

the Journal

American Academy of Clear Aligners

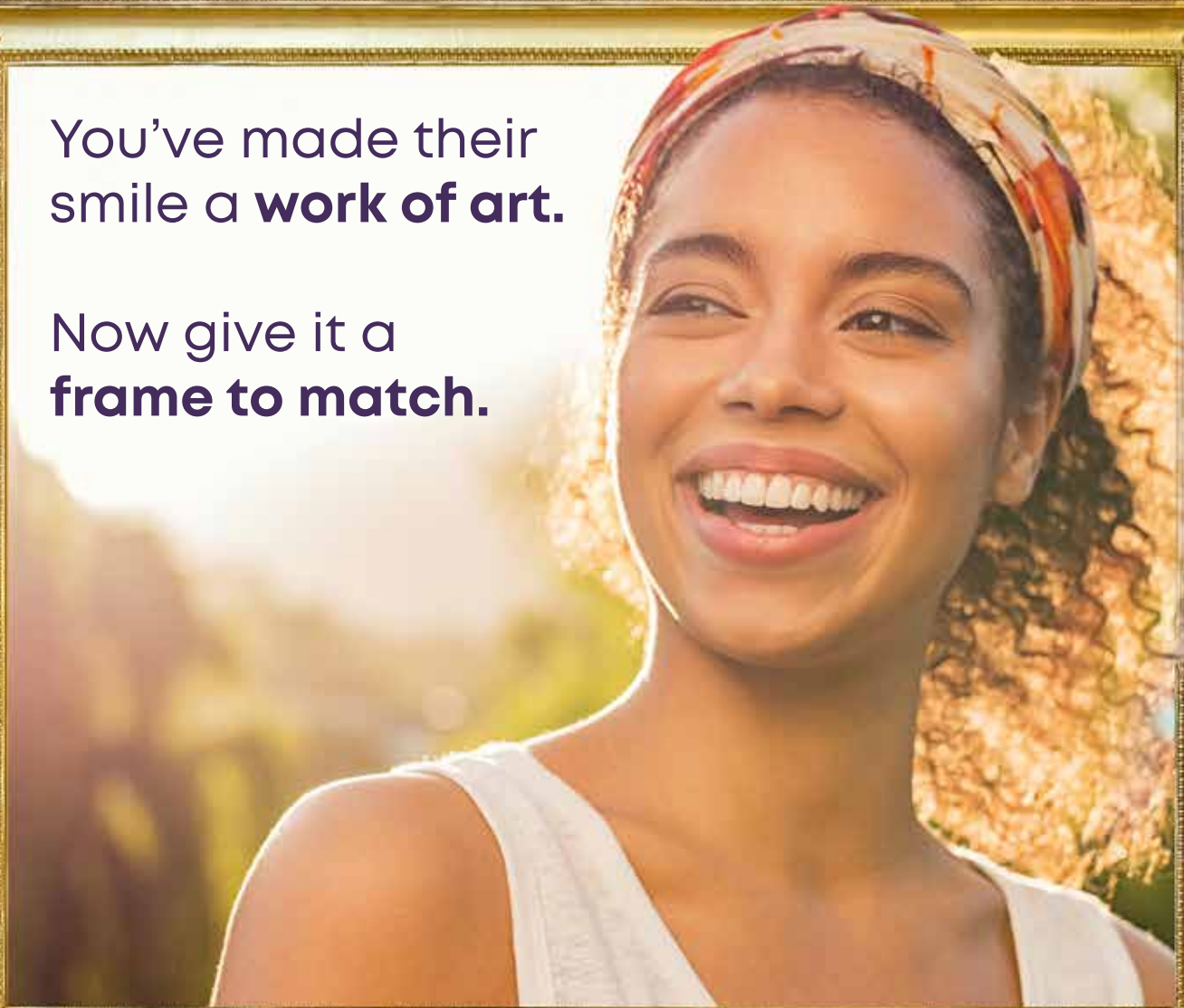
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the Journal

American Academy of Clear Aligners



Dr. Jeffrey Galler
Editor

Editorial

What Are the Odds?

At the Las Vegas blackjack tables, you will lose 52.5% of the time. Try the slot machines? You will lose 80% of the time. Bet on a number at roulette? You will lose over 97% of the time.

While the odds of winning big in Las Vegas casinos are very low, the odds of success are very high for members who register for this year's AACA Annual Convention, July 12–14.

Yes, attendees will certainly enjoy the glitz and glamor of the world-class Las Vegas Wynn Hotel, the comedy show featuring Joe List and David Galler, and members-only events like the Encore Beach Club Party.

But the true, long-term benefits will come from attending the multitude of educational presentations and workshops. Among the dozens of Continuing Education offerings, dentists will be able to choose beginner, intermediate, or advanced tracks in Clear Aligner Orthodontics.

Moreover, highly successful dentists realize that, in an increasingly competitive environment, the key to promoting their practices and encouraging large numbers of quality patients to start and complete Clear Aligner Treatment is having a loyal, highly motivated, and educated staff.

Therefore, dentists can hit the Las Vegas jackpot by inviting their entire team to this year's convention. Office managers, dental hygienists, and dental assistants will all benefit from the different educational tracks and presentations tailored to their roles.

According to the American Gaming Association, the total amount of money wagered in Las Vegas last year was around \$11 billion. The clear aligner market is projected to reach \$10 billion by 2026. In the coming years, there will be wonderful opportunities for dentists and staffs with advanced expertise in clear aligners.

Would you rather take a gamble in the casinos, or bet on a sure thing at the AACA convention?

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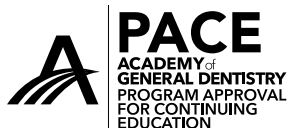
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the Journal

American Academy of Clear Aligners

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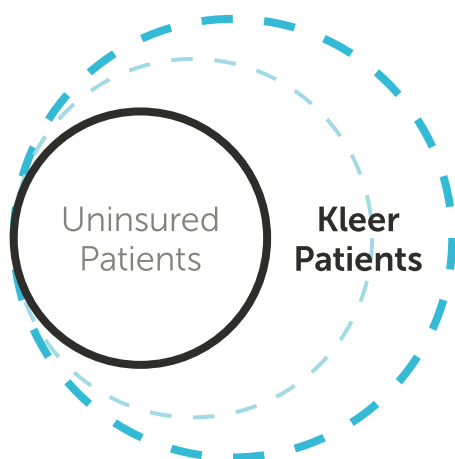
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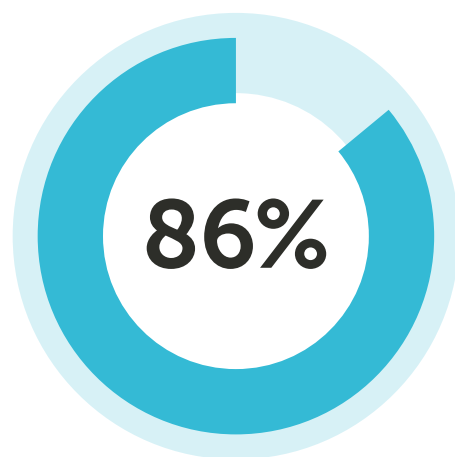


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Case Reports

Mary Had an Open Bite

by David Ostreicher, DDS



Dr. David Ostreicher is a graduate of Columbia University School of Dental Medicine, where he received his dental degree and certificate of specialty in orthodontics. After dental school, he continued his education, and received an MS in nutrition and then a Master's in Public

Health from Columbia University. He has published dozens of articles, has written 3 books, and holds 3 US dental patents.

Dr. David is professor emeritus at Columbia University and The University of New Haven. He is a member of the American Dental Association, the American Association of Orthodontists, the American Public Health Association, and the Honorary Dental Society (OKU). Dr. Ostreicher has lectured worldwide to orthodontists and general dentists.

Dr. David has been practicing orthodontics in Levittown, New York, since 1998, and has treated over 4,000 aligner patients. A proud member of the American Academy of Clear Aligners, Dr. David has presented at numerous Academy functions as well as at meetings of the American Association of Orthodontists, the American Orthodontic Association, and the Greater New York Dental Meeting.

Mary, a 16-year-old high school student, presented with a Class I open-bite malocclusion. She had previously had orthodontic treatment at another office. Mary had upper and lower lingual bonded retainers in place. Her and her mom's chief concern was the anterior open bite, which they said had been closed in her previous orthodontic treatment.

Diagnosis

As shown in **Figure 1**, Mary had a Class I open bite. The posterior teeth were in solid, class I interdigitation. There was a 4 mm open bite from cuspid to cuspid. Panoramic x-ray evaluation (**Figure 2**) showed moderate root resorption of several anterior teeth. Coincidentally, and not related to



Figure 1: initial presentation, with open anterior bite.



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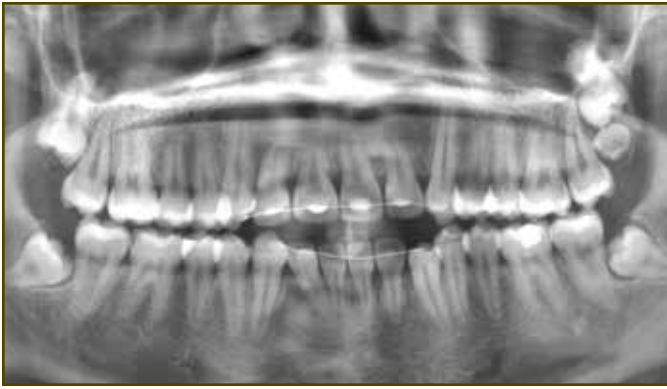


Figure 2: Panoramic x-ray. Note moderate root resorption of several anterior teeth, impacted third molars, and a supernumerary maxillary left third molar.

orthodontic treatment, the third molars appeared impacted: there was a supernumerary maxillary left third molar.

Mary denied having any oral habits, such as finger sucking or nail biting. However, she did exhibit a tongue thrust upon swallowing, something that is almost universal among open-bite patients. Clearly, the bonded retainers had not held the teeth in their final position: there was significant relapse. This could have been predicted, since there would be a constant tug of war with the tongue applying lingual pressure on the anterior teeth with no posterior anchorage.

The root resorption was also of deep concern, especially in the maxillary right central incisor, which appears to have suffered 30% to 40% of root loss. Root resorption appears to be related to genetics, excessive force, and extended treatment time, as well as trauma. Either way, I would monitor the situation carefully.

Cephalometric analysis (Downs) showed all skeletal values within normal limits (**Figure 3**). The upper section of the Downs cephalometric polygon demonstrated this (**Figure 4**). However, the dental values showed significant flaring of the incisors (**Figure 5**). This bimaxillary protrusion might have been treated by removal of all 4 bicuspids; however, owing to the significant anterior root resorption, that would be contraindicated.

There is more to be gleaned from Mary's cephalometric radiograph. Look closely at her cervical vertebrae C2, C3, and C4 (**Figure 6**). These vertebrae start out trapezoid in shape, then change to horizontal rectangular, and finally to vertical rectangular, depending on the patient's stage of maturation. McNamara and Franchi outline this in *Angle Orthodontist* (2018 March;88(2):133-143) (**Figure 7**).

When she began treatment with me, Mary lay between cervical maturation stages CS4 (Cervical Stage 4—Circumpubertal) and CS5 (Cervical Stage 5—Postpubertal). That was good news, because it meant she was still growing, albeit slightly. I therefore felt more comfortable moving those root-compromised incisors.

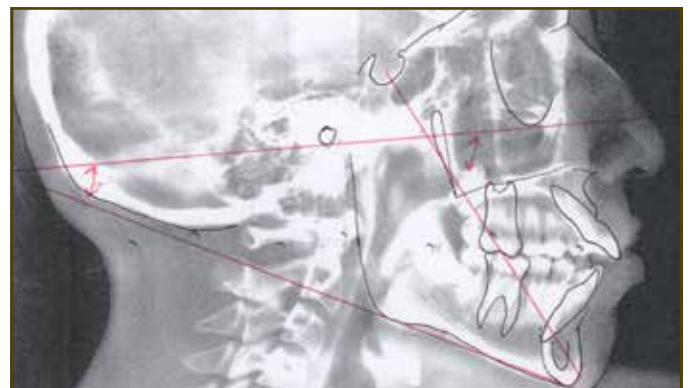
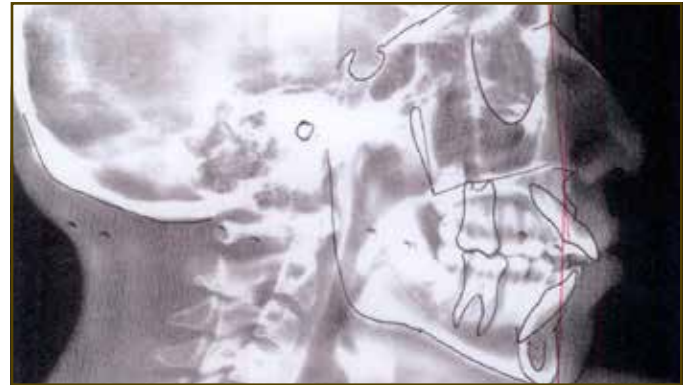
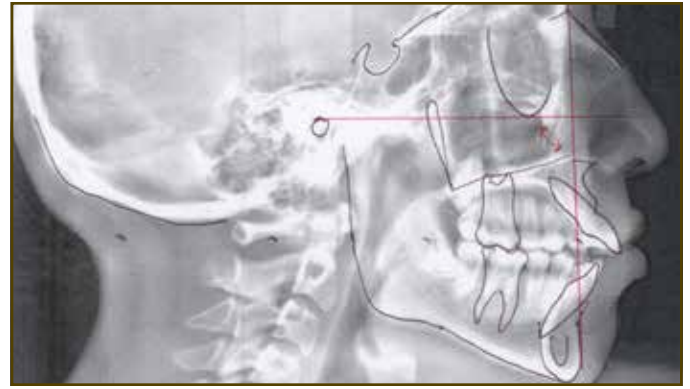


Figure 3: Cephalometric analysis (Downs) showed all skeletal values within normal limits.

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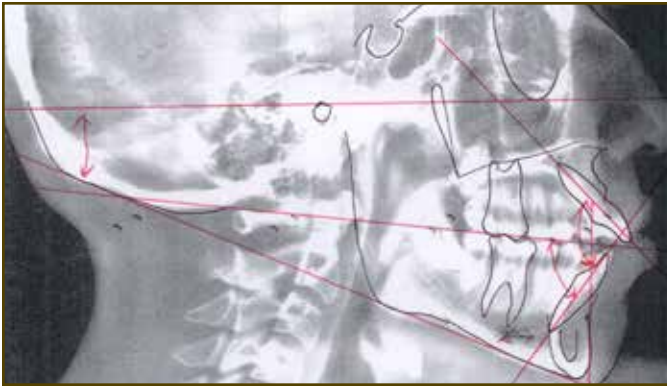
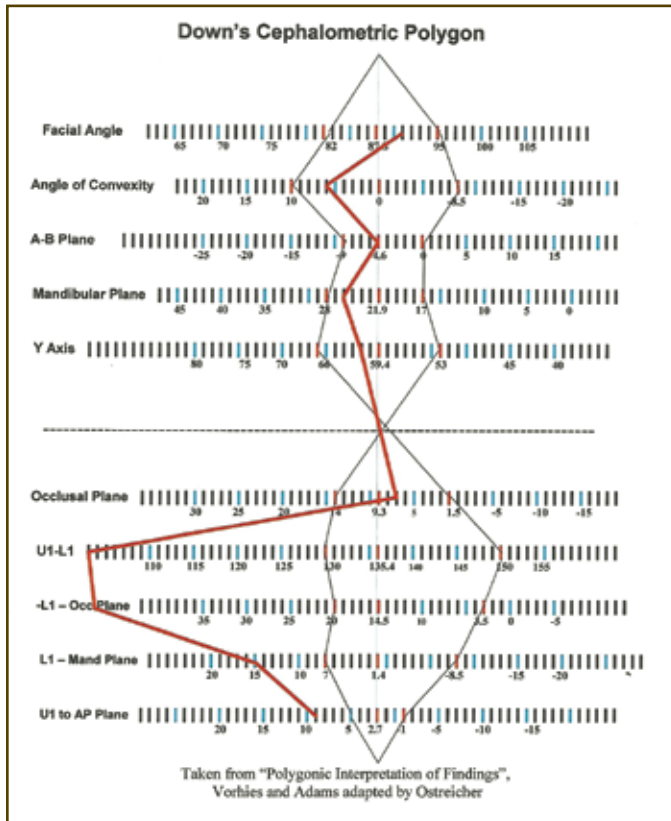


Figure 4: The upper section of the Downs cephalometric polygon demonstrated that all skeletal values were within normal limits.



Down's Analysis		
Measurement	Norms	Mary
Facial Angle	82 → 95	91
Angle Convexity	10 → -8.5	6
A-B Plane	-9 → 0	-5
Mandibular Plane	28 → 17	26
Y axis	66 → 53	62
Occlusal Plane	14 → 1.5	7
U1 - L1	130 → 150	102
L1 - Occlusal Plane	20 → 3.5	60
L1 - Mand Plane	7 → -8.5	15
U1 to AP Plane	5 → -1	9

Figure 5: The dental values showed significant flaring of the incisors.



Figure 6: Note patient's cervical vertebrae C2, C3, and C4. These vertebrae start out trapezoid in shape, then change to horizontal rectangular, and finally to vertical rectangular, depending on the patient's stage of maturation.

134 MCHAMARA AND FRANCHI						
Table 1. The Six Stages of Cervical Vertebral Maturation						
Schematic representation	CS 1	CS 2	CS 3	CS 4	CS 5	CS 6
Inferior borders of C2, C3, and C4 morphology	F, F, F	C, F, F	C, C, F	C, C, C	C, C, C	C, C, C
C4 morphology	T	T	T	RH	S/RH	R/RH
Clinical implication	Prepubertal stage	Prepubertal ("get ready") stage	Circumpubertal stage	Circumpubertal stage	Postpubertal stage	Postpubertal stage

* F= Flat; C= Convexity; T= Trapezoid; RH=Rectangular Horizontal; S=Square; RV=Rectangular Vertical

Figure 7: 6 stages of vertical maturation.

Treatment

Treating anterior open bites is always difficult. There is a reason the bite is open (usually the tongue), and while we can move teeth, it is difficult to retrain tongues. In treating open bites, I would much rather use aligners than stainless steel brackets and wires. First, the aligners do act as a tongue guard, keeping that strong muscle away from the teeth. As the aligner moves down and back, the teeth follow. Second, the posterior occlusal coverage tends to help intrude the posterior teeth, thus deepening the bite, and aiding in anterior bite closure. Third, root resorption is much rarer with clear aligners than conventional braces.

I chose Invisalign for treatment and told Mary we needed 100% cooperation. After finessing the ClinCheck, we had a total of 25 aligners. I added mild anterior Interproximal Reduction to tip the anterior teeth back, effecting virtual bite closure.

To effect mild actual extrusion of the incisors, I chose to place horizontal rectangular attachments, 2 mm from the incisal edge of the upper incisors. I find that when all 4 upper incisors move together, at the same velocity, this format is very effective in closing the bite. The aligner actually "clicks in" to grab the anterior teeth to pull them down (**Figure 8**).

Because the ClinCheck showed posterior teeth intruding, there was a "virtual vertical jump" at the end of treatment, between



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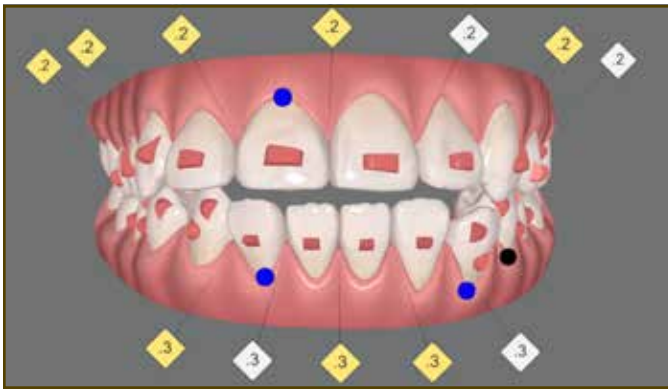


Figure 8: ClinCheck before treatment.

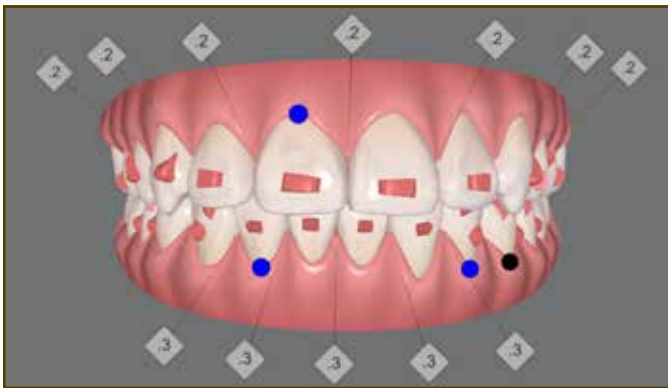


Figure 9: ClinCheck after treatment.

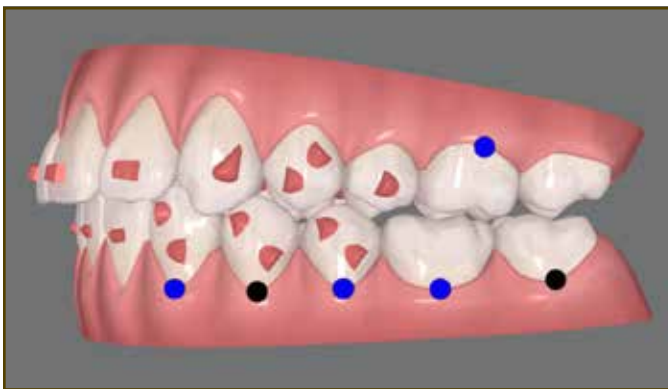


Figure 10: open bite posteriorly, after 24 aligners.

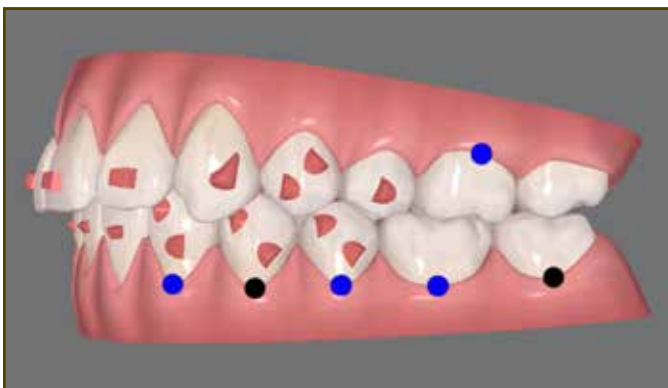


Figure 11: open bite resolved, after 25 aligners.



Figure 12: Final result with no posterior open bite, tight posterior contacts, and good anterior overbite.

aligners 24 and 25. This is a sort of “Hail Mary” play wherein you can only hope you do not end up with a posterior open bite (Figures 10-11). Fortunately, in this case, we didn’t. Final results showed no posterior open bite, tight posterior contacts, and good anterior overbite (Figure 12). There was also no further root resorption, as shown by panoramic films taken at the halfway point, aligner 12 (Figure 13).

Conclusion

Open bites are challenging cases, but the use of aligners makes them easier. This case was made even a bit easier because the 16-year-old patient was still growing. Growth hormones can sometimes be problematic; however, in treating open bites, they often help.

In a case such as this, retention truly is forever. As Mary’s coming to me demonstrated, fixed lingual retainers will not provide



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adequate retention for open-bite cases. For retention of open-bite cases, I always use an Essix-style vacuum-formed retainer. I trim it about 3 or 4 millimeters above the gingival margin, so that it really grabs the interproximal areas, as well as a little of the attached gingiva.

It has been 16 months since Mary completed her treatment, and her bite is still tight. She wears Essix retainers, every night, and will have to do so for life.

Dr. Ostreicher teaches the AACA course, "Clear Aligner Teen Residency," in an intensive 5-day course in Las Vegas. The course teaches how to increase your practice by treating more teens and pre-teens, and how to incorporate younger patients into your schedule. If interested, please inquire at: TeenAligner@gmail.com. ■

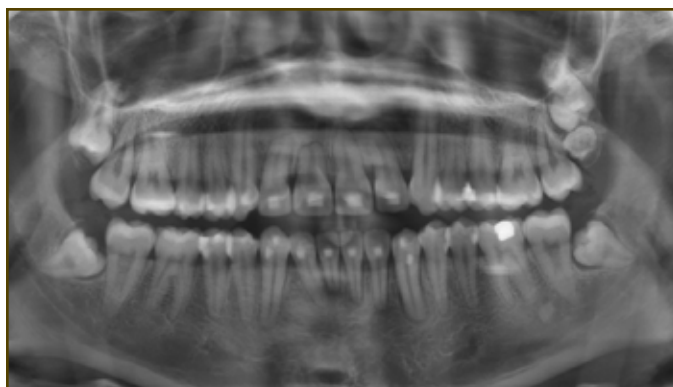


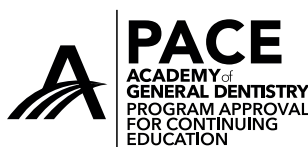
Figure 13: Panoramic x-ray taken at the half-way point (aligner #12) shows no further root resorption.



Local Study Clubs

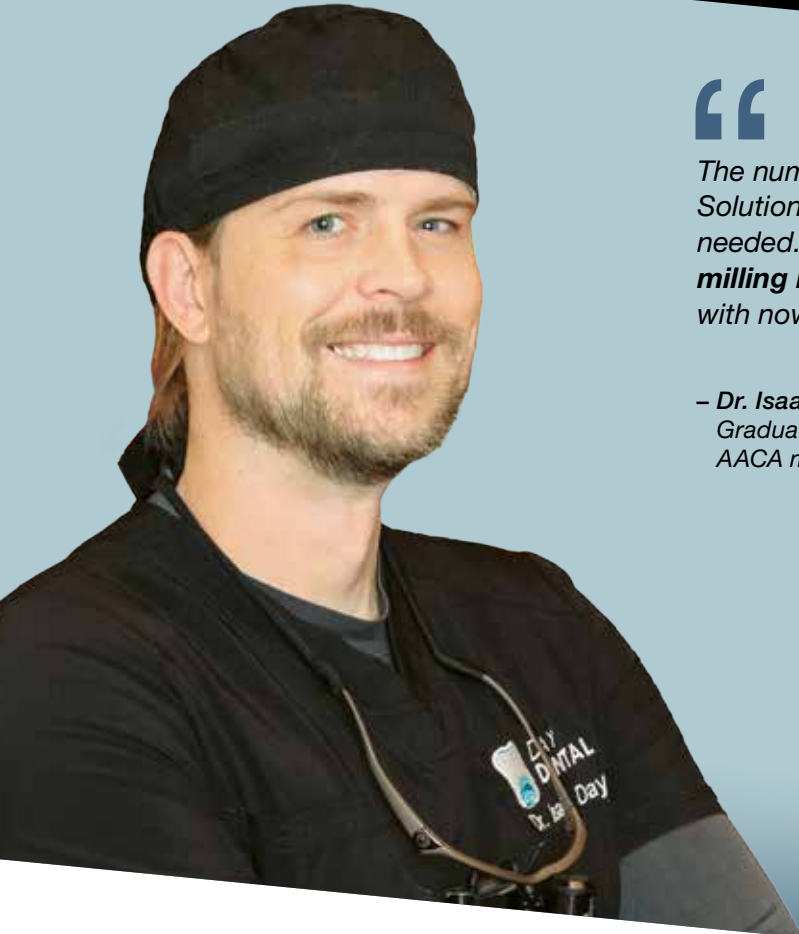
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A Case That Needed a Lot of Hands-on Care

by Vitaly Gantman, DMD

Yerusalem was a 14-year-old girl who had immigrated from Eritrea with her mother and father. They presented at my office one day seeking a second opinion. Yerusalem was concerned about her smile. They had signed her up with a company that delivers clear aligners directly to the patient, by mail, but wanted a professional opinion from me before starting.

As soon as I laid her back in the chair, my jaw dropped. This was an extremely complex case, and all I could think was that it would be extremely difficult to achieve a functional, esthetic, and healthy result without continuous hands-on care from a trained doctor (**Figure 1**).



Dr. Vitaly Gantman earned his dental degree from the University of Montreal in 2012, with an honorable mention awarded by the American Association of Oral and Maxillofacial Implantology. He worked with native communities in Canada's Northwest Territories for 18 months before returning to

Montreal to open his first practice with his university buddy Dr. Michael Benarroch. Since then, they have grown to 8 locations throughout greater Montreal.

Dr. Gantman switched from bracket-and-wire orthodontics to Invisalign in 2017, after attending Reingage and acquiring his first iTero. He has been a Diamond Plus provider since 2020, offering comprehensive orthodontics to adults and children. As part of Invisalign's faculty, he teaches Invisalign integration, systems, efficiency, and combination treatments using auxiliaries with clear aligners. He also chairs the AACA's Montreal study club.

Drs. Gantman and Benarroch were co-founders of Dentira in 2018. With more than 10,000 offices across America, Dentira is on a mission to bring transparency to the world of dental supplies and transform how they are purchased.

Our treatment plan was to start Yerusalem with a Carriere Motion (**Figure 2**) appliance in combination with Invisalign to correct her bite into a Class I platform. The distalization produced by the appliance would help in creating space to allow us to extrude the ectopic cuspids.

At the same time, we would accomplish the lowering of the Curve of Spee through posterior extrusion and anterior intrusion with good anchorage in the posterior area. The clockwise tilt of the occlusal plane caused by the Carriere appliance, and its heavy elastics, would also help in the leveling.



Figure 1: before and after an extremely complex case.

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The beauty of this technique is that anterior-posterior correction happens at the same time as you align and level the lower arch, and you can simultaneously align the patient's upper "3 to 3" (teeth #6-#11) with a mini-Invisalign appliance. The patient gets what she wants—improvement in her front teeth; and the clinician gets what he wants—setting up a functional bite.

Yerusalem was very compliant with the whole treatment. She started on November 26, 2019, when we inserted:

- a full lower Invisalign appliance;
- a bilateral upper Carriere Motion Class II appliance bonded on teeth #3, #5, #12, and #14, with metal button attachments on the mesiobuccal of teeth #18 and #31;
- a mini-Invisalign appliance from upper "3 to 3" (teeth #6-#11) and Invisalign attachments per the planned ClinCheck.

She had reached a super Class I platform by March 19, 2020. It had taken almost 4 months to correct her bite and finish the first stage of the treatment.

After that, we removed her Carriere Motion appliance. We fitted her with full Invisalign trays on upper and lower, and instructed her to continue wearing class 2 elastics at night only. These elastics were 3/16, 4.5 oz, to help hold her mandible while growth was continuing to avoid relapse, and to stabilize her lower jaw and control the direction of upper space closure. We also modified the attachments to allow the plastic to extrude the cuspids and to expand the upper and lower arches for better arch coordination. Yerusalem was very compliant with this first set of additional aligners.

We made a final set of additional aligners to improve posterior occlusion, to finish leveling the Curve of Spee, and performed additional IPR where the embrasures were less esthetic. We used articulating paper to confirm that treatment was complete: when bilateral posterior contacts were established, the paper would rip on pulling. In the anterior section, by contrast, articulating paper would slide without ripping and with little resistance when pulled.

We made some small occlusal adjustments intraorally, and placed bonded wire (titanium-molybdenum alloy 18) on the upper and lower "3 to 3" (teeth #6-#11 and #22-#27) with loops. We also provided Yerusalem with upper and lower Essix retainers and instructed her to wear them nightly for 1 year and then to keep them as a backup in case her wire debonds or breaks.

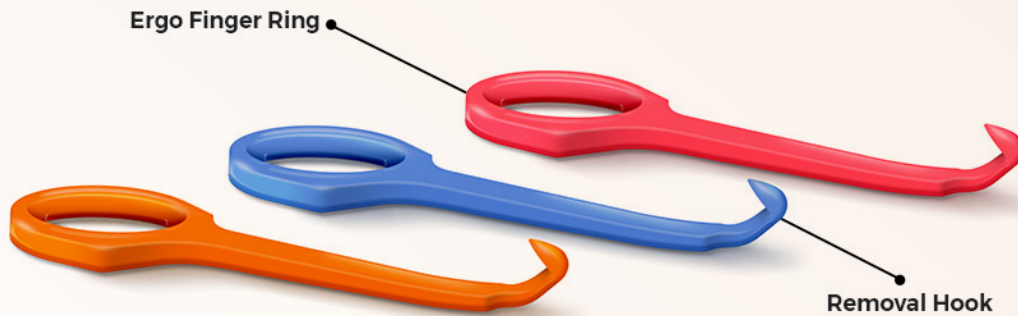
Since the completion of treatment, the final pictures show a totally different person (**Figures 3-4**). This treatment gave Yerusalem a phenomenal boost of confidence and will, without



Figure 2: Carriere appliance.

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any doubt, help her achieve her full potential in life. I still joke with her parents about what would have happened had they opted to proceed without an in-person, hands-on dentist

providing complex treatment for such a complicated case. Both parents as well as Yerusalem are grateful for the outcome and the care they received. ■



Figure 3: pre-treatment.

Figure 4: post-treatment.

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SCHEDULE AT A GLANCE

WEDNESDAY—JULY 12

- 12:00 pm: Registration & Lunch
Exhibit Hall Opens
- 4:00 pm: Opening Session &
Award Ceremony
- 5:30 pm: Welcome Reception
- 9:00 pm: Comedy Show Featuring
Dr. David Galler & Joe List

THURSDAY—JULY 13

- 7:00 am: Breakfast
Exhibit Hall Opens (till 7pm)
- 8:00 am: Breakout Tracks (at the top of each hour)
- 12:00 pm: Lunch
- 1:15 pm: AACAA Presents “The Next Big Thing”
- 3:00 pm: Backed By Dentists Shareholder Meeting
- 9:00 pm: Encore Beach Club Private Party
(attendee badge and bracelet required;
bracelets issued at “The Next Big Thing”)

FRIDAY—JULY 14

- 7:00 am: Breakfast
Exhibit Hall Opens (till 7pm)
- 8:00 am: Breakout Tracks
(at the top of each hour)
- 12:00 pm: Convention Ends
- 2:00 pm: Optional Workshops
(separate registration required)

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Basic ClinCheck Setup

Dr. Corey Anolik

Placing Attachments and GOST

Dr. CJ Metz

The Money Game

Dr. David Galler

Retention—Ending the Case

Dr. Scott Frederick

Kids Shouldn't Snore Either, Got It. Why Do I Care?

Dr. Sarah Pless

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Invisalign First

Dr. Andrea Ho-Fatt

Invisalign Teen With Mandibular Advancement

Dr. Rob Herron

Carriere Motion

Dr. Vitaly Gantman

CBCT and Smile Architect

Dr. Karla Soto

Strategies for Associates Doing Cases

Dr. Chelsea Mortell Petisme

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Dr. Timothy Baggott

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Dr. Michele Ranta

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Dr. Gina Marcus

Smile Architect Introduction and Overview

Dr. Sheena Sood

Virtual Care

Dr. Chelsea Mortell Petisme

3D Controls and Live Update

Dr. Michele Ranta

Bolton Analysis and CALCULATOR

Dr. Timothy Baggott

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Hosting a Successful Invisalign Day

Dr. Sarah Pless & Team

We're All in This Together—Developing Team Culture

Cory Ritzau

Let's Talk About Money!

JaQueah Chatman

Dropping PPO/HMO Insurances

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Seamless Systems: Finding the Bottlenecks in Your Practice

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Product Review

Smile Perfected

by William L. Balanoff, DDS, FICD, and Amir Daoud, DDS, BDS



Dr. William Balanoff has a master's degree in craniofacial research from Nova Southeastern University. He's practiced clinical dentistry for 30 years and was on staff at 2 hospitals in South Florida. He has taught at numerous academic institutions worldwide. Dr. Balanoff is published and

sits on two different peer-reviewed journal editorial boards, both in dentistry and in medicine. He has testified before the US Congress and helped craft public policy initiatives in the US as well as Russia, Ukraine, Belarus, Japan, Spain, and England. Dr. Balanoff holds a number of patents for medical devices. Currently, he is a science consultant for Abōva Health, chief clinical officer of Renew Dental, and the CEO of Oral Care Perfected. Dr. Balanoff has appeared on the CBS show *The Doctors* for his groundbreaking research with respect to an oral appliance mitigating the motor and vocal tics associated with Tourette syndrome.



Dr. Amir Daoud was raised in England and now owns Feather Sound Smiles in Clearwater, Florida. He received his dental training in both countries, earning his first dental degree at the prestigious Kings College University College of Dentistry in London, and his second from New York

University College of Dentistry. Dr. Daoud has raised the bar for dentists across the country with his involvement in the AACA and Invisalign®. He runs his practice with the help of his wife, Diana, and plans to open another location within the year.



Smile Perfected is an advanced teeth-whitening system consisting of a gel applied to the teeth in a plastic tray, and an activating LED light. The treatment can be completed in as little as 20 minutes and can be incorporated into a patient's prophylaxis visit; the company calls this combination "Prophy-Plus." Patients consistently report that their teeth are 2 to 3 shades whiter after the procedure.

The system's inventor, Dr. William Balanoff, says that unlike other whitening methods, Smile Perfected is completely pain free and does not produce any tooth sensitivity. Moreover, the cost is highly affordable: most dentists charge patients between \$89 and \$149.

To supplement the in-office procedure, the clinician provides patients with a take-home pen and tray which they can use for touching up their teeth, to remove stains caused by food, drink, and medications, and thus maintain the results until the next regular visit. These are included in the cost of the treatment, making Smile Perfected a true hybrid system.

Interview:

Dr. William L. Balanoff, creator of Smile Perfected, recently sat down with Dr. Amir Daoud, to share his journey in becoming one of the top-performing Smile Perfected whitening providers. As a leader in the AACA, Dr. Daoud is constantly seeking out new ways to elevate his practice. He does this not only by being a top provider of clear aligners, but also with teeth whitening.

**Does someone in your office
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“Don’t be stupid. It’s a no brainer.” – Dr. Galler



Before being a Smile Perfected provider, Dr. Daoud says, “I was maybe doing 50 whitenings a year.” He recognized that the whitening systems he was using were no good. These products just hurt the patients, had long chair times, were extremely difficult to use, and were expensive. Ultimately, patients didn’t want to pay for the pain, knowing that their teeth were going to fade back anyway. You could sell them take-home options, of course, but always at a steep price, which pushed patients out of the office to OTC options.

There are times I’ll be walking down my hallway and there will be 3 rooms and everyone is getting whitening, and it’s a good feeling!

—Dr. Amir Daoud, DDS

In late 2018, Dr. Daoud stumbled upon a Facebook ad with Dr. Balanoff, owner and founder of Smile Perfected, telling his story. For the longest time, Dr. Balanoff had struggled with finding a whitening company that worked for his team, so he decided to make one! He asked them, “What do you hate about teeth whitening?” They didn’t like prep, sensitivity, or the time it took in the chair, and so those became the specific problems Dr. Balanoff set out to fix. He put his phone number up at the end of the video ad and asked the dentists to call him.

Dr. Daoud asked, “Who does that? I don’t know a single dental company that I can call and speak to the owner, and that was my selling point.” He was relieved that he could troubleshoot his issues with the company owner and a fellow dentist. Dr. Balanoff assured him that Smile Perfected solved a lot of the problems that they both had experienced in their careers. Dr. Daoud began offering Smile Perfected, and within a year, he more than tripled his numbers, from 50 to 168 whitenings a year. Finally, Feather Sound Smiles was able to offer patients the whitening they wanted, which significantly increased revenue.

If you don’t like using your whitening, says Dr. Daoud, then there’s no way your patients will either. “No sensitivity is big for me. I didn’t like whitening my teeth, because it hurt!” It became easy to market to patients because the price was fair and his team didn’t feel overwhelmed using it. To date, Dr. Daoud has done over 1000 whitenings since his start with Smile Perfected in late 2018.

Dr. Daoud has TVs in each of his operatories, on which he shows the free promotional marketing materials that Smile Perfected provides. His intake forms ask patients if they are interested in whitening, and the hygienist follows up during the appointment to see if they’re good candidates. Smile Perfected’s take-home whitening pen, which helps patients avoid fade-back, provides an extra selling point. Additionally, his practice sells single Smile Perfected touch-up pens to patients in case they run out.

Beyond asking people already in the chair, Dr. Daoud advertises whitening-for-life programs to potential patients interested

in Invisalign®. Some would call this a loss leader, but Daoud says, “It’s an investment.” He knows that he is getting more than the cost back; he’s getting a patient for life. He even offers whitening as a resource when patients complete a video testimonial, if the team is running late, or if they have to cancel an appointment. He says it’s a simple but effective way to say thank you and give patients something of value.

To incentivize his team to sell Smile Perfected, Dr. Daoud started a bonus structure program in 2021. Remarkably, his numbers almost doubled. His team has been offering and selling whitening at such a remarkable rate that they now restock multiple times a month. Smile Perfected provides ordering options to fit the needs of all practices, and offers special discounts to AACA members, including a free activating light with two 12-packs of whitening kits.

Smile Perfected takes on the responsibility of training the dental practice team, not only when you first become a provider, but any time a new person joins your team. Virtual training sessions are hosted by a personal sales representative. Questions are answered in real time, or recorded sessions are also available for busier offices. In addition to training, the company will whiten each team member’s teeth free of charge. “It’s easy for them to advertise when they can speak from their own experience,” says Dr. Daoud.

We asked Dr. Daoud about his process when patients are unsatisfied with their results. He knows that Smile Perfected will replace their kit free of charge if this happens. While he has never had to redeem that offer, he says that it does give him comfort as a small business owner. He reminds us that diagnosing patients for whitening can be difficult. Even the darkest shades of teeth can surprise you with their ability to brighten, or they can stay the same. Daoud tells patients, “I’m not giving you white teeth; I’m making your teeth whiter and brighter, and in a way that doesn’t make your teeth sensitive.” Smile Perfected encourages providers to have honest conversations with their patients about starting their whitening journey.

Dentists guide patients from restorative, to preventative, to enhanced cosmetic dentistry. At the end of the day, a beautiful smile is everyone’s favorite reason to be a dentist. To channel all your hard work into something so life-changing for a patient is incredibly rewarding. The AACA has been a steadfast pillar for dental members. Daoud expressed that it’s important to work together and learn from one’s peers. “I will unequivocally say this: if it weren’t for the AACA, I would have really, really been struggling, both on the business side and the personal side. I have made the best friends of my life in the AACA.” The AACA is actively tearing down the walls that a lot of dentists have built around themselves so we can start conversations with our colleagues and begin a new wave of communication within the field. Daoud is living proof of the AACA’s success in doing so. While the AACA may have started with clear aligners, it has evolved into a community where everyone can share in every aspect of dentistry. ■

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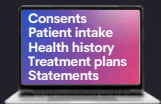


DR. LINDSAY COSTANTINO
UCLA School of Dentistry continuing lecturer, AACA member

Aspro dental was designed by a dentist for dentists. I was able to cancel many subscription services (appointment reminders, texting, payment plan billing, anywhere access to our schedule, prescription orders, etc) and have all of these features easily accessible in one easy-to-use dental charting system. The software just makes sense and their service is top notch.



DR. ADRIANN HOOKS
Invisalign Diamond level provider, AACA member, Align faculty



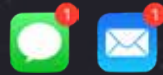
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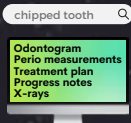
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Practice Management

The Truth Behind 3 Practice Profitability Myths

by John Meis, DDS, DICOI, FAGD, and Wendy Briggs, RDH



Dr. Meis is an international speaker, best-selling author, and consultant. He advises businesses and practices in the dental industry on topics of strategy, culture, leadership, and execution. Dr. Meis's unique ability is to make the complex simple, the hidden visible, and the difficult easy.

The Team Training Institute helps dental practices become more productive and profitable, with peace of mind in a fun atmosphere. With events and in-office coaching, practices often achieve a significant improvement fast.

His proven executive coaching process helps businesses strengthen their culture, clarify their strategy, and update their business plan.

The path to practice profitability can lead you in many different directions depending on your type of practice, your long-term vision, and your team's skills and interests. In fact, there are so many different ways to build a successful dental practice that it can feel overwhelming when trying to decide which path is right for you. However, a few commonly held beliefs about practice profitability will fail to yield the intended results. This is a look at the truth behind 3 of the most popular profitability myths.

Myth #1: Cost cutting is the key to surviving economic uncertainty.

The news today thrives on fear as a way to cut through the clutter and resonate with an audience.

When we hear about economic uncertainty, rising costs, and a potential recession, we can quite naturally respond and operate from a place of fear. The problem is that fear is never going to inspire us to perform at our highest level. In dental practices, operating from a place of fear can lead us to drastic cost cutting.

A regular review of practice expenses and opportunities for efficiency is appropriate. But an impulsive response that causes you to cut team benefits, eliminate perks that contribute to your patient experience, or operate more leanly overall can ultimately hurt you more than the economic environment itself. Don't make cuts that place your relationships with your team and your patients at risk; they are critical to your success. The reality for most practices is that to increase profitability, it takes far less effort to become more efficient or more productive than it does to even slightly reduce expenses.

Truth: Invest in yourself to grow your profitability in good times and bad.

Expanding your skill set, to add higher-dollar procedures to your practice offering and reduce the number of procedures you refer out, will quickly add to your bottom line. Identify procedures that are a good fit for you and your team, and commit to learning and integrating them into your workflow. One of the easiest to incorporate is Clear Aligner Therapy. There's high patient demand, it has great support from aligner manufacturers, and it offers a tremendous boost to your productivity per hour. It's also a great way to better engage and utilize your team members, since you can delegate much of the work. If your practice is experiencing a slowdown, that's an opportunity for you and your team to start the Continuing Education needed to offer a new service to your patients.

Myth #2: Go big or go home.

Big ideas are important, and they certainly have their place, but implementing them in a dental practice can also be extremely disruptive. We work with a lot of practices that are unhappy with the impact of insurance reimbursements on their overhead and profitability and are considering dropping participation in all plans. Going out of network may be right for some practices, but it also requires a significant change in marketing strategy, patient retention strategy, and possibly even your long-term practice vision. These types of major changes take considerable time to implement and deliver results, and may cause profitability to decrease in the short term. While dentists are

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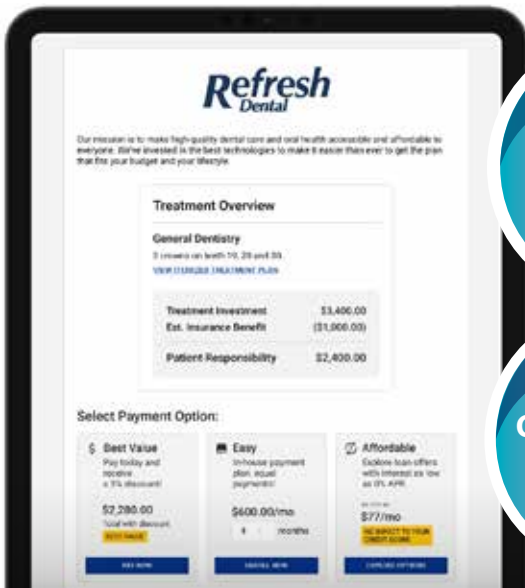
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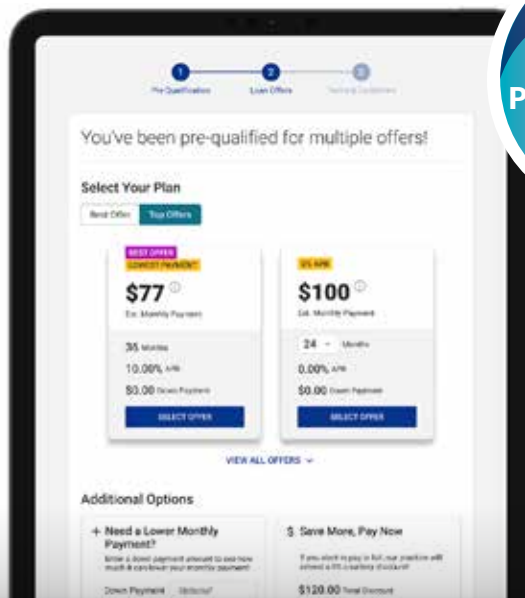
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often looking for big fundamental changes within their practice to save costs and improve profitability, we've found that it's not always the massive changes that have the most impact.

In fact, we've seen that little hinges swing big doors. If you know the right things to do for your practice, it's often the little things that add up when repeated with patient after patient, day after day, that make the big difference in your profitability. The trick is being able to identify the small things that are right for your practice (or working with a consultant who can help you do so) and obtaining the skills and resources to be able to successfully make those small changes. Focusing efforts on one small thing at a time and doing that thing very, very well, can have a greater impact than trying to make a major practice change.



Wendy Briggs is a practicing hygienist, strategic advisor, speaker, trainer, consultant, coach, product developer, and author. She is the president and founder of Hygiene Diamonds as well as the president and co-founder of The Team Training Institute.

Wendy's excellence as a hygienist and patient care advocate has directly influenced more than 3,718 dental practices in 12 countries. She has a proven track record of supporting dentists, hygienists, and their teams (many of which are among the biggest and fastest-growing practices in the United States and Australia) in increasing patient care and doubling hygiene production.

Truth: Change, big or small, requires systems to succeed.

One of the common things that we see when we study really successful companies is that you must have systematic processes in place to improve efficiency and be positioned to scale your operation. Toyota is a great example of this; there used to be one to two people that would work on a car, putting the car together from start to finish. The company learned over time that when you have systematic processes in place that support a team approach, you're much more efficient. Instead of one or two people working on that car, a team of people, each specialized in his/her specific tasks, can work together to produce a car in significantly less time.

We can see the same productivity impact in dentistry when systems are deployed to support teamwork and efficiency. While what we do in the dental practice is very different from manufacturing, we can still take away valuable lessons in delivering care efficiently. Systems also prevent your operations from grinding to a halt in the absence of one person. Turnover and team changes are an unfortunate reality, and many practices that we evaluate rely so completely on one individual

that if she/he were to leave, the practice could easily fall into chaos. Processes and systems can help to prevent that, especially when combined with cross-training. When a team member learns something and is good at it, he/she often becomes the one that does that task all the time. Instead, we recommend that person become the teacher who helps other team members learn the skill, so that over time you create a broad-based skill set across your entire team. This can help to prevent the loss of any one team member from creating chaos or stress for the remaining team.

Myth #3: The dental profession isn't what it used to be.

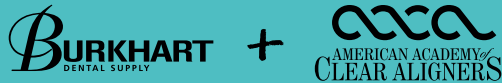
We hear a lot of talk right now that dentists are overworked, unhappy, and unprofitable, and that hygiene providers are disrespected, underpaid, and undervalued. This is a mindset that can become self-perpetuating, but that is in no way inevitable. In fact, we often see just the opposite, with both dentists and hygienists having record success and record productivity numbers, serving more patients, taking better care of their communities, and finding true fulfillment in the incredible profession that is dentistry.

It is true that dentistry and dental hygiene are not without frustrations. Reimbursements going down and expenses going up can weigh heavily on people's minds. However, you can also see that the number of hours worked per week for both professions is declining, while compensation is holding strong. Like other professions, we have to evolve with the times to both maintain our success and avoid burnout. Consider what you are doing to challenge yourself and to embrace and offer new procedures and new services to your patients.

We've been teaching the win-win philosophy for a long time. Whatever we do as a practice, we must continually serve our patients better. Therefore, the first and most important win is the patient. The second win is the team. When we focus on supporting each other, helping each other get better, learning and expanding our capabilities, and improving our technology, all of those things reignite the team's passion for patient care. If we do a great job with patients and we do a great job with the team, the practice is going to win as well.

Truth: Delegation is the key to avoiding burnout.

While it may seem counterintuitive, increased delegation or greater utilization of your team actually reduces burnout and increases job satisfaction. Delegation should not be viewed as increasing the team members' workload, but as allowing them to grow their skills, advance their careers, and do more work that is meaningful to them. In addition, delegating more to your team allows you to save your time, your mental energy, and your work motivation for the highest-value task that you can perform. For dentists, that's taking care of patients. Review your daily tasks to identify things that don't directly contribute to productive patient care, and delegate those tasks to your team. Then you can focus on the things that provide the most value for patients.



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Doctors can and should delegate as much as possible to capable team members. If your team members aren't capable of taking on additional responsibilities right now, invest in the training and patience required to get them there, one new skill at a time.

In 2021 we started working with a practice that offers Invisalign. Prior to joining our program, the practice was producing \$495,000 per year in aligner therapy. The first year we worked with the people there, although not specifically on their aligner systems, they increased their aligner production to \$675,000. In 2022 they began to fully implement our approach with more focus on delegation and streamlining their systems, and last year they produced \$1,047,000 in aligners. Two years of small

but meaningful changes, delegation, and focus, and they more than doubled their production for just that one service. The practice has also improved in other areas, but this demonstrates the impact that focusing on the right things can have on your practice.

If you're concerned about the impact of economic uncertainty on your practice, or need help identifying your unique areas of opportunity, we can run a practice growth report and help you create a road map to practice growth based on our findings.

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E R T TEXAS DENTAL OFFICE

The office consisted of 85 employees and recovered over **\$1.2MM** for the years 2020 and 2021.

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Company with 43 employees recovered **\$123,000** for the years 2010, 2020, and 2021.

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The firm consisted of 8 employees and recovered **\$105,000** for 2020 and 2021.

I T S CALIFORNIA OPTOMETRY PRACTICE

Practice with 39 employees recovered **\$180,000** for the years 2018, 2019, and 2020.

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How Card-on-File Transactions Mitigate No-Shows

by Jesse Meddaugh

Card-on-file transactions offer numerous benefits, including stemming the recent tide of cancellations and no-shows.

The most recent estimate on the annual cost of canceled appointments and no-shows comes from a 2014 article in *Dental Economics*. It put the range between \$20,000 and \$70,000 for a practice that loses a single appointment every day for a year.

Where that estimate falls today is once again top of



Jesse Meddaugh is one of the founding partners and VP of Business Development at 360 Payments. He has been in the payment processing industry for over 15 years and resides in the San Francisco Bay area with his wife, Sara, and their 3 children.

mind as dental practices wrestle with another bout of cancellations due to contagion fears—this time the trifecta of the flu, COVID-19, and respiratory syncytial virus.

Card-on-file services—like the one offered by the American Academy of Clear Aligners (AACAA)—endorsed credit card processors, 360 Payments—can serve as the basis of one often-debated deterrent for no-shows. However, such a service also opens the door to conveniences that eliminate some of the biggest reasons on-the-go families cancel in the first place.

No-shows rising

The ADA Health Policy Institute's October 2022 Dentistry Poll put capacity at 83% among the 1,200 practicing dentists surveyed in October. That's down from a high of 87.7% in March, with nearly 82% of respondents reporting patient no-shows and cancellations as the main culprit for the decline.

In March and April 2020, the use of dental services fell 75% and 79%, respectively, compared to the same two months the year prior—months in 2020 when many states enacted COVID-19-related bans on elective dental procedures. That led to a 6% year-over-year decline in dental practice revenue in 2020, with dental hygiene appointments declining 47% that spring.

Additionally, the average annual patient value declined 5% in 2020 from \$677 the year prior, with nearly 10% of dental practices forced to downsize their teams between January 15 and February 15, 2021. That led to the labor shortages



experienced throughout the summer of 2022, with dental practices dealing with higher-than-normal patient demand due to pandemic-deferred care.

Those shortages continued to challenge dental offices, per the ADA's October Dentistry Poll, but so did the rise in cancellations on appointments scheduled months in advance. According to the poll, 44% of respondents cited dental team shortages as their biggest concern, followed by insufficient patient demand at 40%.

An ounce of prevention

Obtaining card-on-file authorization from customers certainly makes those broken-appointment fees easier to collect. Still, there are other benefits to collecting credit card information as part of your customer intake process.

Consider the case of divorced spouses, where one parent is responsible for ensuring their children make appointments while the other pays for visits with a health savings account card. Also consider how that smoother checkout accommodates families with college-age children living in another town or state or families with teenage drivers who bring their younger siblings in for visits.

Keeping cards on file through 360 Payments, which sets up a virtual terminal gateway compliant with Payment Card Industry (PCI) standards for storing credit card information, is especially convenient for recurring billing and subscription products like

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Invisalign. That gateway also allows for receipts to be emailed directly to customers.

Having card information stored on 360 Payments' server also means no liability on the practice and no worries of a breach of an office server or of a rogue employee digging into a filing cabinet filled with customer credit card information. In fact, office employees can only see the last four digits of a customer's credit card through the 360 Payments gateway.

All that's required is a disclosure that informs customers that, by signing, they are allowing your dental practice to keep their card on file for future payments and fees.

To charge or not to charge

The "fees" in that disclosure refers to your broken-appointment fee, which your customer intake forms should also disclose. It should tell customers that you "reserve the right to charge a \$___ fee" for appointments canceled within 24 or 48 hours of their scheduled visit.

A reminder of that fee should then be included in every reminder text, email, or phone call, along with an explanation of your policy: "This policy helps us keep our operating costs as low as possible for all of our patients." Doing so provides proof

that your customers were informed should they dispute the charge on their credit card.

How much you should charge and whether the deterrent works are hotly debated. The argument against is that the fee doesn't teach patients not to cancel. Instead, they learn there is a price for not keeping the appointment, which might be enough to motivate your patients to at least call in their cancellation. That opens the door to numerous responses designed to get that customer in the office for a visit.

For instance, you may consider a strike system that penalizes repeat no-show offenders but empowers office staff to waive those fees under certain circumstances, such as illness or if customers reschedule their appointment the same day they cancel. Whatever you decide, having a form of payment on file at the time of service means never having to chase another payment.

360 Payments is an officially endorsed credit card processor of the AACA. For questions or to learn about special pricing for AACA members, visit 360payments.com/AACA. ■

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Jack's Corner



by Jack Von Bulow, DDS

Leading From the Heart

So, the last couple of times I've submitted columns here, Copyeditor Marc has come after me like my 11th grade government teacher at Mark Keppel High School. But back then, I learned my lesson. I never again wrote a report on John Galbraith's *The Affluent Society* after having read only the inside cover of the book.

And maybe it's a stretch linking a breakdown from my caring demeanor to some bad luck and figuring out the Universe was Sicilian. Reflecting, I can see that the point being made could be unclear...if you weren't Sicilian.

The point here is appreciating the privilege of working together with people who are extraordinary. The story is all about sharing the *Why*.

You know you're lucky when you get to show up for work that's a career and share the experience with the kind of people you'd adopt if you could.

Team Leader Dani never applied for the job; her honesty, fairness, eloquence, and good heart pretty much rendered the selection process unnecessary.

Dani first stepped through our doors a few days past 20 years ago. On that occasion I was too busy being busy to appreciate the opportunity; all I managed was a wave and a glance. My co-workers urged a return visit (with the threat of an organized strike), and I've never spent quality interview time more wisely.

Dani was a quick study; she was self-motivated and instantly won the respect of her co-workers and patients alike. Within a few weeks, Dani had done an inventory of supplies on her own initiative, and within a few years she'd led a community project that served Temple City schools while managing most of the local dentists in the process. A little while later, Dani was named National Dental Assistant of the Year by the prestigious Crown Council.

Although Dani has deservedly won honors as a dental assistant, they don't come close to defining her as a person. Dani happens to share a December birthday with my Dad. And I know for sure there are at least two amazingly generous, empathetic good hearts in the Golden Rule Hall of Fame...both of whom started out on December 2.

When I was accepted onto the board of directors of Haven House (the first shelter for victims of domestic violence founded in the U.S.), Dani showed up with a carload of clothes the next day. Every year, we'd adopt a Haven House family for Christmas; and having selected and wrapped all of the gifts with her sister Denise (now our lead treatment coordinator), Dani always took the first step as we met yet another courageous, grateful family trying their best to put a smile on despite one of life's cruelest punches to the gut and heart.

Back in 2015, our office organized our first food drive, benefiting low-income families with children attending local schools. Don't have to tell you who created, organized, and led the event...that generated over 1,000 pounds of holiday donations.

One Monday morning, a little while later, Dani ("not a morning person") showed up excited and animated enough for an Olympic event, sharing what she'd done over the weekend. And I don't know about you, but sometimes my team leader makes me feel like the most selfish loser in the world. While I was playing golf and agonizing over a college football rally, Dani and four lady friends and relatives decided Sunday was a great day to make a difference...again.

Armed with peanut butter and jelly sandwiches, juice, water, and cheese and crackers, Dani and company visited the areas around Olvera Street, Elysian Park, and LA County General Hospital and fed 120 homeless Angelenos. As Dani told me Sunday's story, I could see what fulfillment looks like; when she finished her report, we both mouthed the words "...but for the grace of God." And then she added, "Dr. V, we're gonna do it every month."

So, I'm not going to be providing dental care forever. When I started out in 1976, I thought I'd put in 20 years and then move to the Amalfi coast. But then, I would've missed the last 20 years and the love and respect I have for someone I would've gladly adopted.

Today, Dani is also a mom. And Tatiana is the cutest little 2-year-old independent thinker I might never have met. You can have the Amalfi coast.

Love ya, Dani; happy 20th. ■

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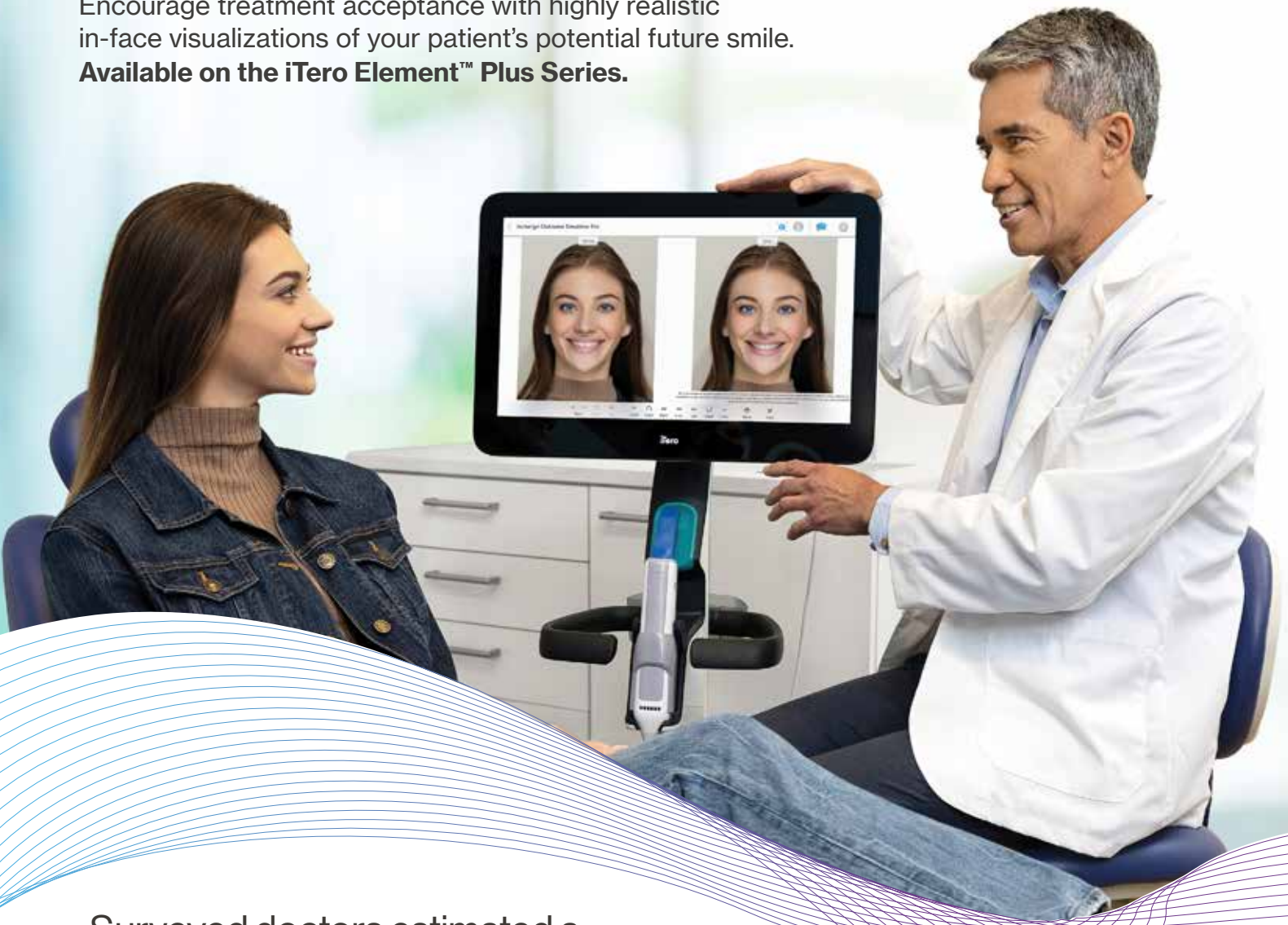
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