

A hand is shown from the top left, holding the handle of a large, round, woven basket. The basket is made of natural fibers, with a dark brown or black section in the middle and lighter brown sections at the top and bottom. The handle is also woven and forms a large loop. The background is a plain, light color.

The Human Touch

This doctor, a dual-credentialed orthodontist and pediatric dentist, shares suggestions from both sides of the practice on how to boost referrals



Peer inside the author's practice online!

Hinsdale Ortho, one of the pediatric dental/orthodontic offices that Dr. Susan Blair owns with her husband, Dr. Nick Riccio, was featured in an Office Visit cover story last year. To learn more about their practice and catch a glimpse inside the office, head to orthotown.com/sb-nr.

BY DR. SUSAN BLAIR

think the most important factor it comes to when working with a pediatric dentist in your area is communication with the individual practitioner. Pediatric dentists vary in their practice styles, philosophies and thoughts on orthodontic care (though not as much as orthodontists).

Many younger pediatric dentists are proponents of early orthodontic intervention and want to be educated on different types of appliances and bracket systems. Airway is also a popular topic in the pediatric dental community, and pediatric dentists in your area would likely love to hear what you offer for your patients (early expansion, functional appliances, CBCT, etc.). A “lunch and learn” for the dentists and team with detailed presentations would be helpful.

A few more thoughts:

Don't forget about the associate doctors!

Many offices have long-term associates who like to be recognized. As practice owners, we often make the mistake of automatically wanting to talk owner-to-owner, while in some offices an associate may be your top referrer (even if the referral card or printout only has the practice owner's name on it). I have worked in group pediatric dental practices that employ multiple pediatric dentists, and some owners free the

individual associates—especially long-term ones—to refer as they see fit.

Goodie baskets—especially creative, personalized gifts—do work!

As an orthodontist, I get exhausted with the hassle, time and financial commitment of sending out goodie baskets for every holiday, awareness month or event. However, in my previous pediatric dental office, which didn't offer orthodontic services, I noticed that the persistent orthodontists who consistently dropped by or sent creative gifts and treats ended up getting more referrals—or, at the least, positive feedback when parents asked about their office. I don't like to think I fell victim to marketing, but I think we all do!

That said, make sure your gift will be appreciated. I once was helping a friend at a pediatric dentistry practice where the staff was very health-focused. They threw away all the unhealthy, sugary-type treats and kept saying they wished the orthodontists would send veggie trays or fruit instead. It helps to know your audience and see what they'll really appreciate. A plain box of donuts or cookies may get overlooked and often thrown away.

A few more suggestions about stocking and sending your gifts:

- Stock the box with products from other local businesses and make sure it's labeled as such.
- Call the office and speak to a front desk team member or office manager to ask if there are any favorite treats, dietary restrictions, etc.
- On the same call, make sure you have the names of all associate doctors, and confirm the correct spelling of each one.
- Repetition can help you be memorable! If an office calls to thank you or say they particularly liked something, send it again.

Some of the favorite gifts my pediatric dentistry associates and I have received include nice notepads personalized with our names, Nutella jars and M&Ms personalized with our initials, fun dental socks (packaged for each individual dentist), and lottery tickets in a St. Patrick's Day basket. Choose things that stick out from the crowd, especially around busier holidays. Even some of the orthodontic offices I didn't particularly like working with would get a referral or two from a nice gift—marketing works!

Delegate to a creative team member to help come up with fun ideas, such as a superhero or personalized book about the doctor—something that could be displayed in their office waiting room with your name on it as well.

Connection and education

A few ideas for topics to review with pediatric dentists at lunch-and-learns and ideas on where to focus your time:

- **Phase I treatment versus monitoring.** What to watch for, when to refer. Most pediatric dentists take panoramic X-rays for patients in early mixed dentition and learn certain information about upper canine angulation, crowding, ectopic teeth, etc.
- **Focus on newly trained pediatric dentists or new practices.** Older pediatric dentists learn their ways and get set in what they like and don't like in orthodontists. Find out what they like (or don't) and if your practice style fits, make sure they know that! If not, move on and look for other providers in the area.
- **Pediatric dentists providing treatment themselves.** This is more rare in the past decade because of the high incidence of caries, and the American Academy of Pediatrics and the American Academy of Pediatric Dentistry's great job of raising awareness of the importance of seeing babies and young kids early to the dentist (as well as the drop in orthodontic education in pediatric residencies), but some pediatric dentists may be interested in doing expanders or some limited orthodontics themselves. This isn't ideal, but it can be an opportunity to teach the dentists and gain future referrals and patients referred that are outside of the dentist's comfort zone. (Educate them on what that is or should be!) With the increasing focus on airway, some pediatric dentists are exploring early expansion, as well as trainer appliances like MyoBrace and Healthy Start appliances.

Education on what you use in your practice

- **Bracket type/placement.** My orthodontic office had some mutual patients with a different pediatric dentist in the area who had minimal exposure to the Damon bracket system and told multiple parents that it was "wrong" to put brackets on baby teeth or that we had accidentally put brackets on baby teeth thinking they were adult teeth. This was frustrating, but could have been avoidable if we had educated this office better on our treatment philosophy.
- **Retainer protocols.** At one pediatric office I've worked in, the local orthodontist has kids wear their post-Phase I retainers all the time—even when eating. We had issues with white spot lesions and decay developing, and it's important to have a conversation between specialists so we can best care for our patients.
- **Imaging/CBCT.** At the beginning of my career, I worked as a pediatric dentist in an area with an orthodontist who took a CBCT for all his imaging. I wasn't educated on the

type of CBCT he was using—one I now use myself with a significantly lower dose than a traditional pan!—and I mistakenly told a few parents that it was “overkill” with the amount of radiation and I preferred to work with another orthodontist. Stupid on my part, but had the orthodontist and I communicated better and had they educated me on the type of machine they were using and radiation dose, it could have changed the outcome and our referral pattern.

- **Communication on referral for caries.**

At the pediatric office, we had recently seen a patient for a recall and the orthodontist referred back to us, saying there was a cavity that needed filling. The patient’s parents were understandably annoyed, because they had just been at the dentist! The orthodontist had noticed a stain on a small buccal groove on a lower molar, which we’d previously marked as “watch” to monitor a year or two prior and had been stable since. The bracket had come off and the orthodontist noticed the stain or potential cavity. I get that the orthodontist needed to comment because of potential liability if it was a cavity or developed into a cavity—especially putting a bracket back over it—but the referral could have said “evaluate for a cavity or stain.” Send a note to have the dentist “check,” etc., outline why you’re concerned and ask the patient when they were in for their last recall. If they were just in, a phone call would be a nice courtesy. That way, no one is “wrong” and both parties can communicate about proper treatment.

- **Pediatric dentists love to be in contact.**

Sharing your cellphone number with the pediatric dentist and asking them to reach out if they have any concerns can go a long way. Pediatric dentists and their teams are very concerned with oral hygiene; letting them know you care and that you’re closely monitoring or recommending three-month recalls makes the pediatric dentist and their hygienists feel better!

Some final ideas

You may not want to do this, but you could do a tutorial for pediatric dentists (and possibly their assistants) about how to take care of minor orthodontic emergencies. I have often fixed little orthodontic things—clipping a poking wire, shifting back a shifted archwire, closing a Damon door, things that don’t require any materials or touching a bracket or anyone’s work—while doing an exam at the pediatric offices for patients in treatment with orthodontists I work with often and have a good relationship with. Patients appreciate getting more comfortable immediately, and parents appreciate saving time without another trip to the orthodontist.

It might sound crazy, but team up with another like-minded orthodontist in your area and host an event together. We can get bogged down with the competitive nature in our specialty these days, but I find it refreshing to have area orthodontists I enjoy working with. From a business/marketing standpoint, I could see the pediatric dentists enjoy seeing two orthodontists get along. Both your office and the other office will stand out from the other 10 in the area, and even if you lose some referrals to one orthodontist, you’ll still gain some as well because the positive perception from the pediatric dentists and their team of mutual treatment philosophies. **OT**



Dr. Susan Blair, a member of Orthotown’s editorial advisory board, is a board-certified pediatric dentist and a board-certified orthodontist. Blair owns two pediatric dental/orthodontic offices in the Chicago area with her husband, orthodontist Dr. Nick Riccio; before that, she worked as a pediatric dentist for 10 years in private pediatric dental and combined pediatric/orthodontic offices.