Review Article

JRAD Journal of Research and Advancement in Dentistry

J Res Adv Dent 2017;6:1s:214-221.

Orthodontic Practice Management: Considerations in Orthodontic Office Designing, Managing and Marketing

Gattu Sandeep[1*] Ranjit Manne[2] G Chandra Sekhar[3] Rishika Reddy[4]

[1]PG Student, Department of Orthodontics and Dentofacial Orthopedics, Panineeya Institute of Dental Sciences, Hyderabad, India.
[2]Professor, Department of Orthodontics and Dentofacial Orthopedics, Panineeya Institute of Dental Sciences, Hyderabad, India.
[3]Professor and Head, Department of Orthodontics and Dentofacial Orthopedics, Panineeya Institute of Dental Sciences, Hyderabad, India.
[4]PG Student, Department of Orthodontics and Dentofacial Orthopedics, Panineeya Institute of Dental Sciences, Hyderabad, India.

ABSTRACT

Background: The management of an orthodontic practice needs to be highly structured and organized. The actual treatment process obviously benefits from a disciplined clinical approach in a well organized environment. In this competitive world where each and every patient walking to our practice is precious, the first thing that the patient experiences is the orthodontic office design or setup. Scheduling and Time Management in Orthodontic offices is also a crucial part of Practice Management. Marketing in health care profession had become an integral part of practice. This article is to highlight the orthodontic practice management – considerations in orthodontic office designing, scheduling and time management of patients and marketing in the current era of technology.

Keywords: Orthodontic Practice management, Office design, Managing and Marketing.

INTRODUCTION

Dentistry is a health care profession that has two fold role: to provide health care service and to make profit as a small business. As a health care service, dentistry provides quality care for the patient by following standards of care established by government agencies and the profession itself. Traditional dentistry has changed dramatically over the past 25 years. Basic Orthodontic practice management goals are universal. Creating a pleasant atmosphere, maintaining a high level of efficiency and producing high quality results routinely depend on office size or type of practices.

A successful practice develops from modest beginning and it may take on very large proportions as a result of honest, sincere and unselfish service. It is inevitable that well - conducted practices becomes larger in time and our responsibility to the patients does not cease with the removal of active patients[1]. Gibben in 1936[1], discussed "Efficient Practice Management", particularly as it relates to extending the availability of Orthodontic service stated, "If Orthodontic practice is to fulfill its responsibilities in full measure, then it must grow and develop from a limited one-man set up to a highly efficient, carefully coordinated unit capable of producing not only the highest quality of service but an increased availability of service in its respective community".

Koch[1,2] in discussing "The Management of an Orthodontic Office," outlines three objectives[1,2]:

1. To render a maximum of service with a minimum of effort.
2. To provide sufficient leisure during the working day to ponder over the inherent problems of an orthodontic practice, and to

Received: Dec. 1, 2016: **Accepted:** Feb. 9, 2017
*Correspondence Dr. Gattu Sandeep.
Department of Orthodontics and Dentofacial Orthopedics, Panineeya Institute of Dental Sciences, Hyderabad, India.
Email: Not Disclosed

pISSN 2278-0076
eISSN 2321-9270

contemplate possible avenues of improvement in our professional techniques.

3. To provide sufficient net monetary income to afford us the opportunity of postgraduate study, and to provide a standard of living for our families commensurate with our ideals, desires, and our station in life, not only for the present, but also for those years after the retirement from practice.

MANAGEMENT STYLES IN DENTAL PRACTICES

Leadership is vital to communication in the dental office and will determine how the staff and doctor work together and whether goals are established. A dentist may manage the office in an Authorative, Free rein or Participatory type of leadership.[3,4]

a) Authorative management: It allows the doctor to make all the decisions as the central authorative figure. The dental auxiliaries are not involved in any decision making and are told only what they may or may not do within the systems.

b) Free rein management: It does not place the responsibility of management on anyone person. The easy going doctor does not provide direction for staff and everyone just seems to follow along with the current.

c) Participatory management: It is considered to have the greatest advantage for dental practice. This form of management recognizes each member of staff as a person whose skills are necessary in obtaining the ultimate goals for practice.

ESTABLISHING PRACTICE GOALS AND OBJECTIVES

Prior to an opening a dental practice, the doctor should define a practice philosophy and establish specific objectives for the practice.

A common sequence for establishing objectives includes the following steps[1,2,5]:

a) Develop a Practice Philosophy: The dentist identifies in broad statement the basic concept about patient care, business management, auxiliary utilization, health and safety and continuing education for practice.

b) Develop Practice Objectives: In this stage each of the broad goals are broken into a series of specific objectives.

c) Develop Practice Policies: These are statements of basic policy that will affect both staff members and patients.

d) Develop Procedural Policies: Each of the broad statement can be broken down again into specific objectives and further defined into specific tasks for all of the common office procedure.

e) Develop Business Principles: The objectives place emphasis on actual business activities of office.

f) Develop a Practice Standard: It is necessary for the doctor to identify, a quality standard that will define a self-performance level and performance level expected of the staff.

g) Develop Staff Recognition Programme: Specific guidelines need to be established for hiring a qualified staff, selecting a wide range of creative benefits, and establishing a competitive scale that reflects productivity and cost of living increases.

ORTHODONTIC OFFICE DESIGN

Most orthodontists spend more than 50 percent of their waking hours in their offices,[6] therefore it's vital that the office be designed to make the hours spent there as pleasant, comfortable, productive and efficient as possible. The office should not only be a great place for you to be in, it should be a great place for your staff and patients as well. Good design improves the working environment of any space and the orthodontic office is no exception.[7,8]

Walking into a well-designed office creates an initial favorable impression to the patient which is likely to make them more inclined towards starting treatment with you. Conversely, a poorly designed office will actually work against you, undermining your professional goals and objectives.[9,10]

The overall function of an orthodontic office should dictate the form of its design and layout rather than adapting function to a prearranged design.[11] It is important to know your design goals before details can be implemented in an effective office layout by an architect. Similar to the design of a manufacturing facility, an orthodontic office should look at the treatment rooms and then the support areas for the treatment rooms and finish with the administrative and patient reception areas.

Treatment Rooms: There are basically three types of treatment area concepts which are[12]

a) **Open-bay treatment rooms** - which are common in orthodontic practices where there are severe constraints on space, in order to accommodate the maximum number of dental chairs. However, there is no privacy to the patients during treatment. These kinds of treatment areas are often seen in high-volume individual practices where adolescents are seen for short appointments, as well as in teaching institutions and hospitals.

b) **Semi-private treatment rooms** - which are used when one doctor intends to see more than one patient at a time while maintaining some privacy for the patient. There is some type of partition between the dental chairs to provide a visual obstruction. However, because of the incomplete partitioning, the sounds of treatment and conversation cannot be contained.

c) **Individual treatment rooms** – which are self-contained units, with only one dental chair in each room. They are ideal for the privacy of the patient and general clinic environment because of the containment of treatment sounds such as the whine of the dental turbine and ultrasonic scaler. In such cases, for maximum efficiency, all treatment rooms should be the same in size, equipment and layout.

It is also important to place the treatment rooms close to one another to reduce the time necessary for the doctor to move between rooms and to enhance productivity. Great care in planning the treatment room layout should be taken if more than four treatment rooms are designed, to ensure a smooth traffic pattern. Regardless of the treatment room design, the support equipment should be within easy reach of the dentist or the assistant. Dental assistants will need to sit slightly higher than the dentist to allow for adequate vision. Since the average reach radius of an assistant is approximately 66 cm (26 inches), designs that bring in all work surfaces, materials, and instruments within this distance should be preferred.

Delivery systems can be behind the patient, beside the patient, or over-the-patient. While the final choice is usually up to personal preference of the orthodontist, it should function well in a properly designed treatment room. Cabinetry must be carefully designed for function and efficiency. Many designers recommend off-the-wall cabinetry for the lower cabinetry because of elimination of a dead space of 15 cm (6 inches) at the floor level. This allows for ease of cleaning as well as prevention of accumulation of dust, mites and termites in that area. In case floor-mounted cabinetry is opted for, the lower area should be carefully sealed.

The most modern orthodontic offices are paper-less. Provision should be made for locating the required number of computers, scanners and networking equipment along with the necessary electrical outlets and hard-wired and wireless connections. The computer system should be designed taking into account security of the data and the possibility of a malicious incursion.

Some other key principles when designing a treatment room are:

a) Never reduce or compress the floor space of a treatment room.

b) If there are multiple treatment rooms - make them identical.

c) Dental chair should be facing away from entry / exit.

d) Windows in the treatment room - preferably north-facing, to avoid direct sunlight.

Reception / Waiting Room:[11,12] This is the area that should convey to your patients the surety that they have come to the right place. Subconsciously, patients are making value judgments about the office based on hundreds of little items they notice.

Reception area should be inviting, pleasant and feature ceiling height, doors, woodwork, lighting, and colours can all be used to set the tone for the patient visit. A minimum area of 60 square feet is required to accommodate 6 to 9 people. Modern orthodontic offices should provide amenities like juice bars, outlets for laptops, wifi, and computer-gaming equipment for children and entertainment systems, home decoration magazines, car magazines and comic books designed to relax and occupy the patient before the appointment.

Consultation room:[11,12] An excellent room design would allow for ease of explanation to the patient, adequate display aids and the privacy necessary to discuss the patient's treatment and financial plans. Many orthodontists believe that presenting the case in such a setting will result in increased case acceptance.

This room should separate and sound insulated and close to reception area for discussions of financial agreements as well as conflicts resolutions.

Sterilization Room: The recent emphasis on sterilization has influenced the design of these areas in two ways: More linear counter space is needed, whether it is L-shaped, U-shaped, or straight-line; and to save step, the sterilization area is more centrally located as close as practical behind the chairs in the open bay. Because the public is so conscious of sterilization, some orthodontists prefer to have the area completely visible to parents and patients. Others favor a recessed enclosure, but still make its presence known. The sterilization area should have a soiled side and a clean side with a progression from one to the other.

There is no one ideal design to suit your needs. Office should reflect your personality. Before designing an orthodontic office, homework should be done. Each element such as lighting, flooring, color theme, walls, electrical and plumbing considerations should be incorporated in each of the essential components of an orthodontic office with proper and effective design. Before designing orthodontic office do make it a point to visit near by orthodontic offices for better understanding and then try and adopt, adapt and innovate keeping these factor in mind and build your dream practice.

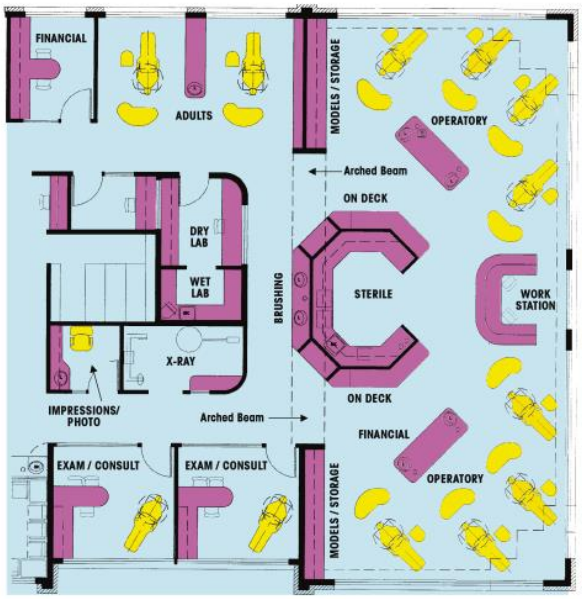

Figure 1. Orthodontic Office Design[13]

SCHEDULING AND MANAGING IN ORTHODONTIC PRACTICE

Scheduling appointments and time management in orthodontic practice very crucial. There can be no doubt that the success of any dental practice depends on how well the scheduling of appointments for patients is managed on a day-to-day basis. It also depends on how well the office can maximize the doctor and associate's times so that he/she/they can deliver better dental care to his/her/their patients. A structured schedule and time management protocol is necessary for any practice irrespective of their location and individual variations. The goal of any practice should focus on being maximally effective and productive by increasing work efficiency.[14]

The appointment system should be such that the flow of patients is smooth with no overlap or overcrowding. Proper scheduling helps the office in delivering prompt service to their patients, accommodate emergencies, avoid non-productive time lapses and improve patient relations. It also allows one to mentally prepare for each day and to pace oneself throughout the day without getting fatigued. Scheduling and time management encompass not only patient appointments but also determining the preparation time required for each procedure as well as the time taken for the procedure and the post procedure time.

The preparation time required for sanitization and disinfection of the operatories and sterilization of the instruments must also be added to the procedure time. Extra sets of instruments, which can be sterilized and kept ready at the beginning of the day, and well-trained chair-side assistants who can prepare the operatory for the next patient are good investments in reducing the preparation time. Post procedure time, which may include giving instructions about various aspects of treatment, hygiene, medications, etc., also needs to be considered. It is a good idea to have dedicated space for post procedure instructions. This will save valuable chair side time. A list of these procedures and timings could be kept at the front office desk. This will help the front office personnel (receptionist) to arrange the daily schedule appropriately. It is always beneficial if this job is delegated to a well-trained receptionist or treatment coordinator.[14]

Objectives of a daily appointment schedule:[14]

1. Respecting the patient's and their parent's time.
2. Streamlining the patient flow in the office.
3. Increasing productivity in the office by avoiding unnecessary loss of time.
4. Setting aside most effective hours of the day for intricate and time consuming procedures. Eg, miniscrew placement, bonding, etc.
5. Giving an opportunity to prioritize workload.
6. Keeping dedicated appointment slots for emergencies and/ or important consultations.
7. Properly sequencing follow up appointments.
8. Streamlining of cancellations.

Maintaining an appointment schedule is primarily the responsibility of the front office personnel, but the doctor should also be actively involved in this process. The front office personnel should be efficient enough to coordinate with the doctor concerned while preparing the doctors' daily schedule. Previously maintaining an appointment book was used to schedule the appointments. In today's highly advanced tech world, there is an abundance of Practice Management Softwares eg. Practo, HCue, Dentee, MyOPD, etc., which also includes appointment scheduling as one of their services. In many ways this has made life simpler for the doctor and staff, but in many ways it has also complicated certain aspects of scheduling of appointments. These software's have a facility wherein the patient can book his/her appointment online. This may be convenient for the patient but makes the appointment schedule of the office vulnerable to the choice of the patient. The office should always govern the appointment schedule. Online facility could be of use only for emergencies or new consults. The office could program the software in such a manner.

It is recommended that appointment confirmations could be sent via messaging services twenty-four hours in advance and for some important procedures or patients, these reminders could be conveyed by a personal telephone call by the front office. The reminder should be worded in a manner, which is welcoming and personalized, e.g. "We are looking forward to seeing you". Cancellations and missed appointments lead to lower productivity as well as loss of revenue. These two business demons have always been a source of major irritation and disappointment to the doctor and his/her staff. Reminders play a major part in decreasing "no shows". But there will still be some last minute missed appointments despite the office prescheduling or sending reminders.

A good way to utilize the time made available by a missed appointment is to have an "appointment request list". There will always be patients who have missed their previous appointments or who want an early appointment. These could be called in by the front office if a "no show" or reschedule is on the cards.

MARKETING

The present difficult economy is causing a remarkable decrease in patients seeking orthodontic care. The adverse economy has also had a negative impact on general dental practices.[16] The practice that can consistently attract new patients without heavily relying on referrals from other dental professionals has a distinct advantage. The increase in primary care dentists who are providing their own orthodontic care has caused orthodontic specialists to change their marketing strategy. Recently, a paradigm shift in marketing has occurred from dentist-based referrals to direct-to-consumer advertising. Orthodontists are now choosing marketing to patients directly, rather than

solicit primary care dentists to refer patients when they deem ready.[17,18]

Marketing directly to Patients:[18] As in previous economic downturns, referrals from general dentists and pediatric dentists tend to decrease and even stop as those practitioners focus on their own practices to the detriment of orthodontists. It is most important to have a direct-to-consumer marketing campaign.

Several methods of marketing:[17,18,19,20]

a) **Branding:** It is the act of creating a feeling, promoting a positive image, and fostering a positive perception in the orthodontist's community and/or pool of potential patients. In most cases, the practice's patients will typically name the doctor when asked where they go for orthodontics. As a result, the easiest approach to branding uses the doctor's name(s) in the brand.

b) **The Practice's Web site:** Web sites are one of the portals to the orthodontic practice and increasingly they are replacing the new patient phone call as the first contact of the patient with the practice. The Web site must be easy to find (through search engine optimization), attract attention, hold the viewer's attention, be interactive, have useful and relevant information, and be easy to navigate.

c) **Charitable Giving:** Charity is a natural extension of any health care business and an integral part of a socially responsible brand. It is only natural that people want to do business with socially responsible businesses and therefore, charity, done with the proper motivations, will grow the orthodontic practice while benefiting the most vulnerable in our communities.[21] Eg. Orthodontic field trips,[21] conducting camps and motivating, etc.

d) **E-Mail Campaign:** Few Orthodontists use e-mail and e-mail campaigns to market their practices.

e) **Fliers:** Low-tech, low-cost, and effective, fliers are undervalued in orthodontic practices. A well-designed flier can catch the eye, convey the necessary information, and be remembered. Use of Fliers with special offers at areas like restaurants distributed via bag stuffers, tray liners, and pizza boxes.

f) **Marketing through Mass Media:** Mass marketing must be consistent with the established brand and, in fact, continue to develop and enhance it.

g) **Vehicle wrap:** Inexpensive, highly visible and a great return on investment.

h) **Social Networking and Internet Marketing:** Social networking is certainly a hot topic in orthodontic marketing. The problem often observed is that orthodontists create a Web site and a Facebook page and then never revisit their "strategy." Online marketing is difficult. It takes constant maintenance and modification as things change on the Internet at lightning speed. With social marketing, one can achieve great results organically, by being online in a current and relevant way. Orthodontists can also choose to use paid advertising to boost visibility and results (when done correctly and concisely). It is helpful to obtain assistance from an expert to ensure that the online marketing plan is targeting the right patients for the practice, while remaining true to the branding strategy.

i) **Video testimonials** from patients to post on the Web site or Facebook.

A study conducted by Nelson, Shroff, Best, Lindauer 2015[20], most orthodontists and patients/parents used social media. Social media may be an effective marketing and communication tool in an orthodontic practice.

New method of marketing:[22]

Rather than stay silent and accept the changing competitive landscape, orthodontists took a page directly from the pharmacy & clear aligner playbook and began overt marketing to patients directly. If primary care dentists were to prescribe orthodontic treatment while not disclosing the fact that they are not specialists, than orthodontists began to bypass them in the referral chain. Remove the middleman or gatekeeper, so to speak.

Orthodontists have employed numerous methods of both external and internal marketing, as

direct to consumer advertising increased from simple branded tokens, trinkets, office newsletters to discount coupons, and patient "gifts" for referrals of new patients (both considered unethical in most precincts).

The most powerful form of external marketing, at least in more competitive urban environments, currently appears to be the orthodontic practice website. These websites are becoming increasingly more artistic and interactive, including videos, games, and links to social media outlets such as Facebook, YouTube, Pinterest and Twitter to interact with the local community or friends of current patients. With the increasing popularity of tablet and smart phones, mobile friendly sites are essential.

Though orthodontists are just beginning to tap into the immense potential of external marketing, they have always been internal marketing to their existing patients. Popular forms of internal marketing include a variety of methods to "engage" patients such as adding new technology, in-office promotional posters, typodonts with appliances on them for patients to "touch", a photographic book of before-and-after treated cases, refer-a-friend cards, in-office contests, a display wall of finished smile photographs, patient recognition events such a movie-day or a pool party, complimentary tooth bleaching, family discounts, in-office video games, massage chairs, coffee stations, WiFi, computers or tablets, waiting room displays such as Kaleidoscope in-office signage, wooden nickel rewards, and more recently, Patient Rewards Hub and Kids Club programs.

Many orthodontists are diligently trying to inform patients of the difference between a primary care dentist and an orthodontic specialist. Orthodontists are becoming more vocal about encouraging orthodontic treatment by a trained specialist, not simply as a self-serving measure, but to ensure the public is best served by the best-trained and experienced practitioners.

CONCLUSION

The success of any orthodontic practice does not entirely lie on one factor, but a number of factors. It's a team effort in association with a number of other factors, like site planning, office design, patient incentive and motivation, patient management, marketing which are usually ignored by orthodontist while setting up a clinic or while practicing. Orthodontic office design is the basic step to ensure success in practice. Good office design is an important investment in strategic thinking around any project. For your practice, design creates value in terms of competitive advantage, creation of customer loyalty, trust, and market share. The office appointment schedule of the patients and time management of the doctor, associates and staff should be stress free and the atmosphere in the office always pleasant. This also makes the patients feel welcome and comfortable. One should look at long term practice building goals and should not get overwhelmed by short term financial gains. This would make the practice sustainable for a long time. A healthy supply of primary care dentist referrals will always be integral to an orthodontic office; however, more marketing directly to the consumer aims to gain greater independence, but must be approached with serious concern for professional ethics.

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

REFERENCES

1. Alexander Sved. The management of Orthodontic Practice. Read before the Rocky Mountain Society Of Orthodontics, Denver, Colorado, October 1955.
2. Philp E Adams. Office Management of the Orthodontic Practice. Presented before the Northeastern Society of Orthodontics in New York, March 1954.
3. John T Lindquist. Solo Orthodontic Practice. J. Clinical Orthod. May 1973: 294-335.
4. Micheal A Blau. Group Practice. J. Clinical Orthod. 1983; 116-121.
5. Melvin Mayerson. Practice Management for Orthodontists - Group Orthodontic Practice. J. Clinical Orthod. 1973; 23-59.
6. American Dental Association, Survey Center, 2010 Survey of Dental Practices.

7. Warren Hamula, David Hamula, Frank Dwyer. Orthodontic office design – Site planning. J. Clinical Orthod. 1997; 30; 12: 47-53.

8. Warren Hamula. Orthodontic office design. J. Clinical Orthod. 1999; 33: 1: 35 – 44.

9. Melvin Mayerson. Management and Marketing - Orthodontic office design. J. Clinical Orthod. 1996;30: 12: 699 – 702.

10. Warren Hamula. Orthodontic office design – Examination Rooms. J. Clinical Orthod. 2000; 34: 15 – 18.

11. Warren Hamula. Orthodontic office design – Transition Office Design Attracting an Associate. J. Clinical Orthod. 2002; 36; 12: 701 – 06.

12. Joseph Varghese. Orthodontic office deisgn: Principles and Practice. Semin Orthod 2016; 22: 4: 289-296.

13. Warren Hamula. Orthodontic office design – Transition Office Design Attracting an Associate. J. Clinical Orthod. December 2002 36; 12: Page 701 – 06.

14. Starting your Dental Practice: A Complete Guide. Practice Management Series. American Dental Association 2001.

15. Sailesh Deshmukh, Jayesh S. Rahalkar. Scheduling and time management in Orthodontic offices. Semin Orthod 2016; 22: 4: 275-79.

16. W. Ronald Redmond, Girardot. Management and Marketing. One Pathway to Successful Orthodontic Practice. J. Clinical Orthod. 2005; 39; 7: 415-19.

17. Edwards D, Shroff B, Lindauer SJ, Fowler C, Tufekci E. Media advertising effects on consumer perception of orthodontic treatment quality. Angle Orthod. 2008;78: 771–777.

18. Robert Fry. External Marketing with Class and Style to General Dentists. Semin Orthod 2011; 17: 304-08.

19. Jorgensen G. Social media basics for orthodontists. Am J Orthod Dentofacial Orthop. 2012; 141: 510–515.

20. Nelson, Shroff, Best, Lindeauer. Orthodontic marketing through social media networks. The patient and practitioner's perspective. The Angle Orthodontist 2015; 85: 1035–41.

21. Melvin Mayerson. Management and Marketing – Orthodontic Field trips for School Children. J. Clinical Orthod. 1997; 31; 12: 821–25.

22. Neal D. Kravitz, S. J. Bowman. A Paradigm shift in Orthodontic Marketing. Semin Orthod 2016; 22: 4: 279-300.

23. Joan Garbo. Leading Your Practice. Semin Orthod 2011; 17: 249-55.

24. Charlene White. Creating and Managing a First-Class Team. Semin Orthod. 2011; 17: 256-66.

25. Warren Hamula. Orthodontic office design - Paperless Practice. J. Clinical Orthod. 1998; 32; 2: 35 – 42.

26. Haeger and Clark. Management and Marketing - Six Steps to Wealth and Financial Independence. J. Clinical Orthod. 2005; 39; 10: 591-99.

27. Gaurav Gupta, Mary Kay Miller, Milind Darda. The Key to Successful Online Marketing for an Orthodontic Practice: Mastering the Plan. Semin Orthod 2016; 22: 4: 313-321.

28. Lisa Alvetro. The Patient manager syatem: Increasing clinical efficiency while exceeding your patient's expectations. Semin Orthod 2016; 22: 4: 270-274.