

General Practitioners Doing Orthodontics

orthojob | James D. Bryan, DDS, MS | Orthodontics | Total Posts: 77 | Member Since: 5/1/2002 | Posted: 5/4/2005 9:27:45 AM | Post 1 of 48



Ask the question: Am I doing orthodontics for fun? More income? Is it cost effective? I know the practice consultants are recommending that GPs do orthodontics in their practices but does it makes sense? I am starting this thread in all sincerity. I asked answers on both sides.

pErU v N | Total Posts: 408 | Member Since: 2/11/2003 | Posted: 5/4/2005 9:48:15 AM | Post 2 of 48

Once you can discern which ortho patients to refer, about 10% or so...yes it is worth it, way worth it.

Interest | Andrew | Total Posts: 820 | Member Since: 8/25/2004 | Location: Minnesota | Posted: 5/4/2005 11:46:12 AM | Post 6 of 48

Quick question for ortho doctors, are you getting enough referrals? (Is your schedule full?)
What kind of wait is there? I have a few ortho offices under contracts, but I do not have any idea what their schedules look like. I would imagine that in general, they stay fairly booked.
There are a few GPs who are doing the Invisalign, but we stay away from standard ortho tmts.
What I'm getting at, is I can understand a case from time to time, but it seems to me that a GP doing more than a small fraction of their own ortho is almost undermining the specialties. It's a tough gray area.

orthojob | James D. Bryan, DDS, MS | Orthodontics | Total Posts: 77 | Member Since: 5/1/2002 | Posted: 5/4/2005 1:36:02 PM | Post 7 of 48



The financial effects on the orthodontist are only part of the reason why I asked the questions in the first post. Some other reasons for the questions are: quality of care, financial benefit for GP, quality of orthodontic seminars for GPs, and some other reasons. I suppose it was a leading question, but I wanted to stimulate a discussion on the subject.

Let me try to answer the question of effect on orthodontic practices. It really depends on the state of maturity of the practice in question. Younger practices depend more on dentist referrals than do mature practices that get a lot from patient referrals. In my case, I am not on any insurance plans as a preferred provider so my new patients come from patient referral (internal marketing), GP referrals, and direct marketing. In a growing, younger practice, a few patients a month from a GP can make a big difference.

Do GPs doing orthodontics undermine the specialty practice? I suppose, if the ortho practice is young and growing, or trying to grow. But I personally don't fault GPs for this, after all, this is supposed to be a free country based on capitalism. (Of course this is not true. We have a mixed economy: capitalism and socialism. My thinking is based on capitalism.)

The more important question to me is quality of care. You could argue that there are GPs doing better ortho than some so called "real orthodontists." I would agree fully. At the same time however, there are probably a lot of GPs that may be taking on cases they can't handle.

By the way, I intended for this thread to be a little controversial.

(some apollonian) | Total Posts: 5,172 | Member Since: 3/3/2002 | Posted: 5/5/2005 6:27:26 AM | Post 19 of 48

I am a relative newcomer to providing ortho services, and the best way I can describe my referral pattern is: I ONLY do simple crowding cases for adult cosmetic purposes.

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“Real” orthodontics is still a referral deal. Our fees are lower than orthodontist’s, not because we are not worth it, but because the limited orthodontic services we provide are simply less costly and involved than full blown ortho.

I think we actually refer MORE ortho cases since we started offering these services in house because the team members are looking for ortho cases, and the conversation with patients starts much earlier—leading to more accepted referrals.

Getting a patient to accept a specialty referral is also a form of case acceptance, and benefits from the same attention our own treatment plans get.

If you tell a person enough times that they are the best, eventually they will start to believe it. People with that attitude are not beatable.

drick | Rick DePaul, Jr., DDS | Powerprox Six Month Braces Technique | Total Posts: 2,898 | Member Since: 4/14/2000 | Location: Cleveland, OH | Posted: 5/17/2005 8:29:47 AM | Post 42 of 48



How in the world did I miss this thread???

Does a GP doing ortho undermine an orthodontic practice? I would say no. In fact, I think a GP doing ortho will INCREASE referrals to the orthodontist. Why? Once you know what to look for you will see more things that can be corrected orthodontically. Also, as a GP you will not want to treat every case that walks through the door.

So, what happens is the soccer mom sees Joey has braces and she asks, “Who is doing Joey’s braces since Suzy needs them?” The response is “Dr. Payet is doing Joey’s braces.” So, Suzy goes off to Chip’s office for an ortho consult. Well, Suzy is a difficult case, so Chip doesn’t want to treat so a referral is made to Chip’s orthodontist.

The same thing happens with Powerprox. The buzz starts and the pt consults start rolling in. The more pts the GP sees for ortho the more likely the orthodontist will get more referrals since the GP will not want to treat everyone.

Chip, you made a good point in your post about the majority of Powerprox pts have been to orthodontic consults and have refused comp treatment. Some have been to MANY consults. They just weren’t willing to go through with long-term braces.

This is really a different patient pool. They don’t want full ortho, they don’t want veneers. This is just another option for them. So even Powerprox doesn’t take pts away from the orthodontists. In fact, it could INCREASE pts for referral to the orthodontist as described above.

A quick note on fees: I charge a bit less for Powerprox than comp ortho because the overhead is lower (the profit margin is still higher though).

I used to charge \$2,800 for upper and lower Powerprox. I had many, many pts tell me I would have paid 2 or 3 times more. So, I raised my fee to \$3,900 for U/L metal. (My most popular option is U/L clear at \$4,200 and I do a lot of U lingual/Lower clear at \$7,000.)

When I do a comp case I charge \$4,500 to \$5,000, which is the fee of the specialists in my area. You can charge less than specialists if you want, but I choose not to.

Great topic Jim and it is great to have you on the boards.

orthojb | James D. Bryan, DDS, MS | Orthodontics | Total Posts: 77 | Member Since: 5/1/2002 | Posted: 5/17/2005 9:23:24 AM | Post 43 of 48



I can’t believe you missed this thread Rick!

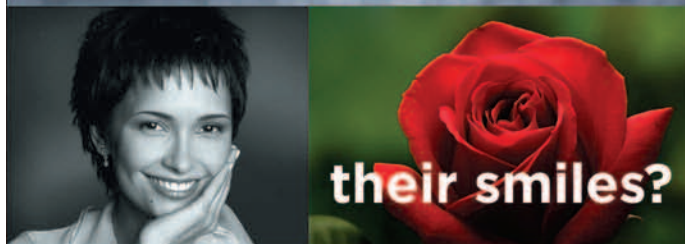
Excellent points. Orthodontics is the oldest dental specialty and it still very much needs to be a specialty. Ortho can be very difficult and requires devotion to ongoing education and pursuit of excellence. If some of you out there don’t think it is difficult, you are mistaken. Sure, there are plenty of easy ortho cases out there. Identifying what makes a case difficult is the key. Any course for GPs must emphasize this point (in my opinion) and balance it with enough positive encouragement to get GPs’ feet wet.

An evaluation of a difficult case has many factors. Finishing well and in a timely matter should be heavily weighted in that evaluation. Knowing how a case should finish is one of the first steps. This is where the general dentist’s training should be most helpful. I think we all should know how to evaluate an occlusion. (More on that later; obviously a controversial topic.)

Don’t misunderstand me, I am not trying to discourage GPs from doing orthodontics. (Why would I be on Dentaltown if that were the case?) I simply [want] to emphasize quality treatment. I have stated before

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on Dentaltown that many GPs do better ortho than some of the "real orthodontists" I have seen. That is a negative statement about some orthodontists, but it is also a compliment to the GPs doing great work.

Well, I hope I haven't irritated anyone too much.

By the way, my own understanding that GPs doing ortho raises community awareness about orthodontic treatment is one of the main things I have learned from being on Dentaltown. Also, that it opens the GPs' eyes to noticing more ortho to be referred out.

Topper | Keith White, DMD | Total Posts: 939 | Member Since: 10/1/2001 | Location: Paducah, KY | Posted: 5/18/2005 10:48:26 AM | Post 44 of 48



Jim, this is in between pts on a busy day, so if it is a series of short choppy posts please forgive [me].

Ditto to what Rick said! Any GP who does ortho WILL REFER more ortho than most GPs! Do you find that to be true? I have been absolutely amazed at the number of pts who come to me as new pts just because I treated their neighbor or cousin for ortho. Post-op ortho pts are a walking billboard. Moral of the referral story, be friendly with your GPs who treat any ortho, they can and will be some of your best referral sources. Example: my partners do many extractions, yet we are one of the top referral sources to our OSs because we don't do all extractions and our oral surgeons treat us with great professional respect.

I have two such orthodontists who treat me with great respect. Guess whose names I mention to every ortho case I treat or refer?! That's right, even the pts who choose me to treat their case hear me say, "I think it is always wise to consider an opinion from a specialist, two who I have great respect for are Dr. ___ and Dr. ___. I would let them treat me or my family." How much better [an] endorsement can I offer my colleagues? I also ALWAYS explain the difference between my skill level and that of an orthodontist's. In brief, I tell them an orthodontist is trained for 2-3 yrs after dental school and should be able to treat any case that walks through their door, no matter the degree of difficulty (surgical or cleft palate cases for example). I, on the other hand, am a GP who has studied ortho extensively, but I still eval every case to see whether it falls within my skill level. If it is beyond my training/confidence I refer, just as I would refer out a difficult extraction or endo if in the pt's best interest. I even have my educational background and the fact I am not a "specialist" on my written consent form.

I said all that to say I enjoy ortho very much, but I am THRILLED I have specialists to work with on many

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of my referrals. I especially appreciate those specialists treating me with respect in discussing cases with me and actually asking for my thoughts.

I will post on GPs and CE in a later post! Thanks for the thread!

Bob Perri | Total Posts: 245 | Member Since: 8/12/2002 | Location: New York/New Jersey | Posted: 5/18/2005 5:52:25 PM | Post 45 of 48



I schedule about 1 day per week for ortho only. We have a small group: my wife, a pediatric dentist and me. All of my cases are referred from these two dentists and my current patients. I still refer 2-3 cases per month. I believe this is in line with what most other GPs refer. I enjoy having a day with no drilling sounds, but my staff goes crazy with the volume and the reception area mess.

To answer Jim's original question: I do it for fun, I love the additional education required. The only ortho I learned in school was how to adjust a Hawley. I do it for the money as well, but it really only brings in 10-20% more than an average general dental day.

Cost effective—it wasn't until I slotted a special day to it. It was really more trouble than it was worth trying to squeeze in the banding, records and adjusting visits into a general dentistry day.

I don't think I am even putting a dent in the orthodontists' market, and the knowledge I have received increases my referrals to local ortho and TMJ specialists.

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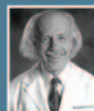
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