# **2001 JCO Orthodontic Practice Study** Part 3 Practice Growth and Other Comparisons

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This final part of our report on the 2001 JCO Orthodontic Practice Study will highlight the growth that has occurred in case starts and gross income over the two years since the previous study. We will also present tables comparing practices of female orthodontists to those of male orthodontists, and practices affiliated with management service organizations to traditional practices.

The methodology of this 11th biennial survey of U.S. orthodontists was outlined in Part 1 (JCO, October 2001), which also discussed trends in orthodontic economics and practice administration during the 20 years of Practice Studies. Part 2 (JCO, November 2001) covered the factors that appear to be related to practice

success in terms of net income and case starts. The complete results, methodology, and questionnaire are published in a separate volume (2001 JCO Orthodontic Practice Study, Index Publishers Corp., Boulder, CO, 2001).

#### **Practice Growth**

As in every survey since 1983, respondents were asked whether their practices' case starts and gross income increased, decreased, or stayed the same compared to the previous year. In the present Study, therefore, they were comparing figures from 2000 to those of 1999.

The percentages of orthodontists reporting increases in case starts and gross income were







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## TABLE 17PRACTICE GROWTH IN PREVIOUS YEAR

	Case	Case Starts		Income
	Increase	Decrease	Increase	Decrease
1983 Study	49.6%	24.6%	73.6%	11.2%
1985 Study	46.0	29.7	62.1	19.7
1987 Study	43.6	34.8	56.6	23.7
1989 Study	47.9	29.7	60.9	20.6
1991 Study	53.4	23.5	65.5	17.1
1993 Study	60.4	20.1	71.2	15.3
1995 Study	59.4	20.5	70.1	14.3
1997 Study	58.1	19.0	69.0	15.2
1999 Study	65.7	13.0	77.1	10.1
2001 Study	64.7	14.6	74.8	11.4

Percentages of respondents who "stayed the same" are not shown.

## TABLE 18PRACTICE GROWTH BY SELECTED VARIABLES

	Case Starts		G	ross Incom	e	
	Increase	Decrease	Same	Increase	Decrease	Same
Years in Orthodontic Practice						
2-5 years	85.3%	8.8%	5.9%	88.2%	4.4%	7.4%
6-10 years	80.8	6.7	12.5	89.9	4.2	5.9
11-15 years	61.0	13.0	26.0	73.0	11.0	16.0
16-20 years	67.5	15.0	17.5	75.0	13.8	11.3
21-25 years	56.4	14.9	28.7	73.4	9.6	17.0
26 or more years	52.2	21.3	26.4	61.6	18.6	19.8
Legal Status						
Sole proprietorship	66.7	14.7	18.6	74.7	12.8	12.5
Professional corporation	63.6	14.7	21.7	75.1	10.7	14.2
Child Fee (permanent dentition)						
Low (less than \$3,800)	62.7	18.9	18.9	74.1	12.9	12.9
High (\$4,500 and above)	66.9	12.1	21.0	72.7	13.0	14.3
Net Income						
Low (less than \$235,000)	62.2	18.9	18.9	67.9	18.8	13.4
Moderate (\$300,000-425,000)	66.9	12.7	20.3	75.9	11.2	12.9
High (more than \$500,000)	70.4	9.6	20.0	83.3	6.1	10.5
Community Size						
Rural (less than 20,000)	60.2	21.5	18.3	69.9	15.1	15.1
Small city (20,000-50,000)	66.5	15.0	18.4	74.8	12.4	12.9
Large city (50,000-500,000)	63.1	11.2	25.7	76.2	9.8	14.0
Metropolitan (more than 500,000)	67.2	14.6	18.2	75.8	9.8	14.4
Geographic Region						
New England	69.7	6.1	24.2	75.8	6.1	18.2
Middle Atlantic	64.2	14.8	21.0	74.4	13.4	12.2
South Atlantic	67.4	18.6	14.0	70.6	12.9	16.5
East South Central	64.3	14.3	21.4	78.6	3.6	17.9
East North Central	66.0	12.4	21.6	81.7	6.5	11.8
West North Central	55.3	17.0	27.7	76.6	14.9	8.5
Mountain	68.6	11.8	19.6	74.5	11.8	13.7
West South Central	59.5	16.2	24.3	69.0	12.7	18.3
Pacific	67.8	14.0	18.2	74.4	14.0	11.6
COMPOSITE	64.7	14.6	20.7	74.8	11.4	13.8

## TABLE 19EXPECTATIONS FOR 2001 BY 2000 PRACTICE GROWTH

	Expected Case Starts		Expect	ed Gross I	ncome	
	Increase	Decrease	Same	Increase	Decrease	Same
2000						
Increased	81.9%	1.7%	16.4%	83.2%	3.2%	13.7%
Decreased	42.1	35.5	27.4	52.1	24.7	23.3
Stayed the Same	26.9	14.2	59.0	42.5	13.8	43.7

## TABLE 20 EXPECTATIONS FOR PRACTICE GROWTH BY SELECTED VARIABLES

	Case Starts		Gross Income			
	Increase	Decrease	Same	Increase	Decrease	Same
Years in Orthodontic Practice						
2-5 years	84.1%	1.4%	14.5%	85.5%	1.4%	13.0%
6-10 years	82.5	2.5	15.0	88.1	1.7	10.2
11-15 years	62.4	9.9	27.7	69.0	6.0	25.0
16-20 years	63.0	7.4	29.6	76.5	6.2	17.3
21-25 years	56.7	12.4	30.9	68.8	9.4	21.9
26 or more years	51.1	13.3	35.6	63.7	13.5	22.8
Legal Status						
Sole proprietorship	66.3	6.4	27.3	75.2	5.8	19.0
Professional corporation	63.6	10.3	26.1	73.8	8.2	18.0
Child Fee (permanent dentition)						
Low (less than \$3,800)	60.0	12.5	27.5	70.1	11.1	18.8
High (\$4,500 and above)	67.9	6.9	25.2	76.8	6.5	16.8
Net Income						
Low (less than \$235,000)	70.9	13.7	15.4	72.2	11.3	16.5
Moderate (\$300,000-425,000)	62.4	11.1	26.5	75.9	6.9	17.2
High (more than \$500,000)	69.6	5.2	25.2	78.9	4.4	16.7
Community Size						
Rural (less than 20,000)	50.5	16.5	33.0	62.5	14.6	22.9
Small city (20,000-50,000)	70.2	6.3	23.6	75.2	5.9	18.8
Large city (50,000-500,000)	61.6	7.3	31.1	74.7	4.6	20.7
Metropolitan (more than 500,000)	71.5	8.8	19.7	80.9	7.6	11.5
Geographic Region						
New England	66.7	0.0	33.3	75.0	0.0	25.0
Middle Atlantic	55.4	12.0	32.5	65.9	9.8	24.4
South Atlantic	73.6	3.4	23.0	79.3	3.4	17.2
East South Central	70.0	10.0	20.0	80.0	10.0	10.0
East North Central	62.4	7.9	29.7	77.3	4.1	18.6
West North Central	61.7	8.5	29.8	74.5	8.5	17.0
Mountain	73.1	7.7	19.2	80.4	5.9	13.7
West South Central	59.2	6.6	34.2	73.2	4.2	22.5
Pacific	65.6	10.7	23.8	70.8	10.0	19.2
COMPOSITE	64.7	8.6	26.7	74.2	7.1	18.7



TABLE 21
DEGREE OF INFLUENCE OF FACTORS
CITED FOR LACK OF GROWTH

	None (1)	Some (2)	High (3)	Mean Rating
Increased number of orthodontists				
in your area	25.1%	41.0%	33.9%	2.1
Local economic conditions	29.1	49.8	21.1	1.9
Increased number of dentists doing				
orthodontics in your area	34.0	50.2	15.8	1.8
Loss of contact with younger dentists	32.8	50.2	17.0	1.8
Low-fee competition	39.8	48.5	11.7	1.7
Ineffective practice-building methods	36.3	52.9	10.8	1.7
Advertising dentists in your area	51.7	39.3	9.0	1.6
Personal decision not to increase				
size of practice	53.2	30.2	16.6	1.6
Ineffective practice management	45.1	46.5	8.4	1.6
Managed care (closed-panel)				
dental programs	54.9	37.5	7.6	1.5
Management service organizations	58.5	34.6	6.9	1.5
Declining number of children in				
the local population	64.6	28.3	7.1	1.4
Quality of staff	67.5	25.4	7.0	1.4
Retail store clinics	83.3	14.8	1.9	1.4

the second highest ever (Table 17). Growth percentages were slightly behind those of the 1999 Practice Study, however, perhaps giving some sign of an impending economic downturn.

Orthodontists who had been in practice the shortest time were the most likely to be growing, as in every previous survey (Table 18). Most practice age groups showed less growth than in the 1999 Study, the exceptions being case starts for 2-to-5-year-old and 16-to-20-year-old practices. There were many more practices that stayed the same in the 11-to-15-year group compared to 1999.

The other groups that showed more growth in both case starts and net income in the 2001 Study than in the 1999 Study were low fee and low net income practices, metropolitan practices, and those in the New England, East North Central, and Pacific regions.

#### **Expectations for 2001**

As in past reports, the respondents that reported increasing, decreasing, or staying the same in case starts or gross income in the preceding year were the most likely to predict the same results in the following year (Table 19).

Despite the minor slowdown in growth since the 1999 Study, respondents were generally more optimistic about future growth than ever before (Table 20). The only groups that predicted less growth in both case starts and gross income for 2001 than had been predicted for 1999 were 2-to-5-year-old and 11-to-15-year-old practices and rural and West South Central orthodontists.

#### **Reasons for Lack of Growth**

As usual, respondents who did not report increased case starts in 2000 were asked to rate the degree of influence of various factors (Table 21). Local economic conditions, which had been declining in influence since the 1993 Study, showed a slight increase from 1999. Competition from other orthodontists, general dentists, and low-fee practices was rated about the same as in the previous study. Availability of child patients, now considered a minor factor, has been showing a steady decline in influence since the first Practice Study in 1981. Managed care and management service organizations were seen to have little impact on growth.

#### **Breakdowns by Sex of Orthodontist**

This is the second biennial report in which we have broken down selected variables for comparisons of male and female orthodontists. The percentage of female practitioners has risen gradually over the 20 years of these surveys and now stands at 8.6% overall. In fact, nearly 19% of all respondents who have been in practice 10 years or less are now female (Table 22). Geographically, higher percentages of female orthodontists were found in the East than in the West.

With women's practices an average 8.6 years newer than men's, there was naturally a substantial difference in practice size (Table 23).

### TABLE 22 SEX OF ORTHODONTIST BY DEMOGRAPHIC VARIABLES

	Male	Female
Years in Orthodontic Prac	ctice	
2-5 years	81.4%	18.6%
6-10 years	81.3	18.7
11-15 years	92.1	7.9
16-20 years	90.2	9.8
21-25 years	97.1	2.9
26 or more years	99.5	0.5
Geographic Region		
New England	82.9	17.1
Middle Atlantic	87.2	12.8
South Atlantic	91.0	9.0
East South Central	83.3	16.7
East North Central	95.1	4.9
West North Central	91.7	8.3
Mountain	94.3	5.7
West South Central	94.9	5.1
Pacific	91.9	8.1

Female orthodontists had significantly higher overhead rates, although fees were about the same and net income per case was not significantly different. Women reported slightly lower percentages of adult patients, but slightly higher percentages of third-party and managed-care patients. Female respondents also reported working fewer hours per week and spending less time at courses and meetings.

As shown in Part 2 of this series, smaller practices tend to make less use of management methods, delegation, and practice-building methods than larger practices do. The only management methods used by equal or larger percent-

### TABLE 23 SELECTED VARIABLES (MEANS) BY SEX OF ORTHODONTIST

	Male	Female
Number of Years in Practice	19.1	10.5*
Number of Satellite Offices	0.6	0.4
Full-Time Employees	5.5	4.5
Part-Time Employees	1.8	1.6
Total Referrals	378.3	311.8
Case Starts	250.3	177.4*
Adult Case Starts	24.0%	22.7%
Active Treatment Cases	566.2	415.0*
Adult Active Cases	20.6%	19.2%
Patients Covered by Third Party	45.0%	46.4%
Patients Covered by Managed Care	8.3%	11.3%
Patients Covered by Third-Party Financing	Plans 68.3%	59.6%
Total Chairs	6.7	5.0
Patients per Day	53.2	41.7*
Emergencies per Day	2.8	2.4
Broken Appointments per Day	3.6	3.6
Cancellations per Day	2.8	2.9
Gross Income	\$823,891	\$565,283*
Overhead Rate	52%	60%*
Net Income	\$399,608	\$249,812
Net Income per Case	\$749	\$623
Child Case Fee	\$4,167	\$4,153
Full-Time Employee Hours/Week	34.6	34.4
Full-Time Employee Weeks/Year	48.4	49.0
Orthodontist-Owner Hours/Week	36.0	32.6*
2000 Continuing Education Course Days	5.7	5.4
2000 Continuing Education Meeting Days	5.5	4.7

\*Differences between these groups are statistically significant at or below the .01 probability level.

ages of female respondents than male respondents were office procedure manual, written job descriptions, individual performance appraisals, measurement of staff productivity, delinquent account register, and measurement of case acceptance (Table 24)—a similar list to that of the previous survey. As in the 1999 Study, women were

less than half as likely as men to employ communications supervisors.

The only tasks delegated more routinely by female practitioners than by male practitioners were insertion and adjustment of removable appliances and fee presentation (Table 25). Fewer than 10% of the female respondents routinely

#### TABLE 24 USE OF MANAGEMENT METHODS BY SEX OF ORTHODONTIST

	Male	Female
Written philosophy of practice	48.5%	37.5%
Written practice objectives	33.4	28.6
Written practice plan	21.3	7.1
Written practice budget	16.8	14.3
Office policy manual	74.4	73.2
Office procedure manual	56.3	53.6
Written job descriptions	56.2	67.9
Written staff training program	31.1	25.0
Staff meetings	83.4	80.4
Individual performance appraisals	64.3	64.3
Measurement of staff productivity	17.3	23.2
In-depth analysis of practice activity	31.2	28.6
Practice promotion plan	33.1	21.4
Dental management consultant	17.8	14.3
Patient satisfaction surveys	28.2	19.6
Employee with primary responsibility		
as communications supervisor	26.1	12.5
Progress reports	41.2	35.7
Post-treatment consultations	34.6	30.4
Pretreatment flow control system	45.6	42.9
Treatment flow control system	24.4	23.2
Cases beyond estimate report	26.9	21.4
Profit and loss statements	75.3	55.4
Delinquent account register	74.3	75.0
Accounts-receivable reports	79.4	78.6
Contracts-written reports	54.2	46.4
Measurement of case acceptance	47.2	48.2

delegated bonding, archwire adjustments, progress reports, or post-treatment conferences.

The only practice-building methods used more by women than by men were: expand practice hours; participate in dental society activities; gifts to patients and parents; no-charge initial visit; practice newsletter; personal publicity in local media; advertising by yellow pages bold-face listing, newspaper, and TV; and managed care (Table 26).

	Male	Female
Record-Taking		
Impressions for study models	88.6%	86.4%
X-rays	94.8	90.9
Cephalometric tracings	43.9	28.3
Clinical		
Impressions for appliances	77.2	69.5
Removal of residual adhesive	37.9	31.6
Fabrication of:		
Bands	60.1	31.5
Bonds	32.7	19.2
Archwires	35.0	11.1
Removable appliances	44.6	38.6
Insertion of:		
Bands	24.3	20.7
Bonds	10.8	8.6
Archwires	51.7	42.1
Removable appliances	19.9	22.4
Adjustment of:		
Archwires	11.7	8.6
Removable appliances	9.7	10.3
Removal of:		
Bands	54.7	41.4
Bonds	53.0	39.7
Archwires	78.4	69.0
Administrative		
Case presentation	23.0	19.3
Fee presentation	62.5	64.4
Financial arrangements	83.1	76.3
Progress reports	24.3	8.0
Post-treatment conferences	15.0	2.4
Patient instruction and education	88.5	74.6

#### TABLE 25 ROUTINE DELEGATION BY SEX OF ORTHODONTIST

## TABLE 26

## USE OF PRACTICE-BUILDING METHODS BY SEX OF ORTHODONTIST

	Male	Female
Change practice location	27.8%	22.2%
Expand practice hours:		
Open one or more evenings/week	16.9	28.9
Open one or more Saturdays/month	12.7	15.6
Open a satellite office	33.3	20.0
Participate in community activities	58.7	57.8
Participate in dental society activities	60.5	62.2
Seek referrals from general dentists:		
Letters of appreciation	73.0	60.0
Entertainment	57.5	26.7
Gifts	69.8	60.0
Education of GPs	38.7	13.3
Reports to GPs	69.2	62.2
Seek referrals from patients and parents:	00.2	02.2
Letters of appreciation	65.9	42.2
Follow-up calls after difficult appointments	64 5	57.8
Entertainment	20.6	11 1
Gifts	20.0	40.0
Sock referrals from staff members	51.6	-+0.0 28 Q
Seek referrals from other professionals	51.0	20.9
(non-dentists)	28.6	80
Troat adult patients	20.0	0.9 80.0
Inear addit patients	01.5	00.0
On time for appointments	70.0	66.7
On time tor appointments	70.0	00.7
	62.9	44.4
Improve case presentation	53.2	42.2
Improve stall management	44.2	31.1
Improve patient education	43.8	20.7
Expand services:	07.0	47.0
l IVIJ Franctional analianaaa	27.8	17.8
Functional appliances	33.9	22.2
Lingual orthodontics	12.1	6.7
Surgical orthodontics	45.2	26.7
Patient motivation techniques	36.7	33.3
No-charge initial visit	/1.8	75.6
No-charge diagnostic records	15.5	4.4
No initial payment	15.7	13.3
Extended payment period	29.2	20.0
Practice newsletter	14.9	17.8
Practice website	20.2	11.1
Personal publicity in local media	16.7	22.2
Advertising:		
Telephone yellow pages		
Boldface listing	56.5	62.2
Display advertising	21.8	20.0
Local newspapers	17.7	28.9
Local TV	3.2	8.9
Local radio	6.5	0.0
Direct-mail promotion	9.1	6.7
Managed care (closed-panel contracting)	12.9	15.6
Management service affiliation	5.4	4.4

#### **Management Service Organizations**

Only 6.3% of the single-owner practices included in this survey were affiliated with management service organizations—down from 9.8% in 1999. The MSO affiliates were much more evenly distributed by years in practice than in 1999, when they tended to be older (Table 27). The highest percentages of MSO affiliates were again found in the Mountain and West South Central regions.

MSO practices reported significantly more employees, cases, adult patients, and managedcare patients than other practices did (Table 28). They also had significantly higher gross income, but when management fees were factored in, they had higher overhead and a less substantial advantage in net income. In fact, their mean child case fees and net income per case were lower than those of traditional practices.

MSO practices were generally positive about the effects of their affiliation, with mean positive ratings slightly higher than those of the 1999 Study (Table 29). When the percentages of respondents calling the effect of affiliation either highly positive or somewhat positive were combined, the highest positive rating was for gross income (71.1%) and the lowest for referrals (52.6%). Conversely, the highest negative rating was for referrals (15.8%) and the lowest for case acceptance (2.6%).

Affiliates of MSOs were much more likely than other practices to use the management methods surveyed, the only exception being delinquent account register (Table 30).

MSO affiliates were also more likely to routinely delegate most of the tasks listed, with the exceptions of x-rays, cephalometric tracings, removal of residual adhesive, fabrication of bonds, insertion of archwires and removable appliances, progress reports, and patient education (Table 31).

A majority of the practice-building methods in the survey were used more by MSO practices than by others (Table 32). These were: open one or more evenings per week; open a satellite office; entertainment of, education of, and

#### TABLE 27 MANAGEMENT SERVICE AFFILIA-TION BY DEMOGRAPHIC VARIABLES

	Not Affiliated	Affiliated
Years in Orthodontic Pr	ractice	
2-5 years	92.9%	7.1%
6-10 years	94.2	5.8
11-15 years	94.0	6.0
16-20 years	93.7	6.3
21-25 years	94.8	5.2
26 or more years	92.3	7.7
Geographic Region		
New England	93.8	6.3
Middle Atlantic	93.8	6.2
South Atlantic	90.9	9.1
East South Central	100.0	0.0
East North Central	95.0	5.0
West North Central	97.9	2.1
Mountain	92.5	7.5
West South Central	89.5	10.5
Pacific	95.0	5.0

reports to general dentists; follow-up calls after difficult appointments; entertainment of and gifts to patients and parents; seek referrals from staff members and from other professionals; improve scheduling; improve case presentation; improve staff management; patient motivation techniques; no-charge initial visit; no initial payment; extended payment period; practice newsletter and website; personal publicity in local media; all forms of advertising except yellow pages boldface listing; and managed care.

#### Conclusion

Results of the 2001 JCO Orthodontic Practice Study indicate that the economic prosperity that began around 1990 may finally be slowing, but that orthodontists in general are still better off than they were two years ago. Although case starts did not rise as rapidly since the 1999 Study as they had in the previous four years, there

## TABLE 28 SELECTED VARIABLES (MEANS) BY MANAGEMENT SERVICE AFFILIATION

	Not Affiliated	Affiliated
Number of Years in Practice	18.1	18.8
Number of Satellite Offices	0.6	0.5
Full-Time Employees	5.3	7.4*
Part-Time Employees	1.8	0.9*
Total Referrals	365.1	494.6*
Case Starts	240.4	318.4*
Adult Case Starts	23.1%	32.9%*
Active Treatment Cases	540.3	796.4*
Adult Active Cases	19.8%	31.6%*
Patients Covered by Third Party	45.6%	37.6%
Patients Covered by Managed Care	7.8%	18.0%*
Patients Covered by Third-Party Financing	Plans 68.5%	65.0%
Total Chairs	6.6	7.0
Patients per Day	51.9	60.3
Emergencies per Day	2.7	3.3
Broken Appointments per Day	3.6	4.6
Cancellations per Day	2.8	3.6
Gross Income	\$788,794	\$1,005,491*
Overhead Rate	53%	56%
Net Income	\$380,723	\$483,833
Net Income per Case	\$741	\$658
Child Case Fee	\$4,171	\$4,046
Full-Time Employee Hours/Week	34.5	35.3
Full-Time Employee Weeks/Year	48.4	48.4
Orthodontist-Owner Hours/Week	35.9	33.2
2000 Continuing Education Course Days	5.6	5.1
2000 Continuing Education Meeting Days	5.6	3.9

\*Differences between these groups are statistically significant at or below the .01 probability level.

## TABLE 29 EFFECTS OF MANAGEMENT SERVICE AFFILIATION

	Highly Positive	Somewhat Positive	None	Somewhat Negative	Highly Negative	Mean*
Referrals	18.4%	34.2%	31.6%	7.9%	7.9%	2.53
Case Acceptance	34.2	21.1	42.1	0.0	2.6	2.16
Gross Income	39.5	31.6	18.4	2.6	7.9	2.08
Practice Efficiency	43.6	20.5	25.6	5.1	5.1	2.08

\*1 = highly positive; 2 = somewhat positive; 3 = none; 4 = somewhat negative; 5 = highly negative.

seemed to be plenty of available adolescent patients and even a slight uptick in adult patients. With orthodontists able to raise their fees 4-5% per year and overhead apparently under control, median net income showed a healthy 17% increase over the past two years. In the spring of 2001, at least, when the Practice Study questionnaires were filled out, orthodontists were as optimistic as ever about their future prospects. As has been true for the entire 20 years of these surveys, the most successful practices appear to be those that make the best use of management and practice-building methods and that delegate as fully as possible to staff members. Improvements in internal and external marketing still offer ample opportunities for growth to those practitioners who seek it.

## TABLE 30 USE OF MANAGEMENT METHODS BY MANAGEMENT SERVICE AFFILIATION

	Not Affiliated	Affiliated
Written philosophy of practice	46.4%	70.7%
Written practice objectives	32.2	51.2
Written practice plan	19.1	36.6
Written practice budget	15.8	29.3
Office policy manual	74.1	80.5
Office procedure manual	55.7	63.4
Written job descriptions	57.1	63.4
Written staff training program	29.7	43.9
Staff meetings	83.3	87.8
Individual performance appraisals	63.5	75.6
Measurement of staff productivity	16.3	39.0
In-depth analysis of practice activity	28.9	56.1
Practice promotion plan	30.5	53.7
Dental management consultant	15.6	43.9
Patient satisfaction surveys	25.7	51.2
Employee with primary responsibility		
as communications supervisor	23.9	41.5
Progress reports	40.8	46.3
Post-treatment consultations	33.7	41.5
Pretreatment flow control system	44.8	56.1
Treatment flow control system	23.9	34.2
Cases beyond estimate report	26.5	26.8
Profit and loss statements	73.6	80.5
Delinquent account register	74.6	73.2
Accounts-receivable reports	79.6	80.5
Contracts-written reports	52.6	73.2
Measurement of case acceptance	45.9	73.2

## TABLE 31 ROUTINE DELEGATION BY MANAGEMENT SERVICE AFFILIATION

	Not Affiliated	Affiliated
Record-Taking		
Impressions for study models	88.7%	95.1%
X-ravs	95.1	92.7
Cephalometric tracings	43.8	39.0
Clinical		
Impressions for appliances	76.6	82.9
Removal of residual adhesive	38.1	37.5
Fabrication of:		
Bands	57.9	63.2
Bonds	31.8	30.0
Archwires	33.1	33.3
Removable appliances	44.5	45.0
Insertion of:		
Bands	23.0	39.0
Bonds	10.1	14.6
Archwires	51.5	51.2
Removable appliances	20.1	12.8
Adjustment of:		
Archwires	11.7	12.2
Removable appliances	9.6	14.6
Removal of:		
Bands	53.5	63.4
Bonds	51.7	58.5
Archwires	78.0	79.0
Administrative		
Case presentation	22.1	31.7
Fee presentation	61.5	82.9
Financial arrangements	82.3	90.0
Progress reports	23.2	22.5
Post-treatment conferences	13.6	25.0
Patient instruction and education	87.9	82.5

## TABLE 32 USE OF PRACTICE-BUILDING METHODS BY MANAGEMENT SERVICE AFFILIATION

	Not Affiliated	Affiliated
Change practice location	27.7%	25.0%
Expand practice hours:		
Open one or more evenings/week	17.4	18.8
Open one or more Saturdays/month	13.0	9.4
Open a satellite office	32.3	34.4
Participate in community activities	59.5	50.0
Participate in dental society activities	61.1	59.4
Seek referrals from general dentists:		
Letters of appreciation	72.1	62.5
Entertainment	54.5	65.6
Gifts	69.5	62.5
Education of GPs	35.9	46.9
Reports to GPs	68.3	78.1
Seek referrals from patients and parents:		
Letters of appreciation	64.1	62.5
Follow-up calls after difficult appointments	s 62.9	78.1
Entertainment	18.8	34.4
Gifts	35.3	43.8
Seek referrals from staff members	48.3	71.9
Seek referrals from other professionals		
(non-dentists)	26.3	34.4
Treat adult patients	82.0	75.0
Improve scheduling:		
On time for appointments	69.4	81.3
On-time case finishing	61.1	71.9
Improve case presentation	52.9	53.1
Improve staff management	43.3	46.9
Improve patient education	43.3	34.4
Expand services:		
TMJ	27.5	18.8
Functional appliances	33.3	21.9
Lingual orthodontics	11.4	6.3
Surgical orthodontics	44.3	34.4
Patient motivation techniques	36.3	43.8
No-charge initial visit	71.7	81.3
No-charge diagnostic records	14.8	12.5
No initial payment	14.0	43.8
Extended payment period	27.7	37.5
Practice newsletter	14.2	28.1
Practice website	18.9	31.3
Personal publicity in local media	16.7	25.0
Advertising:		
Telephone yellow pages		
Boldface listing	56.7	56.3
Display advertising	20.0	43.8
Local newspapers	17.6	28.1
Local TV	2.2	28.1
Local radio	4.8	25.0
Direct-mail promotion	8.6	15.6
Managed care (closed-panel contracting)	11.8	31.3