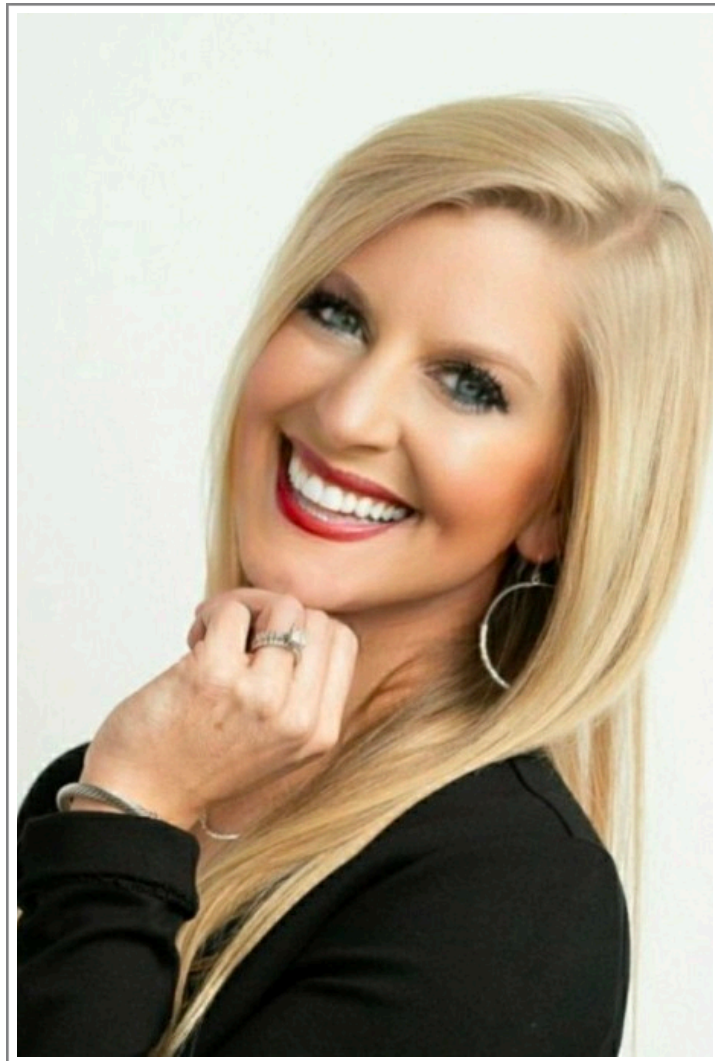


Ask the Expert

Dr. Alyssa Emory Carter

Spark Aligners





Our practice is about 35% clear aligners and one thing I love about Spark is that there's only three options and they're all good for five years. It makes it very straight-forward for my team.

Dr. Alyssa Emory Carter received her bachelor's degree from Oklahoma State University and her Doctor of Dental Surgery degree from Baylor College of Dentistry, both from which she graduated from with the highest scholastic honors. She completed a three-year residency program from the University of Florida College of Dentistry, where she served as chief resident and earned numerous academic awards. Most recently, Dr. Carter was awarded the prestigious Charley Shultz Resident Scholar award, which is awarded only to one orthodontic resident in the United States, Canada, and other countries combined.

Dr. Emory-Carter has also been selected to participate in clinical and FDA trials for innovative orthodontic products. She is a member of multiple study groups including Ormco Insiders, Shulman Study Group, OrthoprenuersRD, and NPG Mastermind. In addition to her educational accomplishments and experiences, Dr. Carter places emphasis on community involvement. She frequently engages in local events and enjoys the many benefits of small towns and close-knit communities.

On today's program, Dr. Emory-Carter and Dustin talk about Spark Aligners, OrthoFi, Dental Monitoring, team delegation and more!

Dustin Burleson:

Hey everyone. Welcome and I'm so honored to have Dr. Alyssa Emory Carter here with us. Welcome to the program.

Dr. Alyssa Emory Carter:

Thank you. Thank you for having me, Dr. Burleson. I am thrilled to be a part of this and I've learned so much from your previous Ask The Experts, and so I look forward to being able to give a little bit back.

Dustin Burleson:

Cool. I know we're catching you on the road. You speak for a lot of different leading thought leaders and vendors in our world, so I think we're catching you at the OrthoFi meeting right now. Is that true?

Dr. Alyssa Emory Carter:

This is true. It's been a phenomenal meeting. So, for those of you that are here, you'll know what I'm talking about and those of you that missed it, you should definitely try to come next year because it's not just OrthoFi, it's a lot of business tips, consulting, and just practice management.

Dustin Burleson:

Which is how I met Alyssa. We were at a meeting and Jamie Reynolds was speaking and he said, "You've got to meet Dr. Emory Carter." And I said, "Her name sounds familiar," and we met in Las Vegas and I was just laughing. I was like, "Is there another ortho meeting here?" And you were there for a rodeo, right?

Dr. Alyssa Emory Carter:

Yeah.

Dustin Burleson:

I was like, I got to hear, I love ortho. The ortho world is fun because pretty much everyone I meet inside of our specialty has a neat hobby, whether it's sailing or fishing or I guess you grew up, you were going to that probably before you were an orthodontist, right?

Dr. Alyssa Emory Carter:

For sure. I definitely grew up around ranches and farms and the rodeo, and so the NFR is in Vegas every year and then PBRs, going to those, but it's every year in December in Vegas, so just happens to be similar timing.

Dustin Burleson:

Yeah, it was great. So we got to meet you and Scott Annable over at OrthoFi, and obviously Jamie's been a long-time friend of ours. So when I saw what you were doing with Spark and with Dental Monitoring and OrthoFi, I think I emailed you and begged the people at Envista, "Please let us get Alyssa on the program." So they were kind enough to do that. So tonight we're going to talk about Spark aligners, we're going to talk about Dental Monitoring, maybe some OrthoFi. I know you lecture on all these topics and I was fortunate enough in November to see a Dental Monitoring presentation and Spark presentation at the Rock Dental Brands Provider Meeting, which is who we partnered with in 2021 and kind of blew my mind. So maybe we'll start there. For viewers who are thinking Invisalign's the only clear liner option, or does plastic really move teeth? I feel like we've moved beyond

that. Maybe share your story. Where did you get involved with Spark? How long have you been doing it? And what are you seeing in your practice that's helping your patients and your clinical efficiency?

Dr. Alyssa Emory Carter:

Okay. I got involved with Spark initially because we were usingOrmco brackets and inside of our practice we were having some frustrations with the liners that we were using. So we had tried out a few others, and not just from the simplicity of not tracking patient complaints, which we can talk about in a minute, but more so the complexity of the structure and the thought process that had to go into every patient when they got to the chair from the assistant. So there's all different levels of aligner options you can choose, and they each had a different number of refinements or a different number of trays you could have or a different expiration date. And I was really trying to simplify these processes to make our clinical team not lose their sanity and just have it readily available, something they can read and understand from clicking on the dashboard.

And that, combined with some patient frustrations that we were hearing over and over about whether a tray was rubbing someone's tongue or it discolored or they had a lisp, I just said, "You know what? Let's just keep searching. Let's just be on the search." And we had tried a few others, so Spark had just rolled out and they were limiting the doctors that were allowed to use it at first to make sure that they didn't roll it out and then not be able to provide in a timely fashion the aligners to our practices. I was fortunate enough that my regional manager on the

digital side, Patrick O'Connor from Ormco, decided to let us try it out and initially I said, "Okay, we're just going to offer it to a few patients and let's see how it works."

Dustin Burleson:

It's grown significantly. Keep going. Sorry.

Dr. Alyssa Emory Carter:

No, no, no, go. But what really happened is we had them in the consult room and they look so good and so clear that I haven't started anything except a Spark aligner case and that was unintentional. So at that point, I just kind of prayed that they were going to work well because everybody was choosing them.

Dustin Burleson:

Everyone loves these.

Dr. Alyssa Emory Carter:

And it worked out well. Yeah.

Dustin Burleson:

Cool. Yeah, and I thought they're huge. I was talking to Joe at Envista. I think outside of Smile Direct, I mean they're the number two clear manufacturer, clear aligner manufacturer in the world behind Invisalign. I mean they've just done this kind of, you heard of them and now they're just really popular for many of the reasons you mentioned. Can we zoom out and talk about your practice? How many patients? Not a number, but as a percent are requesting clear liners? Or are you doing clear liners? Maybe how long have you been doing that? Because on the program we've got docs that do 5% to 10%

of their practice in clear liners and we've got a practice in LA that I think 80% of his practice is clear liners. So where are you in that mix?

Dr. Alyssa Emory Carter:

So it's funny because I speak on it, I think people assume that my practice is all aligners, and in reality, we're actually only sitting at about 35% aligners. So we're actually still a majority share in braces and I enjoy doing both. And so we'd treat almost anything with aligners, so that's not really a decision when it comes to why we're heavier on braces. It's really just the patient decision and I think that has a lot to do with where I practice. I'm in a smaller town right on the border of Texas and Oklahoma and just a little bit less demand currently, but I do see it rising and I see it rising a little bit in kids and that recent spike we had in 2021 of adult treatment probably even added that extra 5% to our practice of how many aligners versus braces. So I'll be curious to see what happens over the next couple years.

Dustin Burleson:

That's still significant and enough that probably, can you walk us through that journey of trying to figure out, I see so many doctors with a lot of digital homework and how do we stage these cases and now they're trying to do them in house versus... I mean it seems like a hot topic. How are you managing the complexity of clear liners? Because when they've got braces on, they kind of have to come see us and with clear liners, they don't always have to come see us. Right?

Dr. Alyssa Emory Carter:

Right. So one thing I love about Spark is that there's only three options and they're all good for five years. And so you either have the mini, or Spark 10, which I kind of consider very minor, and then Spark 20 and Spark Advanced. And so that kind of simplifies and they all expire in five years. So it kind of just simplifies the need. My team knows, okay, this is when I started, this is when I'll finish, but as far as their appointment staging and rolling that out, it helped when my team could just understand that part.

And Spark 10 has one refinement, Spark 20 has two, and then Spark Advanced has unlimited. So that kind of started helping our systems and how we schedule patients and used to, we would schedule patients either every 10 trays or every 15 trays or 20 trays and send them home and make sure that we planned any IPR at those same stages or any adding or removing attachments. Then I was introduced to Dental Monitoring when we had the opportunity to be beta testing a product for Spark and Dental Monitoring.

Dustin Burleson:

Cool.

Dr. Alyssa Emory Carter:

And I started using it for 20 aligner patients and that's it. And I kind of realized, there's a lot behind this I didn't know. I thought it was just I was going to have to check all these patients and look at their scans, but really it creates this incredible report of 136 task items and it tells you if

anything's alerted and you can kind of decide what's important to you or what you think affects treatment. And so now I don't care if the patient needs 27 aligners or 31 because our systems aren't disrupted by trying to schedule a patient every 10 weeks or every 15 weeks, whereas used to I said even if they had 27 trays, I would bump it to 30 to simplify it for my team of like, "Okay, they're going to be scheduled every 10 weeks." Now none of that matters.

But what we do, some of our staging things that we do that are really, really cool now with Dental Monitoring and Spark are I will do my setup and usually when I'm moving teeth, I try to create a little space between them first. So I create some space and then you're doing all your movements and before the patient ever walks in the door to our practice to get their aligners, we have a sheet we created and we pre-fill it out, so that way when the patient's there, they get their aligners, they go, and everything's planned in Dental Monitoring with alerts where we know exactly when to see that patient again. So if I have IPR at stage 21 and they have 48 trays, then we already have it planned that we're going to give them one through 20 and we'll see them right before they go to tray 21, but we don't schedule that appointment until they get through all those trays because sometimes they need to wear them longer than a week.

Then I check on my setup and I say, "When am I starting to complete this space closure and get all of these teeth tucked back together?" I'm like, okay, right before that I want to check and see, do they need a refinement? Or are they going to go straight to debond? If they're going to



Another beautiful thing about Spark is that they've made it very, very easy for the team to look at the case.

need a refinement, we bring them in then instead of at the end of this set of trays, because if I do a refinement, all I'm going to do is reopen space to move the teeth again. And that's something I've learned. I'm like, "Wait, why am I doing that? This is an extra eight weeks of treatment because I just closed all that. Now I'm reopening it to move the teeth more." So we've just learned a lot and minimize appointments. So a lot of times now I even stage my IPR right when I'm about to start that space closure and some patients will have three appointments total for a two-year case, a complex case.

Dustin Burleson:

That's awesome. So that sheet helps you, you've built out a staging process inside of Dental Monitoring within the clinical team or walk us through that, who's selecting one of the many options inside of Dental Monitoring? I want to talk more about Dental Monitoring because it's amazing.

Dr. Alyssa Emory Carter:

So, another beautiful thing about Spark is that they've made it very, very easy for the team to look at the case. So my team gets the aligners in and we have this check-in

sheet and this is what it is, and they fill it out and they put, the sheet comes in the box with your liners that says which teeth get attachments when you're doing IPR, et cetera. And we have another sheet that we add to that and it says how many trays they're going to get the first day, and that's based on either IPR or when that space closure's going to start. And my team is pretty much trained to open the setup, check and see it, and they have it prefilled and then all I do is run by and check it off and sign it.

They have all the appointment codes that might ever be needed for some type of aligner delivery, if we're going to add buttons, et cetera, they have all that listed. When do I want to start the elastics? I don't ever, I shouldn't say I don't ever, it's very rare I start elastics the first day because a lot of times the elastics are working the opposite of me opening space. So if I want class twos, but I'm also trying to procline upper incisors, I'm going to let those procline first and then start elastics. And so I have a few people in my office that understand this. They'll try to fill the sheet the best they can. If I need to make any small adjustments, I will, and they're only allowed to grab me in between patients because I don't want this to be homework.

Dustin Burleson:

Good, good, good.

Dr. Alyssa Emory Carter:

So they'll have it all pulled up, their initial pictures, their treatment card, my treatment plan and the Spark set up with the paper that they filled out when a case comes in.

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Now we know when that patient comes for their delivery, there's zero confusion. Everything for their entire plan is preset ... we never sit at the chair and have questions about aligner patients anymore.

And usually they come in bulk, right? Seems like we have 20 in one day sometimes. And then in between patients, my assistant will just grab me and it takes maybe 30 seconds for me to complete this. And then now we know when that patient comes for their delivery, there's zero confusion in everything for their entire plan is preset and I don't think about it. We never sit at the chair and have questions about aligner patients anymore.

Dustin Burleson:

Cool. So I want to highlight, because now that employee has selected a kind of pre-built template or customized the Dental Monitoring you mentioned because it depends, if they haven't been wearing their trays, the AI's telling them, "Hey, don't go to the next tray." So that appointment, when you got to come back and, for example get IPR or get an attachment with you, that's kind of dictated based on the software.

Dr. Alyssa Emory Carter:

The Dental Monitoring software will allow you to set an alert when a patient reaches a certain tray or a certain number of weeks before a patient reaches a certain tray number. So for me, if I'm going to start rubber bands or something, I don't say five weeks, I don't even use weeks or terminology for our aligner patients anymore. It says your first scan's going to be in seven days. After that, we'll let you know if you're going to have another seven days or if you're going to going to wear that same tray a little longer and have an extra couple days.

Dustin Burleson:

Cool.

Dr. Alyssa Emory Carter:

But they allow you to do anything for trays. So even if our patients are in rubber bands, and let's say they're going to start them at tray five, well then at tray 15 and 25, we automatically put alerts in our system to check the elastics in case I want to decrease a little more, et cetera. So anything that you want, you can program into that patient's specific protocol, and it doesn't take long because you have all of these notes saved. So we have one that says, check for refinement or debond. Check elastic wear. Check to start elastics. Check to stop elastics. Bring patient in for IPR. And you just have to select the tray number, when they're going into this tray, and put the message you want. Then it automatically appears in our face when they get there. We're like, "Oh, okay. Dr. Carter needs to check this real quick."

Dustin Burleson:

That's cool. Yeah, we have a member in Champaign, Illinois, Rob Shafer, I think he's still, but he was big into Dental Monitoring very early and we have a lot of members like that that are way out on the forefront and I'm like, "Okay, we'll see how this goes," because I'm always the one in the middle. I'm not the laggard, but I'm not on the bleeding edge of advancement. So he was saying the same thing. He's like, "Dustin, I'm seeing these patients three visits for the entire course." And we were trying to get our members in that kind of nine total visits for clear aligners. So talking about reducing visits by 300% gets me excited. I know we don't do enough clinical stuff here at Burleson Seminars, but this was one I thought, okay, this perfectly aligns with clinical efficiency because I mean the patient's first, let's go there maybe. Patients don't want to see us as often as we want to see them.

I share this story all the time about my friend in Chicago who's an anesthesiologist and he's an Invisalign with one of our member doctors and the hours are very restricted, it's like Monday through Thursday, 8:00 to 4:30. And he always texts me a picture of their hours every time he has to go pick up six more trays, he's like, "I'm busy, man. I'm in the OR all the time. I can't come between 8:00 and 4:30." So we want to talk about how patients have responded to Dental Monitoring and seeing you less frequently. Has that been an issue or what's that been like?

Dr. Alyssa Emory Carter:

It's kind of fun. I recently debonded a patient I hadn't seen since the new patient exam and I was like, "Well, that

worked really well." They were in Spark aligners, we delivered them, and then they didn't need anything. And then I debonded, I'm like, "I don't even feel like I got to know this patient," but they felt like they really knew us because we talked to them personally. In the app, there's a way to just text people and it's really, really fun because it's more personal than you feel like it's going to be. And people really connect through messages now.

So, it's just the new norm, but our patients have reacted well. So the ones that get the vision and see it, they become unintentionally these big mouth people for you in town. And overall they're very positive and give feedback. And every now and then you'll have someone that has a little bit of resistance or we have some patients that are 85, 90, they don't have a smartphone, they can't download the app, but they still get their aligners and they still track really, really well. But I just do have to check on them a little more. As far as how patients react to aligner specific, because we do all of our braces in Dental Monitoring as well, every single patient-

Dustin Burleson:

I was going to ask. Yeah, you can do both. Yeah, yeah.

Dr. Alyssa Emory Carter:

Yeah. And with a Spark, they love it. And I think of it as this way, I have an eye doctor appointment one time a year, that's it. And I am late for that appointment every single year because I can't find the time to go.

Dustin Burleson:

That's true.

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And that was honestly one of the turning points in our practice a few years ago when I was like, "I don't have a day to go to the eye doctor for an hour." And I'm asking my patient's parents... to get off work, go to school, pick up the kids, bring them to the office, and half the time it was for a re-tie. And so I said, "Okay, we're going to change this."

Dr. Alyssa Emory Carter:

And I'm always having to move it and reschedule it and it's one appointment. And that was honestly one of the turning points in our practice a few years ago when I was like, "I don't have a day to go to the eye doctor for an hour." And I'm asking my patient's parents, because they can't even drive unless they're an adult, to get off work, go to school, pick up the kids, bring them to the office, and half the time it was for a re-tie. And so I said, "Okay, we're going to change this." Or just to check in aligner, you're like, well, they weren't tracking so we're going to have to do a refinement now, or they're tracking great, both of which make absolutely no sense to have a patient in for. It doesn't matter which one of those you get, you don't want either. They shouldn't be in the office. You should be able to either not let them get off of tracking because you're monitoring them from home or if they're working great, don't come in.

And so for me, that was a really big all of a sudden light bulb went off and I was like, I've got to do something better because this is really disrespectful to our patients and our community and the busy lifestyles that we have. And it's just the norm in our industry, so no one, the patients probably don't think of it that way, but once you see it that way, you can't unsee it and you start to almost have this guilt about how our profession has always worked and you start challenging that status quo. So-

Dustin Burleson:

Yeah, I mean I see this as the future for how we can treat more patients, but even if you didn't want to treat more patients, a lot of doctors are like, "I'm busy enough, I'd rather be golfing on Fridays than treating more patients." I spoke to the folks over at InHand Dental, it's a monitoring app, it's not the same, doesn't use AI like Dental Monitoring, but they said they've seen increase in conversion. When the doctor offers and says, "Hey, we can do this in office or we have this remote option where you get to check in through our platform," they've seen a significant boost in new patient conversion. Have you seen any of that or can you speak to that?

Dr. Alyssa Emory Carter:

Our new patient conversion is pretty good and has been, so I think it's kind of hard to challenge that because we're on the higher end and my TCs are fabulous and I would never want to discount that because they had about a year before we started using Dental Monitoring, we really started some training on that and they boosted. And one

of those big things was OrthoFi. So that really helped our conversion and this came just a few months after. So it's hard to designate exactly what gave each person credit, but I think more and more now that patients have siblings in it or they have a friend with it, it's becoming; "go there" because we only have to go once a year or twice a year or whatever. So it's the key of how you word it to the patient. And this is something that I felt as a leader when we first started using Dental Monitoring, our schedule was really busy and I had said the words in front of my team that this will allow us to not have to see the patients as much and then that's going to help our schedule. And I was trying to get across to the team that the patients can be taken care of just as well without coming in, but it didn't come off that way.

And they heard those words and then they tell the patients, "Yeah, we don't have to see you as much." And that's all wrong because then the patients were like, "Well, you want my money but you don't want to see me and you're lazy." So our first few months were challenging and we had to have a kind of come to Jesus meeting and be like, "What do we really mean by this?" And our goal would never be to cut quality. I care more about quality. I'll see a patient a thousand times if that's what means the best quality of care for them. So we fixed that and that's when I started seeing more buy-in.

Dustin Burleson:

You mentioned OrthoFi, and I just want to highlight how powerful that's been for our members. And also I want to kind of touch on the clinical efficiency aspect of not just asking patients to come see us when they don't want to

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OrthoFi offers an immense amount of help, and I will be the first to admit that I did not appreciate all of the tasks that my reception and TCs were taking care of until I started realizing that we needed help verifying insurance and with collections.

see us and don't need to, but also how the team, I feel like, should be more engaged with giving patients what they want.

So, from just a pure clinician standpoint, there were so many years at my practice where we did the same thing. We went through every possible clear aligner option from Invisalign to Clear Correct, we used Streamliners and now at Rock Dental Brands, a lot of our providers use Spark. That transformation on what the patient wants versus what we think they want, we want to maybe talk about that and then maybe that transformation when you started OrthoFi. Can you walk us through maybe some of the differences you saw when you started doing OrthoFi? And then so the big rambling question, we'll go deeper from there, but I know a lot of docs want to know why we recommend OrthoFi and why a lot of our partners use it, so maybe let's start there.

Dr. Alyssa Emory Carter:

Okay. So OrthoFi offers an immense amount of help, and I will be the first to admit that I did not appreciate all of the tasks that my reception and TCs were taking care of until I

started realizing that we needed help verifying insurance and with collections. And so we kind of researched OrthoFi and made the decision to use it because it was a beginning to end of this new patient process solution. And there's about 25 tasks that happen, unbeknownst to me, to make a new patient become a new patient in your practice, from the call to the confirmation call to the verification of insurance to the forms to coming in, collections. I mean just all these different things and it's a really, really time-sucking procedure.

And our team that's in the office, it's a never-ending task, kind of like our Spark dashboard. There's always going to be some tasks in there, but for them it's just a never-ending task. And so if you can get that out of your practice and delegate it to someone who honestly does it better than we were doing in house, they collect better for us, they verify better for us and faster, they make us managing our pending so much easier because their dashboard can have automated alerts and reminders and all the notes are there. You don't have to print a report. So they help with all these things I didn't even know. But if you can delegate these things to someone that can help you do it better, then your team can spend the time actually trying to go after the pending or doing things that help make you profit versus on time that is consuming, that doesn't help you personally. And especially with all the staffing issues people talk about, pay the people that have invested in our profession to provide us products and services that they can do better than us. Just pay for it because it will come back to you 10 times. I love it.

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You have to know what your hour's worth and if you're doing something and you're at capacity for the hours you want to spend working that isn't worth that hour, then delegate it and take whatever's left.

Dustin Burleson:

Yeah, I shouldn't say frustrated, but sometimes baffled at the doctors who just like, the most profitable hat they can wear is the orthodontist hat, just be an orthodontist, but they want to play banker. So they're doing all the things OrthoFi can do for them very easily and automatically, or they want to play 3D printer and technician and they want to be in the lab business like, "Dude, you do not need to be in the basement all weekend printing your own 3D trays." And I was like, I saw this orthodontist show me how he cuts out aligners going, "You're doing this for aligner cases?" I don't know, I would cut out one set, well probably one aligner and be done with that.

Dr. Alyssa Emory Carter:

You have to know what your hour's worth and if you're doing something and you're at capacity for the hours you want to spend working that isn't worth that hour, then delegate it and take whatever's left. I know that there's some people that are all about insourcing, they want to do

everything themselves. Like, "Oh, well if they can print these aligners, I can do it for half the cost inside my office." And I'm the opposite. I'm like, I would rather pay to outsource that and pay extra knowing that if someone quits, I never have to retrain them. If the printer breaks, I don't have to worry about it. Just all of these extra systems, I like our office to feel simplified and I want people to come in and feel like they're there for the appointment and it might be busy or it might be all the things, but all those other distractions go away. So I don't get asked when I'm working on a patient anymore about this insurance issue because it's all done ahead of time without us worrying about it.

Dustin Burleson:

Yeah. As you mentioned, seeing the optometrist, I don't want my ophthalmologist or optometrist in the back making the eyeglasses, right? I want them talking to me about my eye issue.

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The software that Spark provides and the quality of the aligners that they provide us far exceeds anything that I could give my patients [in house].

Dr. Alyssa Emory Carter:

And I'm the same with aligners. I think that the software that Spark provides and the quality of the aligners that they provide us far exceeds anything that I could give my patients. And as much as I care about efficiency and effectiveness, the number one thing I care about is quality. And I always think about, my mom was a teacher and somehow paid for three kids to have braces. And if I had known that she had gotten my treatment and it wasn't for every penny she thought she was getting because someone was cutting corners or trying to save money, that breaks my heart and I would never want that to happen to another patient. So for me, the fact that I can partner with Spark or partner with OrthoFi or partner with Dental Monitoring and that all of these products have helped us take better care of our patients. In return, they've helped us become more efficient and make our teams happier.

Dustin Burleson:

Yeah. That's the other thing is when we first saw their software and talked to people like you and some of our members about the quality, and it paired with the price, I'm like, "Oh, okay, well this is really exciting." So can you maybe speak to that? What have you seen with the efficiency this affords you in the clinic? Can you be more competitive with your pricing? What does OrthoFi have to say about all that? We've got some pretty neat, I know some pretty neat data that Jamie has shared that most orthodontists would scratch their heads at, but you can't refute. Any big decisions that kind of started to click in your practice when you didn't have to pay Invisalign half a million bucks a year?

Dr. Alyssa Emory Carter:

Right. So we're easy. Patients get to choose their payment plan and we are exactly at the average of same day cash that OrthoFi says their average practice is at, I mean to the 22 point whatever percent. And so we trust the system. They have all the data and they just had their one millionth smile to show that if you trust the system, there's enough patients out here that will put enough down to cover the patients that can't. And we extend payment plans and we use the interest and we just trust what they've already built for us and there's no way we can do it better. So I'm not even going to try.

We do have a much higher same-day start conversion than we did before OrthoFi. But as far as Spark goes, we don't have a minimum down payment. I mean we have a minimum down payment of 250 for every patient, but we don't have a minimum down payment for Spark versus braces. It's just all the same. So we don't say, "You have to pay 1500 if you want aligners," or anything like that because to me that just inhibits patients from choosing that. And then what? You don't get as many aligner starts and then you pay more per aligner case and that doesn't make any sense.

So you have to make it affordable to the patients. And that's actually been a little bit of a topic this morning from OrthoFi was talking about what are aligner companies going to start doing to step up their game to make the payments that doctors making to the company concurrent with the payments the practice is getting from the patient? And a lot of people felt very strongly that

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The fact that I can partner with Spark or partner with OrthoFi or partner with Dental Monitoring and that all of these products have helped us take better care of our patients. In return, they've helped us become more efficient and make our teams happier.

whoever comes to market with that first will win a ton of doctors because with the economy and the cash flow, it just makes it easier.

Dustin Burleson:

Yeah, but to kind of play devil's advocate, there's some author that said, "I never saw saw the devil advertising for an assistant manager," but I'm going to play devil's advocate nonetheless. And to your point and your practice, and we did the same thing, we never charge more for clear aligners versus braces. We strongly believe that, I mean if you've got a collections problem, you probably really have a sales problem, you probably really have a customer service problem. People pay the people they like, right? So, we never saw that issue where someone would get clear aligners and go missing. It was just a way to help them get what they wanted. And I don't know, people are driving brand new cars off the lot for a couple thousand dollars down, General Motors doesn't say, "We need all the money before you drive this car off

the lot." And that's a significantly more expensive item than clear aligner. So I don't know if you have anything to add to that, but I mean I would encourage members to see it your way. Yeah.

Dr. Alyssa Emory Carter:

If someone's going to walk on you, they're going to walk on you no matter what. And that's like, let's say that's 2% of the population. So don't treat the other 98% like that because in my opinion, Spark does offer your aligners to be broken down into three monthly payments. And so you already don't pay for a month that you've collected a down payment and likely one monthly payment from the patient, and then if you break that into three, you're really at five months of monthly payments from your patients and that should be covering your lab fee by the time you pay it off.

So for us, it works out and I am super happy that Spark has offered that to our practice and I think it's an added benefit. I'm sure, I don't know what other aligner companies do there, so I can't attest to that, but for us that's been something that's been helpful, especially as you do have some months where cash flow's a little tighter and then some months where it's high, but if a patient's going to burn you, so you lose a thousand bucks because they burned you for aligners, are you going to lose the business by trying to start charging \$1,000 down for anyone who wants to do aligners? Because in my opinion, you will lose way more business, and if you lose one start because of that, you've already paid for that. And so I'll take the risk, I think it's a low risk.

Dustin Burleson:

Yeah. I think OrthoFi's data support that and for the members listening who go, "Yeah, I just can't see it," we encourage them to take a baby step. So if you're listening to this and you're not a private client of mine because we kind of beat the private clients with dental floss until they succumb to the way we recommend, is to do a word discussing, but if they can't, then a good baby step is to just think through the position of the mom. The mom's thinking, "Okay, I can either fit that into my budget or not." And they're thinking, most consumers, if you believe the Federal Reserve of New York, two thirds can't cover an emergency expense above 400 bucks. So the mom is thinking, "Can I fit this down payment before my next paycheck clears?" And 250 every mom goes, "Yeah." But \$1,000, most moms are going, "No."

So the baby step we say is listen, then just find a down payment that you could do three times and tell them, "Listen, we'll get your monthly payment usually below," we would always say below her cell phone bill and we were pretty good at doing that. We say, "Listen, we're not going to charge you 1200 bucks down like other offices in town, but we are going to go ahead and charge you 300 bucks now, 300 bucks in two weeks, and 300 bucks again two weeks after that." So within six weeks you received \$900 down and then the mom's monthly payment could start once the clear aligners go in.

So if you're listening and you're nervous, you could split your big down payment over six weeks and get them started on a path where they could say yes, because mom can now make the leap. "I can fit that into each paycheck."

Most orthodontists just don't think like that, which is unfortunate.

Dr. Alyssa Emory Carter:

I like that. That's really good.

Dustin Burleson:

Yeah, it's unfortunate. OrthoFi's got great data on exactly what you mentioned. Because orthodontists are perfectionists, right?

Dr. Alyssa Emory Carter:

Yes.

Dustin Burleson:

Which we teach as kind of evil, right? It's like, there's no such thing as perfection. And so we take that and we think, we want to collect 100% of what's on the books and the reality is I'd rather have 98% of a \$5 million practice than I would have 100% of a \$2 million practice. I'm no math genius, but I think the former's better than the latter.

Dr. Alyssa Emory Carter:

Everyone always says, "Well, OrthoFi is expensive." I hear that all the time. You love it, but it's expensive. And so one thing I spoke on yesterday here at the meeting was showing, we were sitting right at the national average with collections, at like 96 point something percent, and that seems really good. You're like, okay, I'm collecting like 96%, 97%, I'm probably doing well. OrthoFi has been collecting for us pretty much at 99.6 to 100, sometimes above 100 because I have interest, percent. And so we



Someone much smarter than me said 'You can't shrink your way to greatness.'

calculated what that that 3% was, and it was \$102,000 and we paid OrthoFi \$79,000. So because I use them, I brought home \$22,000, no, I didn't bring it home. The practice saw \$22,000 to help run the practice that it never would've seen before. And I got to use 100% of their services beginning to end of our patient care for free.

Dustin Burleson:

And the practice is bigger. I have no doubt the practice is bigger than-

Dr. Alyssa Emory Carter:

The practice also grew 10% over the national average each year.

Dustin Burleson:

Yeah. Everybody wants to know, how do I maximize my practice valuation? Because you have systems in place that can run without you being there. And if your system for collections is to go send letters after 30 days past due, you can get out your typewriter and your fax machine, you're just 40 years late to the game. So I mean that's a big component when you go through due diligence as we did, which is show us your collection, show us your system for collecting what's on the books. And OrthoFi is just like, "You just check that off the list, you don't have to worry about it."

Dr. Alyssa Emory Carter:

I know. I was recently told, "If you ever want to get your EBITDA up, you just need to cut some of these big overhead expenses." And all I could think was, "So cut the direct cost and expense may make you think it's good, but what am I going to have to add back for that?" And the value of time doesn't even have a value, but it's real. And so, for me, I try to think, is what I'm spending my money on an investment? And if it is, then I feel very comfortable with it. And most of, I mean Spark, OrthoFi, Dental Monitoring, we use a little bit of other companies and things just for those reasons. And I mean your team, if you don't feel like that team member is an investment, then you probably should find a new one. Because for me, I feel like my team members, every single one of them that I pay are an investment because they give me a return on it.

Dustin Burleson:

Yeah, someone smarter than I said, "You can't shrink your way to greatness." It's probably some CEO from a long time ago, but the whole idea that we're just going to cut this and cut that and I mean you just, that's no way to grow. So I mean I was so frustrated during the pandemic. They did it in 2008 and 2009, and I love the AAO and it's a good group of people and I'm a member and I happily pay my dues, but often associations exist to appease the mass, the people in the bell shape curve, and I'm way over here in one of the thin tails of the distribution curve. Now they said, "Oh, it's a tough economy. You should close a day, get a smaller space, lay off your team." And I thought, that's just no way to grow.

So yeah, instead of focusing on starting more new patients, we're going to cut everything to the bottom line and that's going to grow EBITDA. You might grow it from where it was, but you won't grow it to where it could be and where it should be. And so if you're listening and thinking, and this is a great example, that you could plug things into your business that could help you be more clinically efficient, clearly Spark is one of those. I agree, the plastic is amazing. So patients do pick it more often. I think there's actual studies on that, don't quote me on it, but I want to say at the most recent AAO mid-winter meeting on clear aligners and digital printing that pretty much everyone said, "These are the aligners patients want because they look great." And then Dental Monitoring and OrthoFi to help make this thing efficient. It's a pretty good place to start. Can you walk people through, listeners, your timeline? Which one did you do first? How did they all come into alignment?

Dr. Alyssa Emory Carter:

So I started with Spark and like I said, it just unintentionally happened overnight because that's what patients wanted just by looking at them. And what I noticed though is that these patients were coming back for refinement and I was used to things not looking the way I'd hoped, and I was like, "Wow, I got a lot more of that than I'm used to." And patients would come in and not have the same complaints. They just were happier about their treatment. And so there was a few patients I was struggling to finish with other aligners and I just said, "You know what? I'm just going to switch and see."

And I didn't even tell them, I just did it, and I didn't mean to not tell them, it just happened. And the first patient that came back, I remember the chair I sat in, looking at her, what she was wearing, and she's like, "This new set fits so much better. It doesn't stain. I don't have as big of a lisp. They're more comfortable. Whatever they did for this set, it's the best set I've ever had." And I realized I had just switched her to Spark in the middle of her treatment. And I did that because I was starting to see some really good results with Spark.

And not only do I believe that the plastic, it has all the science behind it, it's got a better rebound effect, we all know how important that is when we learned about Nitinol wires in our Nanda book in residency. And so it has almost 50% more, it's 80% versus 90% in some other aligner brands. So huge rebound effect, and I think that's all important. What I think is most important is the more comfortable this tray is to the patient that it's not scratching, that it doesn't stain, the more they're wearing them. And then if they're wearing them more, they're more compliant and you get a better result. And that means less chair time, that means the patient's happier, their quality of care is going better, we're happier. And so I think Spark has just mastered all the pieces that are required to have a compliant patient.

And part of that works for us because we're nerds and we love the science part. I love the charts I see that show all the even surface touching the tooth because I'm a nerd, but for the patients, they see that as more clear and more comfortable. And personally, myself being a Spark patient, I drink coffee in mine and I drink black coffee

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without sugar, so if I had to take them out, I literally would never wear my trays. I sip on coffee, I eat little snacks because I don't usually sit down to eat a big lunch and I just feel like they would never go back in. And now if I can at least sip on something and not stain that doesn't have sugar, then that's game changing. So my treatment goes well because I comply.

Dustin Burleson:

That's awesome. You're also a Spark user, which is a great testament to the product, right? It's like, yeah, yeah.

Dr. Alyssa Emory Carter:

It's really fun. I will wear my trays, I'll be talking to a patient in a consult and they won't know or a mom chairside and I'll be like, "Oh yeah, but what are they like?" I'm like, "Well, I have them in right now." And they're like, "Wait, what?"

Dustin Burleson:

That's cool. That's very cool.

Dr. Alyssa Emory Carter:

They're like, "That's so cool, I didn't even see them." So it's almost like an instant sales tool. My TC is in aligners and I tell her, I'm like, "I'm slow rolling everything." You're actually just going to be in your final tray, we'll just keep reordering it for five years until your case expires.

Dustin Burleson:

Because it's the best endorsement ever is, I'm actually wearing them. Yeah. That's very cool. I know a lot of people, first of all, thanks for joining us from the OrthoFi Nexus meeting. I know you're traveling all over the world and speaking all the time, so thank you for your time. We loved having you on the program. Where can people learn more about you, where you're speaking next, maybe any big meetings or pieces of advice you have before we wrap up?

Dr. Alyssa Emory Carter:

So, in a week and a half, I speak at the Schulman Meeting, and then I go straight to Vegas for the Envista Summit where I'll be speaking on Spark. And I'm super excited about that lecture. It's the first time I'm giving it. It's for

team, but doctors will learn a lot too. It's going to be kind of like the 15 steps to mastering all the workflows for aligners, and then mastering a setup. Everything that you need to know before you go learn from Diego and Yvonne, who in my opinion are the two best clinical aligner orthodontists in the world, who are loyal to Spark, but they're absolutely phenomenal.

And sometimes you see their stuff and you're like, "Okay, I'm going to use their protocols and I'm going to get the same results." But you can't forget that you're an orthodontist and you still have to diagnose correctly and you still have to treatment plan correctly. So we're going to go over that part of it. And then that way when you do use their protocols, you're getting the same results as them. So I speak there and then we go to the Dental Monitoring Meeting in March and we speak there. And then we'll be at AAO and I'm speaking there.

Dustin Burleson:

Awesome. Very, very cool.

Dr. Alyssa Emory Carter:

So it's pretty busy. I'm excited.

Dustin Burleson:

You're busy. I will probably try to catch up with you in Chicago. We'll be up there. We're trying to get our residents to the meeting in Vegas. We'll see, I don't know, trying to figure out travel for them, but if you're an orthodontic resident listening to this, please, please, please take digital dentistry seriously. It is absolutely your future. There's no way avoiding it. You can't hide out

under a rock. You will absolutely be doing a ton of your treatment through Dental Monitoring and similar types of technology, which is amazing what's coming on board with AI and it's already here, but everyone's playing around with Chat GPT and excited about AI. Bill Gates just said today that AI is the most exciting thing he's got on his plate. Microsoft dumped \$10 billion into it and for the residents watching, I think just this is an exciting time to be in orthodontics. So Alyssa, thank you so much for being here. This was such an honor.

Dr. Alyssa Emory Carter:

If you have any members near New Orleans or Jacksonville, Florida, I will be there doing kind of half-day courses for Spark in the next couple months.

Dustin Burleson:

Cool.

Dr. Alyssa Emory Carter:

So I don't know if Spark would allow the residents at LSU or University of Florida, Jacksonville to come to any of those events, but-

Dustin Burleson:

We've got a lot of members in those markets for sure. Yeah, and one of our biggest members just joined Rock, partnered up down in Jacksonville, so we'd love to have those docs at that meeting. So Lauren, send us the link, we'll get it out to the members. So, cool. Awesome. I think we nailed it. We always go right up to about an hour, so thank you for doing this. We really, really appreciate it.

Dr. Alyssa Emory Carter:

Thank you, Dr. Burleson. And thank you for everything you do for our profession, and I don't want you to think it goes unappreciated, even though you might feel like it does sometimes, because we all appreciate it. But as many webinars and things I've watched or books I've received from you and taken advantage of and have never actually personally told you, thank you. So, our profession wouldn't be where it is without the way you think and all the things you do for us, and so appreciated.

Dustin Burleson:

Thank you. That means a lot. I appreciate it. Alyssa, thank you. We'll get the transcript out to everyone. Lauren will send some links. And good luck with the rest of the OrthoFi Meeting.

Dr. Alyssa Emory Carter:

All right. Thank you. Bye.

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ASK THE EXPERT

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