

Ask the Expert

Dr. Kurt Hoffman

In-Hand Dental



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One of the big problems that teledentistry solved for me is now I get to see my aligner patients like I do my fixed patients. We're doing something tangible, we're doing something productive, and we're doing something of value when we bring a patient into the office.

Dr. Kurt Hoffman is the Chief Medical Officer and one of the creators of In-Hand Dental,[™] an app used to effectively deliver telehealth to orthodontists and their patients.

Dr. Hoffman is a board-certified Orthodontist, graduate of UMKC's School of Dentistry with a DDS degree. After completing a two-year residency in Orthodontics and Dentofacial Orthopedics, Dr. Hoffman went into practice with his father. He has also served as a Clinical Professor at the UMKC School of Dentistry in the Department of Orthodontics.

He is now joined by his son, Dr. Henry Hoffman, in practice, continuing a third-generation Kansas City orthodontic tradition.

Dustin Burleson:

Welcome, everyone. Tonight I'm so excited to have Dr. Kurt Hoffman with us for the webinar. Kurt, thanks for being here.

Dr. Kurt Hoffman:

You betcha. Thank you, Dustin.

Dustin Burleson:

We're talking about In Hand Health, and one of their apps, In Hand Dental, which I learned about through you and some really smart app and software developers here in Kansas City. So a lot of our members are now signing up for In Hand because we've been talking about it, so I thought we need to do an official webinar and show everyone exactly how you're using it. Because you're using it for hundreds of patients, right?

Dr. Kurt Hoffman:

That's correct.

Dustin Burleson:

Cool.

Dr. Kurt Hoffman:

I'm using it for all of my aligner patients.

Dustin Burleson:

All of your... So there's no option. You don't give them the choice in the new patient room to say, "Hey, this is how we do clear aligner cases." Is that correct?

Dr. Kurt Hoffman:

That's how we present it, but we do have some flexibility. Some people, if they're not tech-savvy or just don't want to, but it's a small percentage that don't want to do remote.

Dustin Burleson:

Walk us through... I want you to share your story because you've got a really unique story with your family's practice, and I want members to understand that you're a board-certified orthodontist and you teach, and this isn't just some app you thought of one night and half-assed it. It's a really cool app that works really well. I want though for the listeners, who might not know how you came about, did the pandemic kind of push this into hyper gear? Or when did this all start?

Dr. Kurt Hoffman:

It did start before the pandemic. We went live with the first version in December of 2019, and things kind of hit the fan in March. So it wasn't really related to the pandemic, but it certainly helped seeing patients. It was difficult to sell during the pandemic, so it's nice to be able to get out and talk about it and have meetings return and things like that. So the pandemic was challenging in two ways. Here we had an awesome product for the pandemic, but everything was shut down, so it was hard to get the word out.

So a little bit about my story is I'm an orthodontist. I started practicing in 1996 and graduated from UMKC. My father, I worked with him for about 10 years, and then my son just joined me in August. So I am all about

orthodontics and doing it the right way, not just for me, but trying to be true to the people who came before me and the people who are coming after me. So that's kind of my story.

Now, the story of how I came up with remote dental monitoring is one of my son's good friends, his dad is a software developer, and we were talking about ways that we could come up with some type of remote treatment. At that time, some of my friends and myself were using text messages to treat an assistant's son that was away at college or something like that, and it wasn't all put together in something that was good for the patient and good for the doctor. And that's how we came up with In Hand Health.

Dustin Burleson:

That's awesome. And now fast-forward to today, a lot of orthos and a lot of dentists using it as well, and I think you believe as well that the future of it is also monitoring fixed cases, perhaps with LightForce or some sort of technology that lets the patient go longer in their wire changes. But we'll talk tonight about clear aligners, and I think you brought some cases, right? So we can kind of just talk through some of the cases and see what it's like. Because it's a big question I get is like, "How do I get my team on board with this? It's one more thing I have to do." But I think what's magical is that we actually get to provide a higher level of care for our patients. Because if we're just seeing them like every six or eight aligners, we don't have a clue what's going on in between those time points.



One of my good friends always asks at a CE course or something, he says, "What problem are you trying to solve with this?" And I'm looking at that in hindsight, and it solved a lot of the problems that I was trying to solve, but it also solved problems that I wasn't expecting it to.

Dr. Kurt Hoffman:

Exactly.

Dustin Burleson:

And then there's no photographic evidence. And so we're not really learning better ways to treatment plan our clear aligner cases. It's kind of like going back to residency. I love seeing all the photos you can very quickly go, "That is when that tooth stopped tracking, and this is why," and it's very, very cool.

Dr. Kurt Hoffman:

Exactly. I agree, Dustin. And this has been such an evolution that in hindsight, one of my good friends always asks at a CE course or something, he says, "What problem are you trying to solve with this?" And I'm looking at that in hindsight, and it solved a lot of the problems that I was trying to solve, but it also solved problems that I wasn't expecting it to.

One of the things that was frustrating for me with Invisalign... And I started using Invisalign in 2000 when it first became available. And the sales rep came by and said, "Wouldn't you rather just see aligner patients all day long or fixed patients?" And for someone who did exclusively fixed for the first four years to five years of my career, it was disruptive, and I had trouble seeing the value in the appointments when things were going well. The parents would take off work, they'd bring the child in, they're missing school. I look at the aligner they're wearing, it's fine. I give them a new one. And if the parents were to ask, "Why did I come in today?" I would have to dance around that. Because really, when things are going well with aligners or with fixed treatment, you're better off just monitoring it and not touching it.

And so that is one of the big problems that it solved for me is now I get to see my aligner patients like I do my fixed patients. We're doing something tangible, we're doing something productive, and we're doing something of value when we bring a patient into the office.

Dustin Burleson:

That's a great point. I love that because I really haven't articulated that as well as you just did. And that patients, they don't want to be there.

Dr. Kurt Hoffman:

No.

Dustin Burleson:

Basically, you go in there and it's like, "Well, I'm going to check all your contacts," and "the trays are seating" as you

succinctly said, everything's going well. And I'm in there trying to think of a neat question to ask them about their weekend, and we're all like, "Why are they here? Just to give them eight more trays or six more trays?"

My friend up in Chicago is an anesthesiologist and he went through Invisalign treatment and he would always send me a screenshot of his orthodontist's office hours every time he had to go. He's like, "I have to go back and pick up six more trays. They work 8:30 to 4:30 Monday through Thursday. I'm in the OR from 6:00 AM till 6:00 PM all those days." So he's like, "The first person to solve this problem wins in your industry."

Dr. Kurt Hoffman:

Yeah.

Dustin Burleson:

Yeah, I love that. Bring them in when you need to, not just because it's the way we've always done it.

Dr. Kurt Hoffman:

And then the other thing is that with the platform, we're able to stay in contact with the patient, which is very important.

There's a research out there that was done with one of our competitors, DentalMonitoring, which showed that patients that use some sort of app to track and monitor their progress are much more compliant than those that aren't. And so another problem it's solved is I have friends of mine that I've talked to about the app and they're like, "Ah, why do I need this? You know what? I can just extend

patients out and see them every 12 weeks after six aligners." And that's great for a certain percentage of your patients that don't need motivation, but we all know from doing this that the vast majority of orthodontic patients need motivation, they need repeated, positive interactions with you, your staff, and your office to keep their treatment going, and to keep your practice going. That's where your patient referrals come from. And if you just cut them loose and see them three times a year... I didn't like that idea. So that's another problem that it solved. It let us stay in close contact with our patients on a really personal level and have valuable in-office appointments.

Dustin Burleson:

It's kind of the same thing in reverse. Seeing everyone every four weeks is just as bad as seeing everyone every 12 weeks.

Dr. Kurt Hoffman:

Right.

Dustin Burleson:

Some patients might be able to go 24 weeks.

Dr. Kurt Hoffman:

Exactly.

Dustin Burleson:

Some might need to come in tomorrow.

Dr. Kurt Hoffman:

I hear you. Well, can you see my screen, Dustin?

Dustin Burleson:

Yeah, let's do that. If you don't mind to share, let's look at the app and kind of see, so viewers can get an idea of what it's like.

Dr. Kurt Hoffman:

Sure. So the app went live December 15th, 2019. Since then, I've treated over 300 patients. And the app has kind of two sides to it, the clinical side, and then the patient side, and I'll kind of run through those and show you how it works.

This is a screenshot of the patient app. It gives them some data. It's similar to apps that they use to track other health, whether it's exercise or diet. And it's down here on the bottom of my screen is In Hand Dental. A lot of my practices will white label these with your logo and office, and then you're getting your name out there every time their screen pops up or they get a message, which I think is really valuable.

So the patient app, if you want to white label, it can look like Hoffman Orthodontics here or whatever your practice is, and the patient clicks on that and their screen pops up. There's several buttons they can push. I'll just go over the main ones, which are the two green buttons, when they change aligners or we ask them questions. The other is messaging and then their stats and resources. So when a patient changes aligners, it's really simple. They just take three pictures. The first picture with the current aligner that they've exhausted, the next picture with no aligners in, and then the last picture with the new aligners in. And then these pictures are actual pictures

that I've taken from the patient app that the pictures were taken by the patients at home with the app. So there's no doctoring of the photos or anything. This is what I get and what I look at. And I've tried to simulate what I've done over the years with an in-office appointment, so I'm trying to mimic an in-office appointment. These are the things I like to look at. I like to look at them with the old aligner in to look for any gaping or halos. And I like to see the new aligners. Maybe there's some small gaps or halos that'll tell me what to look at next time, and then check their occlusion and teeth without the aligners in.

And when the patient clicks the Change Aligner button, they're prompted to take these three photos. It's really simple. They just do it, and it's all uploaded, and they're done, and their button goes gray.

Here is an example of that last patient. And the photos are stored and it shows their progress, which is very motivating for the patient. They see this on their screen and I see it on my screen, and we can go back and flip through it and see what we got.

The daily care, initially we were asking questions every day, and through patient feedback we've kind of changed that and we've also changed up the questions. If you make the questions random and throw in different questions that maybe aren't related to dentistry and things like that, it increases the fun and the likelihood that they'll answer it and want to see what the questions are. When they were the same, we got people who were just rushing right through it.



We all know from doing this that the vast majority of orthodontic patients need motivation, they need repeated, positive interactions with you, your staff, and your office to keep their treatment going, and to keep your practice going.

Dustin Burleson:

Smart.

Dr. Kurt Hoffman:

Those are what the questions look like. And then the four buttons on the top are pretty self-explanatory. If you hit My Progress, it'll show you your pictures, all of them all the way through, so you can see your teeth straightening. Messages, it allows people to text us and we respond to those messages. I tell people when I start them up, I go, "It's me or Becky or Olga who are going to be answering this. It's people in our office. It's not a chatbot. Ask us whatever you want. We got you." And the questions that they ask on here are terrific and fun.

And then their stats. It shows when they will have exhausted their last aligner, so they'll know that's when the doctor will assess results and we'll decide if we're

going to do a refinement or go on to retainers or something like that.

This is a little treatment MPH that'll show them how well they're doing based on certain metrics that we're getting from the app and the pictures and the amount of hours that they're reporting that they're wearing. And that can help motivate patients if they can see themselves slowing up or speeding up, and what they do affects that. It also shows their current aligner out of how many they have, and when the circle's full, that's when they'll return to the office. So those are the things we have.

Now, another thing that I didn't realize it was going to happen is this resources button. You can put any resources you want on here from the aligner company that you use, or your own PDF file or whatever you want. And it's really allowed me to get my messaging on target and consistent.

I don't have to worry about the message that one assistant is giving compared to the other. And oftentimes at the end of appointment, if you've done IPR and put on some attachments and shown them how to use the app, their eyes are glazed over and they're not sure if they're supposed to put their aligner in hot water or not. So it's nice just to have this resources tab, and they can review that throughout treatment whenever they want to find out whatever they need to know about aligners and aligner care.



So that's another problem that it solved. It let us stay in close contact with our patients on a really personal level and have valuable in-office appointments.

Dustin Burleson:

That's awesome. As you know, I'm back teaching a little bit part-time, and so I'm geeking out on how we learn and how we remember and reflection. And basically, there's specific data on orthodontic patients than any patient. Just verbal information to the patient, here's how to wear them, here's how to clean them. We might as well not say anything at all if we're not giving them some sort of written handout.

Now, this is obviously better. It's digital. Saves tree, give them a soft copy. I love this. Because now they actually go back and say like, "Wait, am I allowed to have coffee with my aligners in? Do I not wear them at night? Do I take them out?" I guess amazing the questions. Because we're at this level of knowledge, and patients come in at a different level. I love this. It's a very, very slick thing. And then you have no idea... It's like the game of telephone as a kid. You have no idea what some assistants are telling patients.

Dr. Kurt Hoffman:

Oh yeah. And then you come over and say something and the assistants are like, "Wait, that's not what I heard from your assistant."

Dustin Burleson:

Yeah. Cool. So that's awesome. Very cool.

Dr. Kurt Hoffman:

The other thing I do with written messages is I don't need it for the first week, so it's just sitting on my counter or it's in my calendar in my briefcase, and then I throw it away on day 10, and then day 11, something comes up.

And so this has been really valuable. And all of these are set up by us, and it's easy for you to add and adapt or we can help you with that. So when you add a patient, if they're like a LightForce patient, it's going to pull up a different set of resources for that patient. And you don't have to do that system with each patient. It's done system-wide by us for whatever you're monitoring or tracking. And it's really easy to... I'll show you how quick and easy it is to set up a patient when we get going along.

Dustin Burleson:

I love that. That's awesome. Very cool.

Dr. Kurt Hoffman:

Now, assistance adapting this is a problem, not just for this technology, but any technology. And that's another reason I like the resources thing.

The time that used to be spent in just giving verbal instructions, which we all know there's limited value to that, is now a lot less. And I've been able to use the time that I've saved there to get people set up on the app. So after you get this set up and implemented, your assistants are spending the same amount of time as they were the other way. They're just doing something different. And that's the trick is to get people on board with something different. But this will streamline and also bring some continuity to your messaging.

Dustin Burleson:

Cool.

Dr. Kurt Hoffman:

So I'll just go through some of these messages. Here, this is a good one. "I lost aligner one at the Chiefs parade. Wearing aligner two. Any problems? Whoops." How many times does a patient go backwards? She may have if she hadn't have been on aligner one. I don't understand why patients do that. "I lost aligner 15. I went back to 14. Is that right?" I'm like, "No, we're going this way, not that way." But just a little something like that where Renee could send a text out. Boom, we're good. And let me see. I got it-

Dustin Burleson:

What if you're a Denver fan? Would you have made her come to the office?

Dr. Kurt Hoffman:

Oh, of course.

Dustin Burleson:

The Chiefs parade. The whole city was at the Chiefs parade. You could almost have murdered someone and the cops would've been like, "Well, I was at Chiefs parade. What are you going to do?"

Dr. Kurt Hoffman:

Exactly. And then just lots of great messages from folks who give us tons of feedback on all kinds of things that are going on in their life that we can get back to them right away, so they're not holding onto these questions. And another thing that I figured out is a lot of times the questions that a patient has on a Saturday, they'll worry about it and they'll waste a lot of emotional energy, and by the time Monday rolls around, they're like, "Oh, I don't want to bother the office." Or if they do, they call the front desk and the front desk finds someone in the clinical department to... Who do we talk to answer this question? It goes through three or four people, and then maybe it's the doctor who has to call them back. And so it's greatly reduced the number of phone calls.

In my office, about 50% of my patients are aligner patients and about 50% are fixed. So it's reduced close to 40% of our phone calls that come in, and they can just be answered directly in a quick way that we like and the patient likes. So many of these things are such win-wins. That's what surprised me too. I thought this was going to help me, and I designed this from a selfish perspective, but the way that the patients like the things that I like has been surprising.

Dustin Burleson:

Yeah. That's how they want to communicate, right?

Dr. Kurt Hoffman:

Yeah. Exactly.

Dustin Burleson:

My wife had a little rash on her ears, like Sunday, she downloaded the SkyMD app, and within an hour she's taking a photo of it, she's messaging with a board-certified dermatologist on a Sunday afternoon. That's how patients want to communicate. We don't want to wait three weeks and drive into an office and sit in a waiting room. That's awesome.

Dr. Kurt Hoffman:

It saves another appointment.

Dustin Burleson:

So that's a huge... Yeah, huge stat. We're reducing the number of phone calls. That's awesome. Because that's expensive.

Dr. Kurt Hoffman:

It is.

Dustin Burleson:

That's expensive to pay more phones employees to be constantly... You can only cover so much ground with the phones, right? No one's going to be there 24/7.

Dr. Kurt Hoffman:

No.



How many times have you gone to see an aligner patient and you sit down and you're like, 'Jeff, what aligner are you on?' So this is really handy just to look and go, 'Boom, you're on 9 of 14.' Not going to ask, not going to go there.

Dustin Burleson:

So the patient who sends a message doesn't expect an instant response, but also, they do want to stop worrying about it, and by sending the text, they kind of get the ball rolling. I love that. That's cool.

Dr. Kurt Hoffman:

Yeah. And we do answer, in our office, we answer the same day. Unless it comes in too late, and then we answer the following morning. Even on weekends. And I'll explain a little bit more on how that works and why I think that's important as we go along. But this is the doctor's app.

So on my phone, I click on the In Hand Health logo and it pulls up all my patients, and it striates them by colors from green through yellow to orange to red based on if they're out in the weeds and not responding and things like that, to how they're going. It also shows me what number aligner they're on and things like that.

And what I love about this is for chairside, I whip my phone out of my pocket... How many times have you gone to see an aligner patient and you sit down and you're like, "Jeff, what aligner are you on?"

Dustin Burleson:

"What tray are you on?"

Dr. Kurt Hoffman:

"Well, my aunt got married last weekend, so I didn't wear the upper one. So I'm on four on the lower, but in three days I'm supposed to change to five. And then on the upper, I'm on six." And then my head's just spinning with dyslexic thoughts of seven different numbers. And I'm like, "It was a simple question."

So this, I don't even have to go there. I can sit down and say, "Let's see how that's fitting," and avoid the numbers game, which can get very confusing in the patient-doctor dialogue when you're trying to center yourself at that appointment. So this is really handy just to look and go, "Boom, you're on nine to 14. Not going to ask, not going to go there."

Dustin Burleson:

I love that. I love that. That's cool.

Dr. Kurt Hoffman:

So here's another thing that came out early. When we first implemented it, we kind of did a hybrid thing. So back in December and January when we launched it, we would give people six weeks worth of aligners or three, and have them come back. And at that point, if they were using the

app, we would give them the rest of their aligners. Now we just put them on the app and give everyone the rest of their aligners.

But here's a patient who says, "This is Ashley," that's Owen's mom. "I only got three trays. I probably forgot what they said." To your point, of course, everybody forgets what you say at the end of an orthodontic appointment. "But just making sure the others are coming. Do they come to you or to my house?" So what is she asking and what is she not asking? She's just saying, "Come on now. I just want the rest of my aligners. I don't need any more appointments." So this was kind of the point. This was the patient where I said, "Okay, we're just giving everybody their aligners." And I just said, "Based on how well Owen's doing, I can mail them to you." And we did, and she didn't have to come in. So this is proof that patients want to do this remotely.

Now, how easy is it to change things? I do start people on 14-day frequency, but we change to seven, we change to 10. That'll increase their MPH. It's very motivating for the patient. And if things are good, all I have to do is click to this tab on my phone, which is up here, the Edit button. And let's say they lose their aligner and they're halfway through. I can switch them to aligner 15. I can keep them... I mean, I'm sorry, she's on aligner eight. I could switch them to aligner nine, since they lost it. I could add a few days since we're trying to milk some more movement out of the aligner they lost. Whatever you want. And then you just click Save Changes, and boom, it updates system-wide. So that's pretty cool.

Now, there is a clinic consult, and I use this mostly to add patients. It's got all your patients and messages. It shows everything that shows up on your phone plus a little bit more, with the messages off to the right. And here is all the information that is required to add a patient. So it's very quick. You just put in the first name, the last name, and then I like to grab a quick picture over here from my practice management software, and the email. That's all you need. You don't need the date of birth. And then you select what aligners you're using. Here, for this case, I'm using 3M Clarity aligners, and you can select... I've got several options in this dropdown tab. Some where I ask questions at a certain frequency if I want to keep them engaged. Some where I just ask once a week or something like that. But that's all you got to do. Select the dropdown tab, put in a picture, first name, last name, email. You hit enter.

And here's an example of some of the case types that you can monitor. So if we get a patient, a fixed case that's got plaque everywhere and gingivitis, we can monitor daily oral hygiene and explain to them that we're going to coach you up until you're plaque and inflammation free, and then you can start. So that's been a big time saver too. Parents don't see the value in bringing a kid in for me to see how they're brushing because they don't see the value in brushing to begin with. But things like that. You can do LightForce, you can do RMEs, you do any type of aligners, whatever you want. You just select that tab, and it'll populate it with the correct resources and everything else.

Dustin Burleson:

Cool.

Dr. Kurt Hoffman:

So enough of that boring stuff. Here's some cases, and... I love looking at cases for presentations, so I'll just show you. Here's a first one now.

Now, I've kind of switched from Invisalign to 3M Clarity. So some of these cases are Invisalign, some are Clarity. At this point I was using Invisalign and this patient was just concerned about the lower crowding. So it was 14 Invisalign Lite. And here is the... Oop, let me go back. Here is the ClinCheck with the IPR and the 14 stages. We did IPR at stage 10 after they were aligned. And so here are some photos that he took throughout treatment. This is what I'm looking at. And then here's the finished case to show you some things... I like this data here at the bottom, so I'll spend a minute to go over it. First of all, just five office visits. And how I like to structure that is I like to do the consult and records at the first appointment. We get our scan, we take our records, and then that way I can work on... We explain the fee, just everything. And then I go and start setting up my ClinCheck.

Once we get the down payment, we have the aligners fabricated, and so their second appointment, we deliver it, the aligners, do our IPR if possible. In this case, I didn't like the way 23, 22, 24 were overlapped, so we postponed it, and that's why there's an extra appointment in here. But he only had to come back one time at 10 for the first run through, and then we did do a refinement, so that added one, but just five appointments we were done.

Dustin Burleson:

That's awesome.

Dr. Kurt Hoffman:

But what's cool is the contact. We had 3.7 interactions per month, and that's either a picture or some messaging back and forth, and I didn't count... If the dialogue goes three or four messages back and forth, that's just one patient interaction. But instead of getting one patient interaction every six weeks, we're getting 3.7 per month. And the other thing that was counterintuitive that blew my mind is how personal a text message is. And our messaging looks just like text messages.

The first time I meet someone or get their contact information, I always do an email first and then see how it goes, especially in a professional setting like doctor-patient. But once you get to the text and you're actually texting someone, it implies a closer relationship or a higher level of intimacy. So we're actually building a really high personal level of intimacy, which I think is driving patient satisfaction, compliance, and referrals, which I didn't think would happen. I kind of felt like, well, once you do things remotely, they're going to be out of your office. No, this is a different world than I grew up in. They're in our space, and they're great patients.

Dustin Burleson:

That's huge. The engagement is up, but the in-office visits are down. I love that. Because that's what people want. Again, my wife with the dermatologist, the chance to text the dermatologist and be like, "Hey, thanks so much," and he or she texts back, "Absolutely. Have any questions, let



So this is proof that patients want to do this remotely.

me know," there's just that relationship where you're like you're going to go to that person again.

Dr. Kurt Hoffman:

Yeah, it's amazing. So here's another patient, and she was a little class two on the right side, wore some rubber bands. You can see on the model, she's a little bit more class two. So here is her ClinCheck set up. And we had some elastic wear on the right side, and the first round through was 20 aligners. Here she is with her pictures. You can see the rubber bands in.

And then a lot of people ask, "How do you see the occlusion?" Because that is something that I like to see. We have them take a video, and we just request this through the app. I call it a bite scan. I just say, "Hey, Kim, let's take a bite scan, see if we want to switch it to nights only," or whatever. And everybody as valuable as me looking at the buckle occlusion and overbite and overjet in the office. And this is what the patient takes with their phone. I use lip and cheek retractors. So I know some of my competitors use other things, and I want to kind of wrap up with what some differences are and what you see. But here she is before and after we corrected the class two. Midlines still aren't quite on. She's still probably a little class two on that right side, but six office visits, one refinement. She did have a couple comfort visits with

those elastic tabs, but patient interactions, 5.3 per month. And she was great.

Another thing that's weird is when these patients come into the office, they know you. I mean, they come up, they say, hi, they shake your hand. They know you more than your in-office patients that you're seeing every six weeks, which is really weird.

Dustin Burleson:

Yeah. Because you only have a few minutes with them in clinical practice, you're just running from chair to chair. I love it.

Dr. Kurt Hoffman:

Exactly. So here's a little class three, had a little condylar hyperplasia, I think, at one time, if you look at this condyle here in the way the midlines have grown. And we just did a little IPR and try and fix that crossbite and straighten things up. So here is the ClinCheck.

I guess we did a lot of IPR. I like IPR. It doesn't scare me anymore. But here he is with his bite scan, so you can kind of see where things are. Give you an idea of how we check occlusion.

Let's go to the end. Okay. So five office visits, 4.8 interactions per month. Again, I like to do consult records and scan at the first appointment, deliver aligners and set up on the app. Then have them back in when either they've exhausted their last aligner or the aligner is not fitting or whatever. Whenever you need to do your refinement for whatever reason, they come in for that. So

all these appointments are just super valuable, and I don't have to explain why they're here or any of that stuff. We did have to add an attachment after the refinement. Sometimes we can just give them their aligners and skip that office visit, but still that's pretty good. Five office visits for this case. I'm pretty proud of that. Occlusion looks good. Midlines are closer to on. Patient's happy. Here's one. The occlusion is a little half step class two if you look at the models, not so much in the photos. Deep bite. Not the hardest case in the world, but again, three office visits, and all three valuable. 4.6 interactions per month. Happy patient.

Here's another one that's not too hard. Spacing is probably one of the easiest things to do with Invisalign. But again, three office visits. Happy patient, 5.3 interactions per month, nine months treatment time. Here's one more, a little bit harder, just an adult with some crowding. I actually wanted to do a refinement on him, but he's very satisfied. And if the patient's satisfied, I just explain that most of the aligner companies will give you a five-year fitting anyway. I say, "Great, I'm satisfied if you're satisfied. Don't worry about regrets in six months. Come back in and we can always do a refinement to touch something up." And so that's why I let people go, especially adults. Kids are a little bit different because I'm working for mom. I'll keep them in a bit longer. But again, three interactions per month, four office visits and no refinement on this case.

Again, open bites are something I like to do. This was a previous orthodontic patient that came in with an open bite, only hitting on the posterior teeth. I just tried to

intrude the posterior teeth and extrude the anterior teeth, and finished up with pretty good occlusion. And again, three office visits, 6.5 months, 5.2 interactions. So, I mean, this stuff works and patients are happy.

The reasons I think people should adopt the virtual treatment is to increase free time and decrease work time. And this was a big motivator for me, because at the time that I did this, I was a solo practitioner. My dad had left several years before, and I was running at capacity. And it was amazing. I use words like huge chunks of time. I mean, I went from a really stressed out person running at redline, to basically clearing out half of my patients. And what that did for my office morale, and assistants could go check with texts and see what's happening with their kids at school, and we just had time in the day like we used to have. I've since used that to increase production with Henry joining me. But we had several people leave because of attrition that we didn't have to replace. We've since ramped up and filled those positions, but it basically will take the pressure off if you're an office that's running at redline.

Now, several things that I like about ours. Now, full disclosure, I developed this app with my friend Mike, and we're just a couple guys in Kansas City, and I'm an orthodontist. I'm not a business person. I probably should have looked to see if there was a company out there. We were about a year into production when I saw an ad for DentalMonitoring in the JCO, and I went, "Oh crap." And I sent it to Mike. And so I had no idea there was even another application out here like this. But they developed completely separate from us with neither one of us

knowing what we're doing. And I don't think they had a good handle on how orthodontic treatment goes or aligner treatment.

So one of the things that I do like about ours is our app tells the patient to change aligners and keep going forward, which is really important for patient motivation and compliance. Dental monitoring looks a couple days before change and gives them a go or no-go message, which is automated. Now, imagine if you're a patient, you're already struggling with motivation, and you get a no-go message from a chatbot.

I mean, I'd rather lengthen the interval on the next aligner and let... It's a big psychological thing to go from aligner number eight to aligner number nine, and it's a big negative to sit in number nine and try and find out from your doctor what's wrong.

So their messaging, they advertise they use AI, but it's photographic AI where they're looking for small gaps or teeth that aren't tracking. Which I believe works, but who does it work for and who does it motivate, and how does that tie the patient to your practice in a personal way? Somebody still needs to follow up with those no-go messages that are generated. Because you don't want to just leave a patient hanging out there.

So doctors ask me, "Well, you have a person doing this." And I'm like, "Yeah, because there's value in that." And I identified an employee that likes technology that had been doing clinical for a long time and was looking for something new, and we opened up a new position called

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Another big difference is our fee structure. I've talked to several friends of mine, and you mentioned something, Dustin, that if you run hundreds and hundreds of patients on DentalMonitoring, it can cost you hundreds of thousands of dollars a year. And ours is priced, depending on how many patients you do, it might be \$300 a month, it could be \$500, could be \$1,000 if you have multiple locations. But it's not going to even come close to a drain on your cashflow as the alternative.

virtual clinical assistant, and she manages this for me and can as quickly identify by looking at the three pictures if it's a go or no-go situation and give the patient a personal message and answer those patients' questions. So that's one difference.

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assistant that monitors that because there's messages generated through there, and they're being handled in a non-personalized manner.

Another thing is what you have to inventory, if you're using Grin or you're using DentalMonitoring, those scan boxes take up a lot of space in your office. What happens when you run out and a start comes in? I order these lip and cheek retractors for less than 25 cents a piece on Amazon, and I can see everything I need to see.

If you run DentalMonitoring's images through AI, can you see more with their AI feature and their \$10, \$15 scan box? Probably so. But is it information that you need, or are you paying for hardware and software that doesn't give you any more tangible, valuable information than lip and cheek retractors? So those are some of the things where I notice differences with DentalMonitoring.

Dustin Burleson:

Yeah, I've been so impressed. And I think the best technology brings people together, and that's what this does. This allows your clinical team to have a relationship with the patient. I mean, it happens to be significantly less cost. So we've turned every large group, and as you know, we work with Rock Dental Brands. I'm trying to get them to adopt it, and I'm trying to get everyone to adopt it. The members of ours who have adopted it, love it. And seeing your results, I mean, I was just laughing the whole time you're showing these cases because they're beautiful, board-quality finishes, and you're saying things like three appointments, five appointments. I mean, even on our best day Invisalign cases were nine appointments and

fixed appliances were 12 or more, and often they were just absurd. You'd go back and be like, "We've seen this kid 23 times for refinements and checks and broken aligners."

We let the patient get through the treatment the way they want to get through it, and it brings the clinical experience to the patient at a volume that you'd have to... So I always share this example with Smiles Change Lives. We used to do screening days for them, and it would take us all day to screen 30 or 40 kids. Because we put them all in the waiting room, and sometimes we have a bounce house out front or some games room because they're just waiting for the doctor to get one by one through 40 new patient exams to tell the kid and the mom, "Yep, you're a candidate," or, "No, you're not."

Well, during the pandemic, we had to put a pause on that, and Smiles Change Lives started sending me a spreadsheet with all their photos, kind of like this app. So I've got data I can look at. And I'm not exaggerating. I did 40 screenings of new patients in less than an hour.

Dr. Kurt Hoffman:

Yes.

Dustin Burleson:

So this thing we're like, "Well, AI isn't going to take care of all of it," first of all, you still need someone's human eyeballs on it. And I wouldn't want, and I don't think in that example of the dermatologist that my wife would want an AI chatbot talking to her about an ear. But the point is that dermatologists can now see an exponentially larger number of new patients in volume and still at a

high level of customer service through the app because we're not batching all of our patients into a single day. I mean, what happens if the patient can't get the appointment they want, and now they've been sitting in tray nine for three weeks? I love it. **And so just in transparency, we've told our members that we liked it so much we invested in it.** I know you're the chief dental officer and you obviously founded the company and you obviously love it, but I'd like to let members know how to go learn more about it and take the next step and try it out in their office. So where do they go if they want to get started, or what's the next step?

Dr. Kurt Hoffman:

Visit InHandDental.com if you want to just explore it on your own. If you reach out to InHandDental.com, we'll call you back and talk to you. I love talking to colleagues. If you ever have any questions, email, ask for me, and I can tell you anything you need to know.

Dustin Burleson:

That's awesome. Yeah.

Dr. Kurt Hoffman:

Work is work no matter how you slice it, but this work is a better way of doing it for everyone. And I circle back to what you said before. You do need to figure out a way to get your team on board, and this technology is fun enough that it can be done. But if your team isn't on board, and you don't spend the time to motivate them and show them what this can do and find and designate a person in your office who has clinical experience and likes technology, you're not going to be able to see 300 patients. You can

maybe see 30. So it's key to get everyone in the office on board on this for it to be successful. So there is some work on... Just like anything.

One of the things I don't like about aligner companies is they make it seem like aligners are no big deal at all. And from talking to patients that have gone through aligner treatment, there's some growing pains, there's some pain points, there's some work to do. It's still way better than braces, and this is the future.

Speaking of the future, I'm excited for products that are digitally designed like 3M's Clarity system for their indirect setup, LightForce, BRIUS for lingual. And I am so excited to move a lot of my fixed cases onto a monitoring platform like this so we can bring people in when they actually need an arch wire change. And what kind of intervals can we get with solid treatment plans on fixed digital cases? I mean, are we going to be sitting here, Dustin, in three years, and instead of just having 50% of our patients remotely, we're having... It's fantastic what the possibilities are with the technology that these orthodontic companies are coming out with in the fixed sector.

I think we've got the aligners treatment nailed with remote treatment, and it's so seamless, and that's the best place to start. If you're thinking about doing it, if you're feeling time stress or work stress, or just want to develop a closer relationship with your patients to boost referrals, you should definitely look at remote treatment and see what's out there.



Work is work no matter how you slice it, but this work is a better way of doing it for everyone.

Dustin Burleson:

Yeah. That's awesome. Kurt, thank you so much for doing this. It was an honor. You just blow my mind every time we get to talk, and I'm so honored to get to spend some time with you.

Dr. Kurt Hoffman:

Right back at you, Dustin. I got some other ideas. We'll come up with a lot of fun stuff together. You take care, everybody.

Dustin Burleson:

We'll bring you back next time. All right. Thanks, Dr. Hoffman.

Dr. Kurt Hoffman:

Thanks. Bye.

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ASK THE EXPERT

DUSTIN **BURLESON SEMINARS**



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