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We are specialists — aren't we?

My daughter is currently in dental school and aspires to become an orthodontist. She told me the other day that many of her classmates who also aspire to be orthodontists have been discouraged from doing so by practicing orthodontists in their community. They've heard statements such as "We are not making money anymore," and "Non-orthodontists are taking all our patients." I agree that the days of easy Class I non-extraction cases are likely over; however, most of my referring dentists offer clear aligners in their own offices and still refer. I get the more challenging cases, but should I be upset? Of course not.

I have adapted to our new orthodontic reality and am thriving. We are treating traditional surgical cases nonsurgically, classic extraction cases without extractions, and producing amazing results with fewer side effects, resulting in less appointments and patient discomfort. I credit this to technological advances and science in our profession. In our offices, we have CBCT technology for unsurpassed diagnosis and information regarding not only teeth and jaws, but also sinuses and airway. We utilize lasers, high-frequency vibration devices, Smartwires™, self-ligation appliances, intraoral scanners, and digital workflow (just to name a few)!

With CBCT radiographs, we can view the entire head and neck, screen for airway issues, and create treatment plans that focus on the face. Although we do not diagnose airway or sleep disorders, we can be a knowledgeable member of the team and educate our medical and dental colleagues, many of whom do not know about or have access to the technology. Orthodontists are no longer "wire-benders" and "teeth straighteners"; we are "full-face" dental specialists who have the ability to positively impact our patients' current and future health.

While all of this is exciting, it is also expensive. Many practitioners see their overhead increasing significantly with technology, and rather than adopting new systems into their practice or raising their fees, they struggle with profitability and/or abandon technology all together. I share the frustration with my colleagues that it can sometimes feel as though we are not being compensated for the knowledge and experience we bring to the table; however, I believe this is a problem of our own making. I recently consulted a second opinion for a patient who was an adult with a skeletal and dental open bite, had TMJ issues, and a tongue thrust. I presented a surgical treatment plan combined with myofunctional therapy, and the patient stated, "You explained everything so well, and it all makes sense. When can we get started?" Ironically, during the fee presentation, he told us that our fees for the treatment were \$3,000 higher than his first consult, where he'd been quoted \$5,000 for a surgical treatment plan (my fees were close to this 20 years ago)! His thoughts on the price disparity were, "I really want to come here; I just need to come up with the money." I will wait patiently, and if the patient decides to go somewhere else due to my fees, I am completely at peace.

While some technology makes a practice more profitable, much of it increases expenses. That said, I could never go back in time and give my patients inferior treatment with the assumption they won't or can't pay for my services. Those who embrace technology have an opportunity to provide patients with exceptional experiences and results. Don't let fear dictate your ability to do what you have trained for your entire career.

We are specialists — aren't we?

Dr. Kelly Giannetti



Kelly Giannetti, DMD, MPH

Kelly Giannetti, DMD, MPH, graduated from Harvard School of Dental Medicine in 1995 and completed her orthodontic residency at UCSF in 1998. She has been in full-time private practice in Sacramento, California since 1998.