

# Ask the Expert

**Alexis Barclay**

**Smile Change Lives**





*It's not just about giving away care. It's about giving families pride, ownership, and accountability in the process.*

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In this heartwarming and informative episode, Dr. Dustin Burlison sits down with Alexis Barclay from Smiles Change Lives (SCL), a non-profit organization dedicated to providing affordable orthodontic care to children in need. Alexis shares her journey with SCL, which began in 2007, and reflects on the organization's incredible growth from a local Kansas City initiative to a nationwide movement that has helped over 20,000 children receive life-changing orthodontic treatment.

Alexis and Dr. Burlison discuss the core mission of Smiles Change Lives, some of the common myths surrounding pro bono orthodontic care, and the profound impact the organization has had on families, communities, and orthodontic practices alike. They also delve into the importance of ensuring families have "skin in the game" to foster compliance and ownership in the treatment process.

Listeners will gain valuable insights into how orthodontists can partner with Smiles Change Lives, the power of giving back, and how such programs can uplift entire practices by building community goodwill and loyalty.

**Dustin Burleson:**

Welcome everyone. I'm so excited to have on the show today, Alexis Barclay. Alexis, thank you for being here.

**Alexis Barclay:**

Thank you, Dr. B, it's always a pleasure.

**Dustin Burleson:**

Hey, we've had a long career together with smiles, change lives. Someone's been sleeping under a rock. Maybe they haven't heard of Smiles Change Lives yet. I know if they've been listening to me, they've heard of Smile Change Life, but let's talk about what is Smiles, change Lives. Tell me a little bit about your history with the group and we'll kind of kick off from there.

**Alexis Barclay:**

Yeah, so I mean, first and foremost Smiles, change Lives, as you know, has been around since 1997. We are the oldest orthodontic access to care program on the planet. From what I've been able to tell and me myself, I started with smiles, changed lives in 2007 back when I had a lot less gray hair and less kids and stuff like that. But yeah, started back then and we were primarily, we worked with UMKC school dentistry here in Kansas City, Missouri and had a wonderful program going on that was built to basically treat 16 kids a year in the Kansas City metro. And that work was taken out by as some of the student doctors as well as and being overseen by the teachers there. And long story short, we moved into all 50 states by 2006 and now we've worked with over a thousand orthodontists. We've helped over 20,000 kids and families and basically we are here to continue just to spread the

word that access to care in your office is a very good thing and that everyone should really be partaking in it.

**Dustin Burleson:**

Yeah, it's amazing how fast time flies. I started at UMKC in 1998 and we heard of the Virginia Brown Community Orthodontics Fund, and that was named after Tom Brown, the founder, his mother, who, if I get the story right, really felt impacted socially and from a self-esteem standpoint because that was back in the days when only if you had multiple children. Whoever had the most severe malocclusion got braces and no one else did. And it was really expensive and really painful and that was hard on her. And when she finally had the means and her family became very successful financially, they started this foundation. And if I get the story, they met Tom, met with my mentor at Children's Mercy Hospital, Dr. Jim Lowe, and said, what could we do to help kids? And he said, you know what we see is we see a lot of these kids that we can give them the dental care through Medicaid, but they don't get braces coverage. And a lot of these cleft kids needed it. And a lot of these kids who parents maybe were working multiple jobs and didn't meet the income threshold to qualify for Medicaid, but they did need help. They couldn't afford orthodontic treatment. And so Tom and his family were generous enough to start this and just look at how it's grown, right? We've gone from 16 kids a year in one city to how many different cities are you all in now?

**Alexis Barclay:**

It is in all 50 states and we're in Canada, so obviously a couple of over the last couple of years, certain things that

we don't talk about anymore happened. And so now that kind of dropped down because a lot of people were wondering what the next step was. And I think that's firmly in the rear view mirror now, and we are looking to regrow again. I mean, at our best, we were treating over 1200 kids a year and there's no reason that we shouldn't. I mean, you and I have spoken about it. There's no reason we shouldn't be treating 2,500 kids, 5,000 kids a year. The means are out there. The needs will always outweigh the means. We know that. But if we can just get one more doctor treating one more kid that's getting one more smile out there, it's making people happy and it's getting more positivity out there.

**Dustin Burleson:**

Let's talk about some of the myths in providing pro bono orthodontic care because Tom and I wax poetic about this and you and I are on the same page, but a lot of orthodontists think, I think one of the big myth is I don't have the time or I can't afford to do that financially. What would the other patients think if they knew that one of these kids is getting treatment for free? There's all these weird things that pop into your head. There's so many of them. In fact, Tom and I, a book about it called Smiles, change Lives, right? Absolutely. That I think was an eyeopener for me. And when we finally saw that these families are going to school with your kids, they're in line of the supermarket with you. These aren't poor people from a different part of the city that you never see. These are hardworking families that need a hand up and not a handout. And they are often, I think, the most grateful patients we've ever seen. They refer a ton of their friends and family and they write these wonderful little cards to

the doctor. It's just like it makes everyone happy. So can you share with that experience, is that just me? Am I just an outlier or what's the experience been like?

**Alexis Barclay:**

Obviously you've been one of the better doctors with us, but I think No, you're not the outlier there. And the bottom line is that's exactly right. The people that we are helping are hardworking families that just need some help. They have kids that are anywhere from maybe special needs kids. There's a bullying aspect that happens with these kids and they just need someone to acknowledge 'em and give them that little bit of help. And that's why Smiles changed lives, that going back to Virginia, the reason we started was to help these guys that are kind of falling through the cracks to be able to offer some sort of an olive branch to them to be able to say, Hey, there is something for orthodontics specifically, because the dental world does have some incredible programs, and we work very closely with a lot of those guys. But when it comes down to the specifics of orthodontics, there's very few programs that will help. Outside of a orthodontist just having love in their heart and giving out three cases, that's no way to do it. That's one thing that we all know is if you do it that way, then you're probably going to get burned and you don't want to do it again.

**Dustin Burleson:**

I don't want to talk about that because what we did before we partnered with Smiles changed lives, and we would have school counselors or religious leaders in the community, maybe a pastor or a rabbi come and say, we've got this family, they really need help. Could you

help 'em? And because most orthodontists want to be nice people and they want to say yes, and they want to be liked. And so we say, sure. And we would see them and we would put the braces on and then often never see them again. And we thought, boy, why is that? And there were a million reasons why. I mean, people get busy with life, people move people, but also if you're given something that you didn't have any skin in the game to acquire, often it's not treated the same. And this is really controversial in philanthropy. So the idea of here's free orthodontic treatment versus we want you to put a little skin in the game. I know that Smiles has taken some heat from other nonprofits and go, do you mean you charge the recipients a little bit, but it's a small administrative fee? Can we talk about why that's been successful even though it seems different?

**Alexis Barclay:**

Absolutely. Absolutely. And honestly, even when I jumped on with Smiles Change Lives, it was one of the first things that I looked at and said, huh, that is different. And the bottom line is really what it comes down to is first of all, the cost of the value of zero, depending on the family. Pretty much what we found was as we changed our fee structure at first we charged our doctors to be a part of Smile Stage lives. That's where it all started. And then a lot of very intelligent orthodontists said, well, you shouldn't be doing that. So we followed in line with that. Then what we started doing was we found that people weren't showing up to appointments. We were getting a 50 or 60% completion rate, and that wasn't just frustrating us. That was frustrating the doctors and then the doctors were saying, well, why would I do this and in turn not doing it?



*Access to care in your office is a very good thing, and everyone should be partaking in it.*

So the program was kind of breaking down a little bit just like it would normally. So we went to a small administration fee and we actually haven't changed it now for 12 years, and it's \$650 fee. And that helps from everything from paying the office staff to having us travel to find new doctors to help more kids, marketing for our orthodontists and a whole array of other things, just admin over and over and over again. It's not cheap to run a nonprofit.

With that said, we do not really ask for outright donations. We are a 501 C3, but we do not really go to our doctors and say, Hey, please, please, please, please, please. I might have done it with you, Dr. B twice. But generally we try not to because we want our doctor's input to be their time in treating these kids. Then if we were able to treat as many kids as we possibly can, then the money will come from getting the kids and treating the kids. So at that point, it's a cyclical motion. It ends up working out very well. The more kids we treat, the more



money we raise to find more doctors to help more kids, which when you start thinking about it that way, it makes a whole lot of sense. Families are getting something with some, not just skin in the game, but some control in the game, which I am from England, and when my family was growing up, we were on a homeless list, and I can tell you that my dad, even from an early age, would speak to not wanting someone else to pull him up.

He wanted to pull himself up, and he actually found it relatively offensive not to be able to do it. And so I think to be able to empower these families to have that skin in the game, to be able to show that their kids, that they have that skin in the game, I think that's a really, really important thing. And I don't even think that I've been told that on multiple occasions by multiple parents. And so with that, I think the program works very, very well for everyone as long as everyone does what they say they're going to do. And that's really what our job is, is to make sure that the families are showing up and bringing their kids to appointments. We're making sure that our doctors are able to schedule the kids at low peak hours if needed. If there's an empty chair in your office, use that chair for a smiles, change lives kid, and you're not really going to be losing anything on that. Being able to work with everyone from American Orthodontics to Invisalign to an array of other orthodontic vendors to be able to get donated materials, and again, if you start putting all of that in line, there's no real big reason for anyone to lose in this situation. In fact, it really is. It continues to be a win-win win situation as long as it's used correctly. And that's my biggest job is to make sure everyone's doing that.

**Dustin Burleson:**

That's a powerful point. One that I really hadn't considered until I read this interview recently is, I can't remember his name, but he is a billionaire and he and his wife had decided in a local school district they were going to reach out. Same thing we used to do. They would in reverse, the guidance counselors would find us and say, Hey, we've got this kid family's really struggling. Could you do braces for him? We feel like it would really boost his self-esteem. And we'd say, yeah, and then what we already talked about there wouldn't be compliance, and now this story brings to light maybe why the patient wouldn't comply. And this very wealthy couple said, we went to the school district, we asked which families needed help for the holidays, and we found a classroom and almost all those kids needed help for the holidays, and they wrote a \$30,000 check so those kids could have a nice holiday season and get some presents.

What they didn't anticipate was a significant blowback from the parents and the guardians who said, we didn't appreciate that. And they said, what do you mean? We thought, all the things you do to donate, you get all the good vibes of like, Hey, we're helping someone and these kids get to celebrate Christmas. The parents said, just like your father said, we want to celebrate in our own way, and even though we can't buy them the latest video game, there's something we want to do for our kids on our own. And when you come in and give them the latest video game, that kid now goes to the dad and says, why can't you buy that for me? Why can't you celebrate Christmas for me? I think when you bring a kid to an orthodontist over and over and over again, back then every month or



*These are hardworking families that need a hand up, not a handout.*

now every couple of months, every couple of months, that parent has to have the conversation in their head either verbally or unspoken.

Why can't I do this for my kid? And the kid might be having the same conversation, why can't you do this for me? Where with smiles, change lives, the parents have done it. It is a significant investment for a mom working single mom, working two jobs, maybe new to this country and getting through immigration and to put \$650 down for orthodontic treatment. She now has ownership in it. There's pride in that. There's accountability and there's compliance and adherence, and they are truly, we said we need to do the research on it. In my experience, anecdotally, they're actually more compliant than the kids who are paying \$6,500. So it's an interesting, neat, I think maybe psychological perspective I'd never considered is

that if you give it away for free and you think that's just great and wonderful, don't be surprised if the parents and the patient start to slowly realize, this is actually really embarrassing for me to have to come back month after month getting, and although they're grateful for it, they're embarrassed to have to ask for it. They'd rather have done it for themselves

**Alexis Barclay:**

100%. And as a parent myself, I can completely understand that, and I'm sure you do as well. I had an office visit with Dr. Brad Smith here in Overland Park just recently. In fact, you may know him from UMKC, I think.

**Dustin Burleson:**

Yeah, we teach together.

**Alexis Barclay:**

Yeah, that's what I love about the orthodontic world as well. Everyone, very small world. It's a small world. But I went in there and it just so happens he had a smiles, changed lives patient in his chair when I kind of dropped by and said hello, and that young lady and her mother, and they were immigrants, I believe, and the appreciation that they had and the way they showed their appreciation, it wasn't just thanks. It was the truth and the honesty and the authenticity in it made me think or made me realize that this is the right way to do things because mom actually even did make a point about that part of the program, and it is not lost on me that because we've treated 20,000 plus kids. I have been in many, many different situations, sometimes in different cities where someone will see the smiles, change lives and say, Hey,

you helped me. And sometimes 25 years old, 26 years old, and they'll tell me their story that they went to. I was down in Lawrence, Kansas the other day, and this young lady came up to me and she literally used the words, you guys saved my life, not just changed my life, you saved my life. She was in such a situation that she didn't know how to get out of the depression that she was in. And everyone knows as a 15, 14, 15, 16-year-old man, life is tough. And to be able to have that conversation, and she was a junior or sophomore, so at Kansas University, go, Jay Hawks, if you really like that kind of thing. I'm a K State guy, but it's a heck of a school. And I had a moment pride by speaking to this young lady and just how on top of her game she was, her positivity, her smile, it just shone at me. And not the orthodontics is going to fix all of the depression problems, but it is going to certainly acknowledge someone. It's certainly going to be able to get that smile back on their face. When that happens, you can start changing the world and I think that's where this young lady's going, and if we can fix that one little piece of the pie, then let's all do it. Let's all jump on board and let me help however I can doing that.

**Dustin Burleson:**

Yeah, I think as orthodontists, we obviously love that part of our job, seeing someone kind of blossom and turn into the metaphor of the butterfly, they really leave our offices with a new sense of confidence. Something I found really interesting and didn't anticipate a provider in smiles was how it would affect our employees. I had this conversation with the treatment coordinator once I grasped onto it, most things I'm not shy about really ethically promoting it. Never, never known Dustin to take



*We're in all 50 states and Canada, helping families get the smiles they deserve.*

advantage of an opportunity to promote something. This conversation with the treatment coordinator went like this. I said, Hey, the holidays are coming up. What's the biggest Christmas gift you're going to buy? What's the biggest gift you're going to buy? And she thought about it. She's like, oh, I'm getting my kid an Xbox. How much is that? And back then it was like 500 bucks or something. I was like, that's a pretty expensive gift, 500 bucks. I said, you get to give away a \$6,500 gift today. And she never thought about it that way. I said, you get to give away something probably 10 times more in value than you'll ever give away. I don't give away \$6,500 birthday presents. I don't give away 6,500 Christmas present, sorry Alexis. You're probably just getting the same old coffee mug with a Starbucks card inside of this no coffee mug. But you do as a treatment coordinator, get to do something really phenomenal and see the world more abundantly. And we had a deeper conversation. I said, so if you get to give away a 6,500 gift today, how much easier

is it for you to ask the next parent who can afford it to give us 6,500? And you could kind of see the cliché, the light bulb went off. And she said, I never thought about it that way. And I really do believe I affluent consumers in your marketplace, they want to do business with companies that are making a difference. So if I have a choice of where to buy my next tennis racket or a set of golf clubs or a car, all these are discretion. No one's going to die without a tennis racket or golf clubs or another car. They're elective expenses. If I get to pick and choose. And for most families, orthodontics is an elective expense, and these kids, by the way, will talk about that in smiles. They really, really, really need it. So that before and after transformation is dramatic. But to the point, if a parent gets to choose where they invest with their orthodontic at discretionary dollars, I do strongly believe they're going to choose the practice that's making a difference in their community. And that was huge for us. And so I'll give some examples of what you've done for us, and we don't promise you can do this for everyone who participates in Smiles change Lives. But we have been on the news. We have been on the front page of the Kansas City Star. I've been on the cover of *Orthotown* Magazine twice, and all of that 100% of that was because smiles changed lives, picked up the phone and said, we've got a neat story. We've got something we think you might want to pay attention to. All of those media appearances were because of the good we were doing in the community, not because how good an orthodontist we were. So I mean, that was a real big epiphany for our practices was that we could see the world differently, not just at the top as the orthodontist providing the care, but everyone in the organization from the treatment coordinators to the front

desk felt ownership in this thing. We were doing good for the community. And that really changed everything for us.

**Alexis Barclay:**

And it's incredible you say that. I mean, because honestly, the credit is with all of us, that is a perfect example of working together to get the best out of the situation for every single person. And frankly, Dr. B, you were on the forefront of a lot of that along with a handful of other doctors that I think are kind of work in your same kind of severe, and again, we talked about the reasons for the reasons why, all of those kinds of things. And I've spoken to doctors that do not want anything. They don't want any, I'm just going to do this, Adam. Hey, fine, that's fine. But my take on it after doing it for I'm 17 years, going into my 18th year doing this, is the more successful we can help be with everyone, then the more kids we can treat. And if I can as a nonprofit, open a door into getting advertising, just not just for the kids, we're treating smiles, change lives, but the doctor that's doing the treatment, the doctor that should be getting the recognition, then why not? This is a good story. They're always a good story. This is a kid that's going from not feeling the best to feeling the best. And I'd defy anyone to have a conversation with me and tell me that that's incorrect or anything like that. And you also made an incredible point, and this is something that I speak to a lot of officers about that they don't, the amount of times I hear the term, I never thought about it that way is always. And frankly, I never thought about it that way. I thought I was going to come in as, okay, I'm a charity. This is what I do, yay me. I'm going to go home and feel good about myself. And then you start realizing



the levels of how many other people you can make feel good and talking about your treatment coordinators, office managers, dental hygienists, I have multiple doctors that were in their team meetings on those Wednesday mornings or Thursday mornings or whenever those team meetings happen.

They will talk about their smiles, change lives cases. Hey, this week we've got little Tommy coming in. We've got Susie coming in. We've got this and that and this and that. And that pushes an idea not just amongst the people that are coming into your office, but amongst your team. You are forwarding a culture in your office that you're doctors, you're helping people anyway, for sure. But we are helping people above and beyond our normal procedures. And I think that goes a long way for people that you employ. I think that goes a long way for people that you work with. And it certainly goes a long way for the people that see that sign on that are affluent, that are able to afford treatment. They go, well, you know what this person, this guy is doing right by things, and this is where I'm going to put my money possibly rather than Dr. X down the road. And we'd like all of them. We'd like all the Doctor X's of the world, but we have found that it's a lot more obvious for people to give their money to people that do give back. I think you're absolutely right.

**Dustin Burleson:**

Yeah. Let's talk about the kids. I do still think that most people listening have heard of smiles, change lives, but in case they haven't or they're new. I mean, someone might be watching this next year who's just graduated, and I want to talk about the patients because in my experience,

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*The needs will always outweigh the means, but getting one more doctor treating one more kid is what it's all about.*

and love for you to correct me if I'm wrong, they all really needed treatment. They were all pretty severe mal occlusions, and they all had kind of dramatic before and after. So I guess I'll let you fill in the blanks, but are these patients just showing up out of nowhere or are they screened ahead of time? This was the other thing we had with our patients that would come referred from a guidance counselor or a pastor. We didn't know who their dentist was that they'd seen a dentist, what sort of condition they were in.

There was no guarantee that they really needed orthodontics or that someone had actually screened them. So can we talk about the patient selection process and what your experience has been like, been that, wow, they're just home runs. When we show them before and afters, it's like, whoa, some patients that have straight teeth, but a deep bite, you're like, well, we fixed the function of their bite, but their teeth looked straight when

we started. They looked straighter when we were done. But smiles, kids were always those cases, as you mentioned, you would want to highlight with the team and go, look what we can do in orthodontics. Can we talk about the patient screening and selection process?

**Alexis Barclay:**

Yeah, yeah. Because it is an interesting one. And the first thing I will say about the team at Smiles change lives is none of us are orthodontists. We don't pretend to be orthodontists. And I know enough orthodontists to understand that I don't step on those toes, man. It's just not the way to go.

**Dustin Burleson:**

By now, you could probably do it, I think.

**Alexis Barclay:**

Well, I can tell you what, I know a lot more about teeth and movement of teeth than I ever thought I skeletal and all that stuff, but I never thought I would. But with that said, obviously we want the experts doing the experts. We want the orthodontist to make the diagnosis. And yes, the way the process works is generally they are referred to us by a general dentist or someone like your normal network or an orthodontist themselves. If what we will do is, and we have updated this process over the last 20 plus years because we did go through some of the downfalls of what teeth looked like, what we thought teeth would look like, and hey, let's start treatment kind of thing without thinking about the oral hygienes of the world, things like that. But so what we do now is we sent pictures, initial pictures, and X-rays if possible.

Every patient that applies for smiles, change lives, has to have a primary dentist. So there is another dental professional for you guys to be able to refer to and have a chat with to see if there are things that need to happen pre start of treatment. But also what we will do before any treatment is approved, we will send that child to the orthodontist, the possible treating orthodontist to get their understanding of what the case looks like and frankly what the attitude of the family is and those kinds of things that unfortunately, not everyone is built equal. And what we don't want to do is waste our doctor's times. It is critically important that we are getting the kids and the families that are taking this opportunity on, and frankly, 95% plus of these kids that come through are thankful and the best patients. But I'm always very, very on top of anyone that may be causing a problem or is untreatable and going through the untreatable list is things that may need a whole lot more specialty coming in.

And even with those kids, it's actually quite easy with an orthodontist and a general dentist help to be able to find that third professional that we might need that oral surgeon or something along those lines. But yeah, it does become a very, again, it's very team oriented. And if I get a message back from a doctor that says, Hey, you know what? This isn't severe enough, then that's what it is. And we have a list of options that we can send those families to usually going to a school or something like that to find some other sort of a discounted notion.

And as orthodontists listening, you'll understand this because this is a perfect example of me being a layman where we had a kid come through and they had perfect

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*The families we help are often the most grateful patients—sometimes they're even more compliant than those paying full price.*

gapping all the way across, and I got the message back from the doctor that it wasn't a severe enough case. I am just thinking to myself visually, well, what the heck is going on? And so I jumped on the phone with the doctor and she very, very nicely explained that that kind of gapping is a pretty easy process when it comes to orthodontics. You just, everything kind of moves in together. And then it had me have to ask another question, if it's so easy, then why does this young lady need this help? Well, then I read her essay and her essays explained that she was getting bullied at school because being called gappy, being all of these nasty, nasty things. And I realized that the orthodontist was being an orthodontist, which is exactly what she should have been doing. My job is to turn around and say, well, hang on a second. There's secondary issues here. It's not just about the orthodontic part of it, it's about the social part of it.

This person's getting bullied and if we can help in what you are saying as a less than a year treatment, do I have to say anything else? And she said, well, of course, of course, of course, of course. But again, I wouldn't have thought about it that way either. This is the thing, and a lot of the time when I have a discussion with a doctor or an office manager or anyone else that was willing to listen to me blabbing on is that there's always a bell that rings because usually it's, well, I'm giving away free treatment, I'm spending my own money, I'm doing this, I'm doing that, and I'm going, well, no, you don't have to look at it that way because it really isn't that way.

You are actually doing some of the finest work that you could possibly do, and I am here to make sure that you are not losing any money if possible. And so it does. It just goes on and on like that, where I think the more and more people just are willing to listen and kind of come up with their own format of what their give back looks like, because not up to me. I'm not coming the last thing I ever want, and Dr. B, you know me well enough. The last thing I want to do is tell someone how to run their practice, tell 'em how many kids that they should be taking, what they should be doing. I don't want to tell people what they should be doing, but I certainly want to help them with what they can do. And I think that's the biggest part of my job, and I'm very fortunate to be able to do that with a lot of doctors. I just want more doctors to help more kids.

**Dustin Burleson:**

That's bottom line. That's kind of what we're here for. It brings up a really important point in that really we saw it as a very efficient way for us to outsource pro bono care

where we tried to replicate our own cleft palate foundation, created the 501c3, had all the paperwork, and we realized, wait, smiles is already doing this. And so there's a couple points and questions I have, which is what if you're a large practice or you're a part of a group and you're trying to recreate the wheel and do your own nonprofit, are you guys still offering a white label version of Smiles, change lives to help larger groups?

**Alexis Barclay:**

Absolutely. Yeah, great question. And it is working so very well with the groups that we're working with because yeah, a lot of it smiles changed lives, lives started as an entity. It was what it was. It was Virginia Brown's dream to be able to help people. But the more and more we go on is it goes exactly to that point where people have a different vision for what they want to do. So if you are x, y, Z orthodontics and you've got 20, 30 different offices across a region and you want to bring in some sort of community, give back, well, we have the template. It's already there. And you don't have to call yourself smiles, change lives. You can call yourself X, Y, z orthodontics gives back to your community, and we'll run the program. It's really our biggest goal is we want to get these kids treated at any given time.

We have 2,500 kids on a waiting list nationwide and across Canada, and that is unacceptable as far as I'm concerned. And there are people that desperately need our help. There are people that we are losing and we can't have that go on. So without recreating the wheel, whether you are a single office practice or if you are part of a larger practice, heck, if you are part of A OSO or DSO, we

are here to, even if you don't work with smiles, change lives, I'm quite willing just to sit down for an hour and have a conversation about what my experiences are, what our experiences are, because it's not as easy as going, Hey, you get a free smile, you get a free smile, you get a free smile. We can't all be Oprah Winfrey. And so the bottom line is use my experience. Use our experience.

We've got an incredible marketing team. We've got Tom Brown who was part of the creation of the idea, and he's as passionate as anyone else. And we know that the people that we're working with are as passionate about getting kids smiles than any of us. So working together, the only logical outcome can be getting more kids smiles. So if nothing else, just pick up the phone and give me a call or have me give you a call and we can talk through it. But I'm not here to sell smiles. Change lives as much as I am to give advice on how easy it can be to do at least a few cases through your office.

**Dustin Burleson:**

And if you do it the right way, that's what we found. Again, just kind of hammer this point home is when we were trying to do it on our own, patients wouldn't show or we would have compliance issues with hygiene. We couldn't get ahold of the dentist because there often wasn't one. And it became a hassle to try to help someone. And then it flipped a 180 when we partnered with smiles, changed lives, and that was, it might be cliché or maybe not the right way to say it, but kind, the orthodontist can kind of be the good cop. And if someone has to tell the patient like, Hey, you're not brushing, you're not flossing.





*For an orthodontic practice, partnering with Smiles Change Lives is a win-win. You're making a difference while building stronger relationships within your community.*

You need to get to the dentist. Smiles can kind of play bad cop a little bit.

**Alexis Barclay:**

Exactly.

**Dustin Burleson:**

And I read this article in Baron's recently as Reed Hastings, the CEO of Netflix. He and his wife wanted to give away, that's over a billion dollars. I think it was like \$1.8 billion. And he said, we could create a family foundation and staff it and get office space and run this other business. Or we could just partner with a donor-advised fund and we could let them, they've already got that infrastructure in place and we could just direct how we do it. And I think that's what a smart orthodontist would do is say, this thing already exists. This system's already in place for compliance or patient selection. Like you said, the patients have to write an essay. We know

that they need the treatment. The dentist has pre-screened them, or an orthodontist has pre-screened them, or you can do screenings on your own. We did some of those and now with confidence that patients are going to show they're going to be grateful, they're going to be qualified.

And you get to then just like a donor-advised funds say, instead of saying, this is where I want my money to go, you could say, this is how many cases I want to take this year. I'm going to take five, you're going to take 10, going to take 20. If there's a waiting list, I found take as many as you can. And the reason you can take 'em by quarter or you could take 'em by location, is that they really are a wonderful referral source. It's not anecdote. It's true. We have had several smiles change lives, patients who once they got back on their feet and dad was rehired, this was probably 2009, 2010, financial collapse time, the dad would come back and with the next kid, he's a paying patient of ours. We did one child with smiles and the next one we were doing and they were so grateful.

So I just think if you're trying to get rid of the headache of pro bono care, you could act like Reed Hastings and his wife and you could outsource it to someone like smiles, change lives. And the final point I want to make that it took us a while to figure out, and that was in our Raymore location. We took on the pediatric side, we took Medicaid. So there's like 4,000 Medicaid eligible children in Cass County, and there was no full-time pediatric dentist. So we went down there and then we opened the practice and we realized a lot of those patients were asking for care if they couldn't get approved on Medicaid. Because in Missouri,

it's a really high discrepancy index number. I think it's 36 or more. Or if you're not a provider, or even if you are, I think you should give as many ways for patients to find you as possible.

You'd probably be shocked how many times patients call your office and say, do you take Medicaid? And your front desk goes, Nope. And click and hang on the phone. You don't realize those patients have secondary insurance. A lot of them are in the foster care system. They can't find a provider. They've got grandmas and grandpas who would pay for treatment. But here's the neat thing we didn't understand, and we really found it powerful. If we presented a treatment plan for orthodontic and it did not pass a discrepancy index score, and the mom said, listen, there is no way, absolutely, positively no way we can afford it, even if we do nothing down in a hundred bucks a month, it's just not, we are on a fixed income. There's no way we can afford orthotic. We would say, well, let us help you. There's a community fund.

It's called Smiles, change Lies, and we can help you apply and we're going to send you to the website and we're going to let you go ahead and see, because you could grandma, grandpa, someone could come up with the administrative fee to get started with treatment. And what we found is in that the patient left feeling as though we were a resource instead of withholding something from their kid. And I don't know if you guys ever knew we were doing that, but if we couldn't find a way to qualify them in our own practice, we would say, don't despair. There is another option. If you qualify, there could be a waiting

list. Let's help you apply and let's see if we can be an advocate for

**Alexis Barclay:**

You. And what a great resource that is just unto itself to be able to say, to be able to slow down the conversation. And look, also what I've found as well is that's one part of it. Hey, we've got an option for you. But it also makes it all that much more real. It makes everything more authentic. It gives us the ability to be able to cross t's dot i's and make sure that the story isn't just someone coming in and saying, Hey, you know what? I can't do it. And then it also takes you, the doctor and your staff out of the middle of the situation of having to make a decision or at the very worst look like a bad guy by just saying, well, we can't help you.

And I know I've heard that from a lot of offices where it's like one of the big reasons they like it is that you never really have to be the bad guy. It is, Hey, we're a smarts change lives provider. Here's a rat card. Go to their website, go ahead and apply. And then if there was a reason to have to reject the case, then it's on our shoulders, it's not on yours. And I think that's powerful and it takes away a lot of stress because no one really wants to say no to anyone. We want to help. Like you said earlier, orthodontists are orthodontists because they want to help people. So it's a matter of being able to be able to get out of those situations as nicely as possible with a smile in everyone's face.



*Smiles Change Lives allows doctors to focus on treatment while we handle patient selection, ensuring every case is a good fit.*

**Dustin Burleson:**

Yeah, it's one of those low risk decisions that I think should be made quickly where I think about which orthodontist ever on their death beds going to be like, I'm really upset. I helped all those kids get smiles. Can you call them and tell them? I'm really upset about that. It's one of those decisions where, I mean, if you decide for some reason you took 10 kids and you're like, you know what? That didn't work out. It's such an easy decision to reverse. You just don't take 10 more kids next year. But I think so many people, once they do it, they'd usually take more and then they realize all the things we've talked about, the benefits that come from me. These are some of our biggest advocates. They're raving fans of ours. They make everyone happy when they're in the practice. And you'll see them on the street 20 years later and they'll recognize the logo and say, you guys changed my life or saved my life. Really, really

**Alexis Barclay:**

Impressive. It is it. It's something else. And it does. Yeah, it usually works that way. And every couple of years we round up some new doctors and we do it all over again.

**Dustin Burleson:**

Cool. Love it. How can people learn more about you? Where should we put 'em? We will put links below. I'll give you the final words and we will wrap here.

**Alexis Barclay:**

Sure, sure. Yeah. So I mean, best way to find out anything about us is [www it's smiles change lives.org](http://www.it'ssmileschangethelives.org) at Smiles pool change singular lives pool org. And there's, it says four orthos on that front page. Or we can put my email up, [alexis@smileschangelives.org](mailto:alexis@smileschangelives.org). I'm always happy to answer any questions, have a conversation, even if you don't want to work with smiles, change lives. If you do, whatever's clever, let's just get out there and start and help some kids.

**Dustin Burleson:**

Cool. And we'll also post in the link below. Tom Brown and I did an interview years ago, and there's a bunch of sample resources for how to host community events. We always did fun stuff around Halloween with smiles, change lives again, got us on the news a lot. So I've posted links for all that. We'll put that in the show notes below. So Alexis, thank you for doing this. Always a pleasure to talk with you.

**Alexis Barclay:**

Thank you, Dr. B. Always.

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