits for repairs, etc., which averaged 1.7 visits per patient. The same group reported an average value

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per visit of \$451 for clear aligner patients (with 12 visits). These visits include the initial delivery of clear trays through the impression appointment for retainers.

In my practice using DM, my braces patients' value per visit is \$384 (with 15.4 visits). Originally, I did not count extra visits as it varies from practice-to-practice, but for comparison purposes, I used the Gaidge averages. After seeing these figures, our practice is now extending appointment intervals for our braces patients from our previous 6-8 weeks.

My numbers for clear aligner patients is \$779 per visit (with 5.6 visits). After seeing these reports, I'm confident in treating almost all cases with plastic if the patient desires. I have gone from having 10%-15% of my practice being treated with clear plastic trays, to over 65%. As an aside, four years ago my practice was not doing any clear aligner cases. After Invisalign arrived on the scene, I tried about 150 cases and decided that Invisalign was not a good choice in my hands. The appliance of choice for aesthetically driven patients was

lingual braces. Changes in clear aligners and my discovery of DM has drastically changed my professional life.

Please remember these are cases that have completed treatment. I am learning from each case to see where errors can be reduced so that expanded appointment intervals can improve my game and the outcome for my wonderful patients.

If you're a fan of baseball, then you are familiar with the concept of "Billy Ball" - using more computer analysis to make you more competitive. This is where we are headed using AI in our lives. I strongly believe that in order to survive we need to be focused on statistics and see where we can utilize technology to continue to improve. 

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