Wave Goodbye to the Good Old Days

One orthodontist looks at why today’s orthodontic practices are struggling, and identifies ways to survive and thrive

BY LEON KLEMPNER, DDS

The mom-and-pop solo orthodontic business model will soon no longer be sustainable. Our industry is changing at a record pace, and only a small subset of private practices will make it through the crush. I have been fortunate enough to travel across the country, lecturing to and meeting with orthodontists, all the while learning how their businesses are doing. While a select few practices report experiencing significant growth, most tell me they are merely “holding up.” I notice that those that are struggling often blame the economy or some external source beyond their control, as we all are prone to do when things trend down. However, I believe the root cause is a significant paradigm shift within our profession, and it requires us likewise to make significant changes.

In one of my lectures, I have a photo of a crying baby with a caption stating, “Nobody likes change—except for a crying baby.” I think it’s safe to say that most of us are uncomfortable with change. However, I don’t believe we have an option anymore. Our profession is being eroded away by a number of converging forces that are threatening the traditional private orthodontic practice, and we need to take action.

The following is a breakdown of the five major forces impacting your private orthodontic practice that will require you to either step up your game, or go the way of the dinosaur.

1) The democratization of information

Parents of potential patients and adults seeking straighter teeth have become empowered by the Internet. Knowledge is power, and conducting online research is now a prerequisite for making a major purchase—and that includes orthodontics. On the plus side, the information available online can accelerate prospective patients along the decision-making process. Conversely, lack of information—or in the worst case, negative information—can hurt you in a big way.

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LEON KLEMPNER, DDS, is the founder of People & Practice LLC, a marketing consultancy that builds and manages online reputations of orthodontic practices. Through authentic positive reviews, a strong web presence, credible content, and engaging social media, Klempner helps increase the number of people making appointments, identifies any barriers to converting them into patients, and generates trust in the doctor and the practice. Klempner represents orthodontic practices throughout the United States and Canada. He can be reached at leon@pplpractice.com.
2) General dentists will no longer be your primary source of new patients

In years past, courting the general dentist (beating the bushes) would yield an increase in new patient calls. Although this is still true to some extent, it is not nearly as significant a lead generator as it was in the past. I’m not advocating ignoring this source of new patients, but if you have all your eggs in this basket, your practice will predictably wither with time.

All indicators point to an increase in the number of orthodontic patients being treated by general dentists. The increased use of removable aligners or limited anterior braces will continue and will be patient driven. Unfortunately, in the eyes of the public, despite the marketing efforts by our association, the perceived difference between a dentist and orthodontist is becoming increasingly blurred. The public has been led to believe that being treated by a dentist is the same as being treated by an orthodontic specialist with postdoctoral advanced training. This is exactly what happened to our prosthetic colleagues years ago.

3) Growth of mid-level providers (MLPs)

In an effort to increase access to dental care and reduce costs, many states are creating a new state dental license to function somewhere between a dental hygienist and dentist. You can view this as a “super hygienist,” not unlike a nurse practitioner in the medical field, with the ability to perform many procedures now commonly conducted only by a licensed dentist. Restorations, extractions, administration of anesthesia, and writing prescriptions are just an idea of their broad scope. This model is not new and is currently already in place in many countries worldwide. Alaska, Minnesota, and Maine have already passed this law. Although only speculation, the likelihood of MLPs being able to dispense removable aligners under the supervision of a dentist rather than an orthodontist is also probable.

4) Newly graduated orthodontists have massive debt

It is now fairly common for new orthodontic graduates to accumulate a few hundred thousand dollars of student loans to repay. The cost of 4 years of college, 4 years of dental school, and 2 to 3 years of orthodontic training adds up quickly. These highly trained professionals need to make a living somewhere. The traditional associationship leading to partnership model of the past assumes practice growth and/or early retirement of the senior doctor. Neither of these is anticipated in most practices, leading to a surplus of well-qualified graduates.

5) Downward pressure on orthodontic fees due to growth of Dental Service Organizations

The 800-pound gorilla in the room is the rapid growth and economic success of well-run corporate group practices. They are already growing in the West and South, and moving to the East. The poor-quality dental clinics of the 1980s will be replaced with well-financed, spa-like state-of-the-art facilities with well-trained young orthodontic graduates and a highly trained, patient-friendly staff.

Low-cost, long-term affordable patient financing will be readily available and be presented by trained sales personnel. Bulk purchasing of high-end equipment such as digital radiography, computerized management systems, brackets, bands, and aligners will enable lower fees and higher profits. In addition to introducing a very competitive fee structure, they will provide one-stop shopping by offering general dentistry and all specialty services in one facility. Weekend and evening appointments will be readily available. This is your future competition, and the future is now.

Despite the factors discussed, I believe there will always be room for a high-quality, personalized orthodontic practice. But it means shifting the mind-set from a business-to-business or general dentist-oriented marketing model to a consumer-focused approach. The decision-making lies with the patient now, and we need to resonate with them.

Here’s how to make sure your practice is primed to survive the competitive crush and stand out as a preferred choice for new patients:

a) Make it easy to find you online. Let me be clear that your website does not have to rank first in an organic Google search, but you do need to be on page one. To use a newspaper metaphor, you need to be “above the fold.” The best way to do that is to provide many opportunities to show up there.

b) Encourage your patients to share their positive experiences with your practice online. The truth is that people trust what others say about you more than what you say about yourself. Consequently, the most impactful way to build your online reputation is by cultivating strong reviews across the major review sites. At the same time, this effort helps to buffer against the inevitable negative review. One complaint among a sea of praise is an outlier. But one complaint as the only review is a deal-breaker.

c) Find ways to differentiate your practice and ensure your staff lives the brand and your patients feel it—whether they’re in the office or online reading reviews, or checking out photos from your last patient appreciation day. Identify what makes your practice unique, and build marketing programs around it that help demonstrate the difference. Do you focus on client care and satisfaction? Invest in the latest technology? Early treatment? How are you different? Emphasize these qualities, and build a brand around them. Remember, you won’t be able to compete on price or convenience. You must provide a strong reason for new patients to choose you.

The bottom line is that it’s no longer good enough to produce an excellent clinical result. That’s the baseline. If your practice is going to survive and thrive, new and existing patients need to see and believe your practice is special. The future will be bright for those who are proactive and willing to adapt to this rapidly changing environment before it’s too late.