

FLORIDA ASSOCIATION OF ORTHODONTISTS NEWSLETTER

September 2016



President's Message

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www.faortho.org

Crazy summer days. That is what most of our offices are experiencing. It is truly a time to be thankful now that we are again seeing growth after the stagnant or decline of the the past several years. One thing that did not slow down during these past economic hurdles is the efforts of the orthodontic leadership at the FAO, SAO and AAO levels. I am proud to have been a small cog in this great wheel.



Dr. James Wortham

The board undertook the task this past year to reevaluate our strategic plan and mission statement that members in the past had set out for our organization. Our past leaders have given us much and have provided a wonderful platform from which we wish to reach higher. Our goal was to help current and future board members have a renewed vision for how we could best serve the orthodontists of our state. All board members have taken pivotal roles which have made this daunting task achievable.

We are also revamping the questionnaire this year. The goal is to make it quick, easy and poignant. We hope you will take a moment to answer the limited number of questions. Thank you to all those who add their pearls of wisdom and ideas of how we can make the questionnaire and our profession better.

Dr John Richards has organized a group of speakers for this upcoming FAO meeting on March 3-5. Speakers include **Dr. David Kemp** presenting on *Ecstatic About Esthetics* and **Dr. Michael Ragan** covering the licensure renewal seminars *Medical Errors* and *Domestic Violence*. We look forward to seeing many of you there.

In closing, I would like to thank all the board members ahead and behind me for making my my time with them an enjoyable one. I look forward to what our profession has in store for all of us as we continue our journeys.

Warmest regards,

Jim Wortham

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A Message to Medicaid Providers...

Earlier this month, FDA lobbyist, Casey Stoutamire, met with the Agency for Healthcare Administration's (AHCA) Secretary, Liz Dudek, Deputy Secretary for Medicaid, Justin Senior, Assistant Deputy Secretary for Medicaid Operations, Beth Kidder and others. At these meetings, Ms. Stoutamire brought the issue raised in FAO's letter (excerpt of letter below) to their attention. They agreed that all patients should be treated and evaluated equally and that there needs to be a baseline for all the plans to use to evaluate orthodontic services. After the baseline has been established, they can add additional orthodontic services if they choose. AHCA told Ms. Stoutamire they would look into the situation and monitor.

If you find instances where the plans are not meeting the standard of care for orthodontic treatment or are treating patients differently, please file an online complaint with AHCA. That form can be found here: https://apps.ahca.myflorida.com/smmc_cirts/. Once the online complaint is filed, please reach out to Ms. Stoutamire so she can follow up with her contacts at AHCA to make sure the issue gets prompt attention. She can be reached at cstoutamire@floridadental.org or 850-224-1089.

(Excerpt)

The Executive Board of Florida Association of Orthodontists, on behalf of Florida orthodontists, would request the opportunity to help the children, who are on Medicaid and in need of orthodontics, receive the care determined by the patient criteria from the Medicaid Orthodontic Initial Assessment Form (IAF) from ACHA-Med Serv Form 013, January 2006.

We feel that it is important that consistency be established across the board for all agencies making these evaluations. There should be a standard by which credentialed Florida licensed orthodontists in the state review all cases submitted for approval. All Florida licensed orthodontists need to be standardized and calibrated by the Medicaid established criteria.

A base-line criterion should be established to provide a framework from which to approve or disapprove cases, with exceptions to be considered on a case by case account.

Under the Florida licensed orthodontist evaluation, medically necessary care could be approved and treatment focused on Florida's most severely handicapped children. This would provide a more optimal utilization of the states limited resources.

FAO Director Spotlight

Dr. Thomas "TJ" Albert graduated from the University of Florida in 1993 with a Bachelor of Science degree in Microbiology. He is a native Floridian and a third generation "Gator". He attended the University of Florida College of Dentistry, where he received numerous honors and awards for both academic and clinical excellence. Dr. Albert graduated with a Doctor of Dental Medicine degree in 1997 and immediately joined the United States Air Force as a general dentist, attaining the rank of Captain. He served for over three years at the Barksdale Airforce Base in Shreveport, Louisiana, where he also completed an Advanced Education in General Dentistry (AEGD) training residency.



Dr. Thomas Albert

Dr. Albert spent two additional years at New York University, receiving specialty training in orthodontics. At the conclusion of his residency, Dr. Albert received the Theodore Jerrold Memorial Award as the most outstanding orthodontist in his residency class.

Dr. Albert is a part-time faculty member of the University of Florida Pediatric Dentistry satellite program in Collier County. He is also Past-President of the Collier County Dental Association.

Dr. Albert lives in Naples with his wife, Janine, and they have been married for almost 20 years. They are proud parents of their 12-year-old daughter, Ella, and their 10-year-old twin sons, Aidan and Adam. The Albert family enjoys spending time with their families in Naples and Tampa, as well as worshipping and serving with their church family at Living Word Family Church. They also enjoy visiting their Italian relatives abroad and skiing and snowboarding whenever there is an opportunity. Dr. Albert has also been known to run the occasional marathon, triathlon or "Tough Mudder" endurance challenge.

FAO Member Awarded FL Dental Association's Dentist of the Year



Dr. Andy Brown

Dr. Andrew "Andy" Brown has two full time jobs: one as an orthodontist, the other as a dedicated FDA member. He serves on the FDA's Governmental Action Committee, represents Florida on the ADA delegation and serves as vice chair on the ADA's Council on Dental Practice. He attends every Board of Dentistry meeting, volunteers at the Clay County Dental Care clinic and was the 2016 *Florida Mission of Mercy* co-chair. He has been an outstanding orthodontist for many years and is committed to organized dentistry, the FDA's mission and the success of all dentists. He exemplifies a commitment to his peers, colleagues and the profession. He is dedicated to raising the level of the profession in the public's eyes.

FAO 2016 Survey Results

1. In which FDA district is your primary office located?
Atlantic Coast 13% Central 17% Northeast 13%
Northwest 11% South Coast 8% West Coast 38%
2. How many years have you practiced?
0-5 = 4% 6-10 = 9% 11-15 = 17% 16-20 = 13%
21-25 = 17% 26-30 = 13% >30 = 28%
3. Describe your current practice situation.
Solo practice 85% Group owned practice 11%
Independent contractor for pedo or general 0%
Employee in private practice 2% Employee for corporate practice 2%
4. How many satellite practices do you have?
Zero 53% one 32% two 6% three 4% >3 4%
5. Do you need an associate? Yes 13% No 87%
6. My number of case starts for 2015
(Full treatment only)
less than 150 15% 150-200 21% 201-250 13%
251-300 23% 301-350 2% >350 15% >500 11%
7. Compared to 2013 my 2014 case starts: increased 62%
decreased 13% stayed the same 25%
8. Compared to 2013 my 2014 net income
Increased 65% decreased 20% stayed the same 15%
9. What type of retainer do you use most for maxillary retention (PHII/full tx)? Hawley 30% Essix 62% Fixed 6% Other 2%
10. What type of retainer do you use most for mandibular retention (PHII/full tx)? Hawley 13% Essix 28% Fixed 60% Other 0%
11. What percentage of your assistants are certified?
100% = 89% 99-75% = 9% 74-50% = 2%
49-25% = 0% 24-0% = 0%
12. What type of social media does your office use?
Facebook 98% Twitter 36% Instagram 60% Pintrest 20%
Linked In 22% Other 9%
13. Who manages these media sites? In-office staff 87%
Out-source 13%
14. Has your staff size changed in 2015? Increased 23%
Decreased 19% Stayed the same 57%
15. Do you have an "incentive pay" system for your staff?
Yes 54% No 46%
16. Do you provide medical insurance for your staff? Yes 47% No 53%
17. Do you pay for continuing education for your staff?
Yes 91% No 9%
18. Do you provide any type of retirement plan for your staff? Yes 77% No 23%
19. Did staff salaries change in 2015?
Raised salaries 71%
Reduced salaries (either through less hours, staff reduction or salary reduction) 2%
Remained the same 27%
20. Do you use Cone Beam CT scan machine in your office?
Yes 9% No 91%
21. Is your office "paperless"? Yes 70% No 30%
22. Do you use an intra-oral scanner or plan to purchase one in the next year? Yes 66% No 34%
23. What are your normal treatment time intervals between adjustments?
4 weeks 2% 5-6 weeks 49% 8 weeks 43%
10 weeks 4% 11 weeks or more 2%
24. How long does your average case take to complete?
<12 months = 0% 13-16 months = 2% 17-20 months = 51%
21-24 months = 45% >24 months = 2%
25. Do you do tooth whitening in your office after debanding? Yes 32% No 68%
26. What percent of your treatment is extraction? 0-10% = 49%
11-25% = 43% 26-40% = 9% >40% = 0%
27. How many days a week do you see patients?
1-2 = 2% 3 = 32% 4 = 62% 5 = 4% >5 = 0%
28. How many patients do you see in a day? >25 6%
25-40 34% 40-55 15% 55-70 34% >70 11%
29. Where do you get the majority of your CE requirements? (realizing that it may be a combination of the following) National AAO = 33% Regional SAO meeting = 41% State FAO meeting = 52% Private vendor meeting = 33% Webinars/Internet = 33% other = 15%
30. When do you plan to retire?
This year = 0% 2-5 years = 19% 6-10 years = 28% 10-15 years = 23% 16 years or more = 30%
31. Do you use a dental laser in your office?
Yes 51% No 49%
32. Do you use TADs in your practice?
Yes 65% No 35%
33. Do you place TADs in your office or refer them out?
I place them = 31% Refer them out = 69%
34. Do you use a clear aligner-type system?
Yes 98% No 2%
35. What percentage of your cases are clear aligner-type?
0-10% = 49% 11-20% = 36% 21-30% = 9%
31-40% = 4% >40% = 2%
36. Does your office have a web site?
Yes 100% No 0%
37. How often do you visit the FAO website?
Frequently = 0% Occasionally = 19%
Rarely = 58% Never = 23%
38. Do you prefer email for FAO communications?
Yes 91% No 9%

FAO 2016 Survey Results (cont'd)

39. For how many insurances are you a provider?
0 28% 1-4 28% 5-9 34% >10 11%
40. What percentage of your cases do you use self-ligating brackets?
100% = 19% 75% = 9% 50% = 6%
25% = 15% 0% = 51%
41. How satisfied are you with using self-ligating brackets?
Better than non self-ligating brackets = 38% Same as non self-ligating brackets = 29%
Worse than non self-ligating brackets = 33%
42. For the majority of your patients, what records do you take prior to treatment? Photos 98% FMX 2% Pano 94% Bitewings 4% Lateral Ceph 89% CBCT 4% PA Ceph 2% Hand/Wrist 2% Unmounted Plaster Study Models 30% TMJ 0% Mounted Study Models 2% Virtual Study Models 45% Other 2%
43. For the majority of your patients, what records do you take after treatment? Photos 96% FMX 2% Pano 85% Bitewings 0% Lateral Ceph 38% CBCT 2% PA Ceph 0% Hand/Wrist 0% Unmounted Plaster Study Models 17% TMJ 0% Mounted Study Models 0% Virtual Study Models 13%
44. Which of the following direct marketing techniques do you use in your practice? Mailers 12% TV/Radio 2% Newspaper 9% Billboards 0% None 81%
45. Which of the above gives the best return on investment? Mailers 15% TV/Radio 0% Newspaper 6% Billboards 0% None 82%

FAO members reported \$518,000.00 in donated care for 2015. It is important to track your pro bono services in order to provide financial and statistical information to state and national legislators. Tracking can be handled by you or your front desk and submitted to the FAO at year end or by completing the next FAO survey in March 2017. Information to track: ID Code, date and value of treatment.

This survey was distributed at the Annual Session meeting, March 2016.

2016 FAO Pearls

Using our new digital scanner for appliances has been very successful and time efficient.

Use Fuji on molars.

Use ice spray and hold on ceramic brackets for 3 seconds prior to debonding for less breakage.

Use Dry Angles to Bond Upper or Lower 7's molar tubes.

Brighten your office/treat your patient right/that's the best marketing.

Invisalign to close open bite with molar intrusion, Dr. Dayan method.

Complement your team daily.

Wait to start treatment until 7-7 erupt whenever possible to minimize treatment times.

Have patients get evaluated by oral surgeon prior to starting orthodontic treatment regarding any necessary surgical procedures that are part of the treatment plan.

Tie in elastics with ss ligatures in non compliant patients. Parents must accept bringing the patient into the office 2-3 times per week. After 2 weeks the patient is use to the elastics and the parents are more involved.

Use of intra-oral scanner at pre-debond phase.

Use differnetial torque to decrease treatment times.

To pumice an entire arch, smear the pumice on all of the teeth at once with your finger, and go for it with the prophy head! So fast and easy!

If you direct bond lower 7's, consider leaving the initial light wire out of the 7's so that if they pop off, it really isn't an "emergency". Place a heavier wire in 7's when ready.

No anterior attachments on aligners, intrude and bond, ALWAYS LOOK AT SMILE LINE AND GINGIVAL MARGINS- simply intrude laterals and bond- NO TRACKING issues and gorgeous results!

Look at max lats- many are small - narrow and short!

Place flowable composite on the linguals of the upper centrals when bonding bite turbos. Follow with regular composite on the bite turbo pads themselves. Makes for a stronger, more lasting bond.

Lower 3-3 bonded retainer on every tooth.

Stay overstaffed by one employee position.. It is not that costly, and gives you flexibility in dealing with employees missing a day unexpectedly (sick or for disciplinary reasons). Also allows you to be more patient in replacing an employee in hiring.

Have a competent IT person familiar with your practice software available at all times.

Get on 7's as soon as possible.

Find something to compliment every patient every appointment.



invites its members to the 77th
FAO ANNUAL SESSION
Renaissance Tampa International Hotel

SAVE THE DATE... MARCH 3-5, 2017

Ecstatic About Esthetics presented by Dr. David Kemp
SPONSORED IN PART BY 3M

Medical Errors and Domestic Violence presented by Dr. Michael Ragan



Distinguished Service Award in honor of Dr. Lucas Stevens



FAO Strategic Plan 2015 - 2018

GOAL 1 ENGAGEMENT	GOAL 2 LEADERSHIP DEVELOPMENT	GOAL 3 ADVOCACY
<ul style="list-style-type: none"> • Develop a communication plan to touch members with valuable information at numerous times via multiple methods and to ascertain member needs • Increase meeting attendance by 5% each of the next 3 years. • Review the “traits” of the organization that could excite or discourage involvement. • Consider establishing a job board for orthodontists and orthodontic staff. 	<ul style="list-style-type: none"> • Develop members with leadership ability and a willingness to serve in all areas of the state. • Develop a Leadership Manual of expectations and responsibilities. • Conduct an annual board evaluation. 	<ul style="list-style-type: none"> • Develop a robust program of advocacy on the federal, state, and local levels. • Political Action – support the AAO, ADA and FDA PACS in a professional way. • Encourage participation in FDA Dentists’ Day on the Hill • Grassroots Awareness and Involvement • Develop a communication document that describes all the AAOPAC and FAO actions and issues; disclose how funds are distributed • Investigate issues for which financial assistance may be available from the AAO. • Candidate Forums – Recruit Legislative Contact Dentists. • Identify and support campaigns. • Board of Dentistry – maintain relations • Dental Practice Act • Small Business Issues – monitor and protect

Florida Association of Orthodontists

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Mark Your Calendar - Meetings & Events

2016

October 20 – 23 **SAO Annual Session** - Sandestin Golf and Beach Resort

2017

March 3 – 5 **FAO Annual Session** – Tampa

March 24 – 25 **FL Mission of Mercy** - Pensacola

April 21 – 25 **AAO Annual Session** – San Diego

June 22 – 24 **FL Dental Convention** - Gaylord Palms, Orlando

October 5 – 8 **SAO Annual Session** - Marriott Waterside, Tampa



SAO 2016 | OCTOBER 20-23

SANDESTIN GOLF AND BEACH RESORT – DESTIN, FL

Register online at www.saortho.org





FAO PAC
GO FOR THE GOLD... *Become a Member!*

I commit to join the FAO PAC and provide contributions at the following participation level. Amount indicated below is for 2016, an invoice in the same amount will be mailed to me annually with the option of changing the amount.

PLEASE CHECK ONE:

____ CENTURY CLUB – \$100.00

____ CENTURY CLUB SILVER – \$250.00

____ CENTURY CLUB GOLD INDIVIDUAL – \$500.00

____ CENTURY CLUB GOLD GROUP – \$1,000.00

Name _____

Address _____

Email _____

Telephone _____

Payment Information:

Make check payable to 'Florida Orthodontists for Freedom'

Credit Card

Card Number: _____

Exp. Date: _____ CVV Code: _____

Billing Zip Code: _____

Signature: _____

FAO PAC – P.O. Box 611, Brandon, FL 33509
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