



Identifying and Solving Threats to Your Orthodontic Practice

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The only thing worse than being paranoid about forces impacting your orthodontic practice is sticking your head in the sand and ignoring those forces. I want to document a few of the forces that, unless controlled by the profession itself, are going to negatively impact the practice of orthodontics in your neighborhood.

1. Corporate Orthodontic Offices

First let's define corporate orthodontics: a group of multi-location orthodontic offices that have non-dentist management teams.

While many state practice laws prohibit the ownership of dental practices by non-dentists, corporations get around this requirement by placing a figurehead dentist at each location. Corporate orthodontic practices employ many great, well-educated and ethical practitioners, however the professional quality and integrity often gets tainted by production quotas and financial policies that interfere with the ethical practice of orthodontics. These practices often target hungry, debt-laden recent graduates and offer them a small percentage of the collections to manage many active cases. With high caseloads, the ability to dedicate the necessary time to diagnosis, treatment planning and mid-course correction is often grossly lacking. Multi-location corporate offices are able to pool their marketing resources and offer television, radio and print advertising that are often cost prohibitive to dentist-owned practices.

2. General Dentists Practicing Orthodontics

While general dentists have always practiced orthodontics to some degree, the aggressive marketing of short-term orthodontic courses has become very prevalent in recent years. These courses invite dentists to increase their practice production through expansion of their scope of practice. Most of us know of a neighbor dentist who has the nerve to ask your help with his or her not-so-limited orthodontic cases without even a feigned attempt at sending a single orthodontic case to your practice.

3. High Debt Load of Recent Graduates of Orthodontic Residencies

It is not uncommon for orthodontic residents to exit school with hundreds of thousands in educational debt. While it might appear that this does not affect you and your practice, a careful analysis would tend to point to more residents entering non-equity opportunities as associates and corporate employees. The

more residents who take these opportunities, the more these offices capitalize on their desperation. The more corporations take advantage of these desperate doctors, the greater their financial success. The greater their financial success, the more offices they will open. If the profession does not head off this trend, this will become the norm. In the past, these opportunities were merely stepping-stones to self-owned orthodontic practices by their orthodontist employees. Today they are often the end of the line for residents who wish to pay off debt and start living the good life after graduation.

4. Governmental Regulation and Manipulation

The steady march toward socialized medicine continues and dentistry is sure to follow. The more government interferes with private enterprise, the more convoluted the relationship between doctor and patient becomes. Governmental mandate for insurance has the potential to increase traffic to medical and dental offices, but the compensation provided might cause us to work harder for less. The laws that impact your practice are just one vote away. "If you don't have a seat at the table, you might come to find out you are on the menu."

5. Orthodontic Product Vendors

Much like pharmaceutical companies who market drug treatments directly to patients, there is an increasing number of orthodontic product companies who freely market their products directly to consumers. These companies wish to create demand for their products making their product a commodity that can be purchased at their local distributor (orthodontist). As soon as the product can be sold to as many outlets as possible they pull the plug and widen the distribution to other local distributors (dentists).

It would be amazing if we as orthodontists had some way of getting our heads together to use our many years of university training and intellect to come up with solutions to these scary problems facing our profession. Forming some type of collective body would allow us to unite for the common good and combat the evil influences of those who would disrupt our relationships with our patients and impede our ability to make an honest living in our chosen profession. Oh wait, we already have this – it's called the American Association of Orthodontists. Do

you know how it works? Do you know how your idea or solution can help fight these problems? Do you know who you can call or e-mail to suggest a solution or voice your concern about a problem in your practice? A simplified description of your idea could get feet and help fight these and many other problems that face your practice.

AAO Structure

The Constituent Level: Your State Orthodontic Society

At the state level you have a voice with your state orthodontic president and orthodontic leadership. These individuals often plan an annual meeting in your state where continuing education and state orthodontic business is conducted. At these meetings members can discuss problems that are affecting each other locally and brainstorm ideas about how to head the problems off at the root. Problems associated with state dental practice acts can be directed through grassroots campaigns to affect changes with state/provincial legislatures.

The Component Level: Regional Orthodontic Societies

Regionally, orthodontic societies made up of multi-state/provincial meet regularly to provide continuing education and determine policy. Most of these components have Boards of Directors who are charged with representing their state in matters of policy and are stewards of the profession. This body typically selects one member to represent the component as a trustee (much like a senator) at the national level and will ultimately ascend to represent the association as AAO President. Currently there are nine constituents or regional societies and therefore nine AAO trustees. Once selected as a trustee, the representative will become AAO president in 10 years.

The House of Delegates

Each constituent organization selects a group of members to represent each group at the policymaking meeting at the AAO annual session. This delegation puts forth ideas (called resolutions) for programs and policies they feel are in the best interests of the members at large. The programs and policies are presented and the delegates vote the program or policy into effect or vote it down as a bad idea.

AAO Councils

Once the House of Delegates has approved the idea, it is up to the Board of Trustees to make sure the program or policy is carried out. Oftentimes this program is assigned to an AAO Council to take care of the details related to the program or policy. ■

AAO Member?

Are you a member of the AAO? Do you have an idea about how to solve problems facing our profession? Do you feel passionate about helping our profession overcome those frustrating problems that face us daily? Contact your trustee or local representative to help keep this the best profession in the world!

<https://www.aaomembers.org/Contact/Board-of-Trustees.cfm>

<https://www.aaomembers.org/Contact/AAO-Constituent-Groups.cfm>

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