
A Paradigm Shift in Orthodontic Marketing



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The increase in primary care dentists who are providing their own orthodontic care has caused orthodontic specialists to change their marketing strategy. Recently, a paradigm shift in marketing has occurred from dentist-based referrals to direct-to-consumer advertising. Orthodontists are now choosing to advertise to patients directly, rather than solicit primary care dentists to refer patients when they deem ready. In essence, primary care dentists have forced the orthodontist's proverbial hand to become independent. The reach of this independence will likely extend well beyond current direct-to-consumer methods to orthodontists soon owning pediatric and general dental offices in the future. The purpose of this paper is to review current and future trends in orthodontic marketing. (Semin Orthod 2016; 22:297–300.) © 2016 Elsevier Inc. All rights reserved.

The alarming increase in primary care dentists (PCDs) providing orthodontic care to their patients, combined with the recent emergence of mail order do-it-yourself (DIY) braces, has resulted in a paradigm shift in advertising by orthodontic specialists. Orthodontists are no longer choosing to rely solely on referrals from neighboring PCDs, but rather have adopted a strategy to market and educate prospective patients directly. This strategy is referred to as direct-to-consumer (DTC) advertising. The result is that many orthodontists have become savvy and aggressive marketers in an attempt to gain some independence from those dentists that they once heavily relied upon. The old guard's adage "don't step on your referring dentist's toes" has now sadly become the modern cry in dentistry of "every man for himself."

This paper will review the history of DTC advertising, the old method of orthodontic marketing and its validity today, the reason for the paradigm shift, as well as current and future trends in orthodontic marketing.

Dental Marketing Time Capsule

The saga of dental marketing in the United States began with Edgar Randolph "Painless" Parker (1872-1952). Parker was a flamboyant promoter and street-dentist, having completed only 6-weeks of dental school, known for brazen advertising and use of his "hydrocaine" elixir. He hired William Beebe, a former manager for P.T. Barnum, to help promote his business and take his act on the road. His traveling dental side show—The Parker Dental Circus, was complete with a horse drawn flatbed with a dentist's chair and a brass band to attract large crowds and drown the moans of patients receiving his care. Parker would be seen wooing the crowd, wearing his top hat and infamous tooth-strung neckless, carrying an ever-filling bucket of teeth close at hand.

Parker was described as a menace to the dignity of the profession by the American Dental Association. Nonetheless, he championed increased access to dental care and dental advertising. He regularly fought in the courts against his own legitimacy and the limits placed on dental advertising. The war between ethics and dental advertising has waged on ever since.

Traditional Marketing: Diffidence and Gifts

The traditional model for orthodontic marketing was to appease and appeal to PCDs, who would in

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1073-8746/16/1801-\$30.00/0
<http://dx.doi.org/10.1053/j.sodo.2016.08.010>

turn refer their patients when they deemed ready for treatment. Orthodontists would make muffin-runs, provide staff lunch-and-learns, and purchase gifts (sometimes lavish) to get into their benefactor's good favor. If a question or concern regarding a patient's treatment ever arose, the orthodontist would be reserved, diffident, and all too often apologetic regardless of the situation so as not to upset a potential referral source. This has especially been true regarding the need for extractions, the role of occlusion on the temporomandibular joint, and the correct age for interceptive treatment. The old method was perhaps one of bootlicking and subservience.

For time to time, orthodontists might complain to their orthodontic colleagues about the frustration of maintaining this equilibrium. Every orthodontist has muttered the phrase, "I really wanted to take out teeth for this patient, but I knew I couldn't because of their dentist." Ultimately, orthodontists continued this method of traditional relationship marketing because it was expected and needed to maintain a source of new consultations. So what happened?

Simply put, PCDs stopped referring as much to orthodontists and began treating patients themselves with Invisalign, anterior braces, or myofunctional appliances. As orthodontic product company began overly soliciting PCDs and providing DTC advertisements to the general population, orthodontists were forced with rethink their relationship with PCDs and their marketing strategy.

The History of Direct-To-Consumer (DTC) Marketing: From Prescription Drugs to Invisalign and Damon

To understand current DTC marketing of orthodontic products, we must first examine the complex history of this type of advertising for prescription drugs. Prior to 1980, information that patients received about prescription drugs was primarily handed to them through patient packet inserts and physician instruction. The Food and Drug Administration (FDA) required that patient packet inserts were provided to the patient, accompanying the medication, and not before. Any advertisements regarding prescription drugs were directed at educating the health care professional, not the patient.

In 1983, Boots Pharmaceuticals aired the first broadcast television commercial in the United States for a prescription drug, *Rufen*—an ibuprofen product. Though relatively innocuous considering today's standards, the FDA felt the 22-second commercial was inappropriate and shortly after imposed a moratorium on DTC advertising for all prescription drugs. The moratorium was lifted in 1985, and by 1997 the FDA lightened its regulations on television commercials, allowing voice-over to provide brief summaries of side effects. DTC marketing of pharmaceuticals soared immediately with spending rising from \$12 million in 1989 to over 1 billion in 1998. In 2009, DTC spending was nearly 5 billion dollars.

Proponents of DTC advertising argue that these advertisements empower consumers with information; however, opponents worry that consumers do not receive the full disclosure of necessary information and much of it is knowingly misleading. Evidence suggests that DTC advertising stimulates patient demand for pharmaceuticals, which in turn influences the physician's prescribing habit. Does this sound familiar to orthodontists?

Invisalign followed a marketing path somewhat similar to prescription drugs with a DTC campaign that has disrupted the orthodontic industry. Not surprisingly, in 2002, Align Technology, Inc. hired Tom Prescott as CEO, who previously worked in the medical device sales industry. Today, Invisalign DTC marketing spans from full-page ads in popular woman's magazines to prime time television commercials.

And like DTC advertisements for prescription drugs, there is legitimate concern whether Invisalign advertisements are misleading. According to Invisalign, seemingly everyone is a potential candidate. These advertisements imply that brackets and wires are painful and outdated technology; whereas clear aligner therapy is easy and simple. What's worse, the advertisements blur the line between a PCD and an orthodontist. Demand for orthodontics may have been increased but not without a cost to specialists.

Similar to prescription drugs, Invisalign's DTC campaign cause patients to present to an office requesting Invisalign before even receiving a comprehensive evaluation or an orthodontist's recommendation. The result is that PCDs over-prescribe Invisalign and orthodontists fell

pressure to agree to Invisalign treatment out of fear of losing the patient to the PCD. Such a *folie à deux*—Invisalign is prescribed by the specialist who would rather not in order to prevent the patient from being improperly treated by the PCD.

The DTC strategy continued with Damon brackets. This took the form of marketing to consumers that the practitioners who used their product were able to provide treatments with special benefits (e.g. a wider smile and skeletal expansion in the absence of palatal expander), beyond those achievable with similar orthodontic products. This alienated the orthodontists who chose not to use the product by implying to the public that those orthodontists were unable to offer the same quality of services. This apparent conflict between appeasing corporate shareholders or serving the best health interests of the public has seemed to have grown longitudinally.

Though DTC marketing of orthodontic appliances exploded with Invisalign and Damon, the problem has not stopped there. Social media outlets such as Facebook and YouTube have enabled numerous product companies to provide unsubstantiated information to the public in the form of infomercials and campaign ads with little regulation. For example, Six-Month Smiles claims orthodontic treatments can be completed in 3-6 months. More readily disconcerting for the public is the rise of Smile Direct Club, a mail order DIY clear aligner treatment, now partially owned by Align Technology, Inc. The public may understandably equate a unique innovation is at work that can cut treatment time and provide similar or better results than those achieved from a longer, more traditional approach. Unfortunately, products such as Six-Month Smiles and Smile Direct Club diminish the challenges of high quality orthodontic finishes and further mislead the public regarding the difference in training and experience between a PCD and an orthodontic specialist.

The New Method of Marketing: Go Right to the Source

Rather than stay silent and accept the changing competitive landscape, orthodontists took a page directly from the Invisalign playbook and began marketing to patients directly. If PCDs were to prescribe orthodontic treatment and not disclose

that they were not specialists, than orthodontists would be forced to bypass them in the referral chain and educate patients directly.

Orthodontists have employed numerous methods of both external and internal marketing in this new model of DTC advertising.

The most powerful form of external marketing is the orthodontist's website. Though standard websites have been popular for the past 15 years, orthodontists now commonly invest \$10,000-20,000 in elaborate websites. These websites are becoming increasingly more artistic and interactive, including videos, games, and links to social media outlets such as Facebook, YouTube and Twitter to interact with the local community or friends of current patients. Other forms of external marketing include aggressive direct mailing campaigns, billboards, grocery store and gym advertisements. Where there are families, there will inevitably be orthodontists advertising. Recently, orthodontists have become increasingly aware of the importance of community sponsorship and school donation. Financial contributions to schools, town proprietary events, religious institutions, youth sports teams, and afterschool activities provide powerful and lasting DTC marketing as well as goodwill.

Though orthodontists are just beginning to tap into the immense potential of external marketing, they have always been internal marketing to their existing patients. Popular forms of internal marketing include a variety of methods to engage patients such as: adding new technology, in-office promotional posters, typodonts with appliances, a photographic book of before-and-after treated cases, refer-a-friend gift cards, in-office contests, a display wall of finished smile photographs, patient recognition events such a movie-day or a pool party, complimentary tooth bleaching, family discounts, in-office video games, massage chairs, coffee stations, WiFi, computers or tablets, waiting room displays such as Kaleidoscope in-office signage, wooden nickel rewards, and more recently, Patient Rewards Hub and Kids Club programs. Few things have changed over the years, with the exception that the patient gifts have become more elaborate and routine. The best source of new patients remains word-of-mouth referrals from satisfied patients.

Regardless of the type of marketing, orthodontists are now using these opportunities to

educate patients more than ever. Direct mailers, in-office posters, or even seminars for patients often contain information regarding the right time for a first visit or the benefits various types of orthodontic treatment. Many orthodontists are diligently trying to inform patients of the difference between a PCD and an orthodontist. Simply put, orthodontists are becoming more vocal about encouraging orthodontic treatment by a trained specialist.

The Emergence of DSOs

In the past decade, the explosion of dental support organizations (DSO), whose business model strongly encourages orthodontic care by their PCDs, has only added to the competitive landscape. Though state laws instruct DSOs to operate as a managing partner in charge of only *nonclinical* business activities, the reality is that these corporations provide clinical oversight and strongly encourage the use of myofunctional appliances, Invisalign and Six-Months Smiles by their PCDs. What is worse is that their orthodontic training is often provided by PCDs in only a handful of courses. The information presented is often limited and anecdotal, distorting the challenges of orthodontic treatment. Emphasis is placed on quotas and collection. The result is often a selling of orthodontic appliance therapy first, with little understanding of diagnosis. The thought of referring to an orthodontic specialist outside the corporation for comprehensive brackets and wires is discouraged.

The latest entries into the specialty have been DSOs purchasing specialty practices and operating them in franchise fashion. The debt load of recent graduate specialists searching for associateship employment, as well as the appeal of the large sale offering by the DSO for the retiring orthodontist, are a perfect storm in the growth of this model in the coming years.

The Future of Orthodontic Marketing

The marketing trends toward independence from PCDs will likely evolve in the future to orthodontists attempting to control referrals sources by owning pediatric dental clinics or perhaps even employing associate PCDs and hygienists. Historically, it's been the other way around. Pediatric dentists or PCDs interested in "keeping everything in house" had been the ones to hire orthodontic associates. Orthodontists likely did not pursue ownership of pediatric dental offices sooner because they did not need the added revenue and they did not want to upset other referral sources. Rather, they choose to form alliances within a group of PCDs in their vicinity. Alternatively, they may hire an orthodontic associate whose spouse is a PCD or pediatric dentist to cultivate referrals. Perhaps, the creation of orthodontist-owned, orthodontic-pediatric group practices is on the horizon as the next paradigm shift in orthodontic marketing.

Conclusion

The PCD bypassing the orthodontist has caused the orthodontist to devise a marketing strategy that now bypasses the PCD. The current marketing trend in orthodontics is one of DTC advertisements. Today, competition and greed has trumped professionalism. A healthy supply of PCDs referrals will always be integral to an orthodontic office, as such; the traditional model of relationship marketing remains effective. However, increased marketing directly to the consumer aimed at providing orthodontists with greater independence away from the PCD referral chain will be essential to regain control of prospective orthodontic patients seeking the best possible care.