PEARLS in Practice

ORTHODONTIC CARE

“Therapy” or “Experience”?

nikhilesh r vaid
2015 JCO Orthodontic Practice Study (Part I)
Keim RG, Gottlieb EL, Vogels DS, Vogels PB, Oct 2015: JCO
what does all of this mean for orthodontics?

orthodontics: “elective healthcare”/wellness science

dental wellness: it’s not just “therapeutics”

we are touching “society” and society is touching “us” in more ways than we can imagine

the paradigm is shifting
PEARLS in Practice

ORTHODONTIC CARE
“Therapy” or “Experience”?

from orthodontics to orthodontic practices

from distalization to crystallisation

from mechanics to dynamics

from bends to trends

It’s different!
Patient recall story: the Q sort assessment

Experience economy: the concept

Application of the EE concept to orthodontic care

Ready reckoner for the orthodontist: the EE toolkit

Lessons learnt & some crystal gazing!
patient recall story: the Q sort assessment
patient recall story: the Q sort assessment

patient recall of orthodontic care, five years after appliance removal:

*an assessment with the “q sort” methodology*

public perception and expectation of orthodontic care is influenced by those who have undergone treatment.
aim & objective:

the study aims to use the q methodology
(a combination of qualitative and quantitative approach to explore subjective issues)
to investigate the elements of orthodontic care, patients recall after five years of appliance removal,
and attempt to classify these according to similarity of their views.
“q” sort methodology

* is a research method used in psychology and in social sciences to study people's "subjectivity"

* developed by psychologist william stephenson

* ranking of variables; typically presented as statements printed on small card according to some "condition of instruction."
stages of the Q sort methodology

issue to investigate

interviews, media, news, newspapers

gathering of opinions, statements:
performance of correspondence among them

clarifications, statement improvements

development of type statements: Q sampling

instruction conditioning

ordering of statement rank: Q sort

factor analysis
material & methods:

* ethical approvals were sought & consent sought
* study in 3 phases and two rounds of surveys

stage 1: concourse & final q set
stage 2: q sort
stage 3: factor analysis & interpretation

* subjects were aged 18-25 years (20.6)
  (students studying in three degree colleges of Mumbai)

* sample size for first interview: 2436 (1320 females, 1116 males)
material & methods:

inclusion criteria:
*treated with multi-bonded therapy and debonded at least 5 years (5-8 years) before the date of the interview  
*had orthodontic treatment in a private orthodontic office

exclusion criteria:
*incomplete treatment  
*syndromes/cleft/orthognathic-surgical patients  
*prosthesis/congenitally missing teeth in the anterior region
stage 1 (concourse & final q set)

-researchers (V.D, D.F. and M.S.) were trained for in-depth interviewing.

-interviews generated a list of reasons that made the subjects recall their orthodontic treatment experience (voice & paper recorded).

-transcripts were then analyzed to identify a list of statements (replicate items were removed).
<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Initial Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aesthetics</td>
</tr>
<tr>
<td>3</td>
<td>Doctor was pleasing.</td>
</tr>
<tr>
<td>4</td>
<td>Food Restriction during treatment with braces.</td>
</tr>
<tr>
<td>5</td>
<td>Invisible treatment options available.</td>
</tr>
<tr>
<td>6</td>
<td>Cumbersome Oral hygiene regimen.</td>
</tr>
<tr>
<td>7</td>
<td>Braces are Painful.</td>
</tr>
<tr>
<td>8</td>
<td>Choice of Colourful O-rings to be worn to look cool.</td>
</tr>
<tr>
<td>9</td>
<td>Braces Makes me look ugly.</td>
</tr>
<tr>
<td>10</td>
<td>Clinic location is favourable.</td>
</tr>
<tr>
<td>11</td>
<td>Impression making procedure is uncomfortable.</td>
</tr>
<tr>
<td>12</td>
<td>No regular follow up.</td>
</tr>
<tr>
<td>13</td>
<td>Uncomfortable.</td>
</tr>
<tr>
<td>14</td>
<td>Courteous office staff and greeting each time you visit.</td>
</tr>
<tr>
<td>15</td>
<td>Braces lead to ulceration.</td>
</tr>
<tr>
<td>16</td>
<td>Music in the office is soothing.</td>
</tr>
<tr>
<td>17</td>
<td>Treatment charges vary.</td>
</tr>
<tr>
<td>18</td>
<td>Long waiting hours.</td>
</tr>
<tr>
<td>19</td>
<td>Personal attention is given.</td>
</tr>
<tr>
<td>20</td>
<td>Office Ambiance and décor is homely.</td>
</tr>
<tr>
<td>21</td>
<td>Retainers to be worn post treatment.</td>
</tr>
<tr>
<td>22</td>
<td>Events in the office on special occasions.</td>
</tr>
<tr>
<td>23</td>
<td>Breakages.</td>
</tr>
<tr>
<td>24</td>
<td>Lengthy appointments.</td>
</tr>
<tr>
<td>25</td>
<td>Good communication regarding treatment.</td>
</tr>
<tr>
<td>26</td>
<td>Treatment duration was too long.</td>
</tr>
<tr>
<td>27</td>
<td>Ceramic braces make teeth look less ugly.</td>
</tr>
<tr>
<td>28</td>
<td>Extraction is a nightmare.</td>
</tr>
<tr>
<td>29</td>
<td>Staining of rings make teeth look yellow.</td>
</tr>
<tr>
<td>30</td>
<td>Irregular appointments due to various procedures.</td>
</tr>
<tr>
<td>31</td>
<td>White spots on teeth after treatment look ugly.</td>
</tr>
<tr>
<td>32</td>
<td>Relapse.</td>
</tr>
</tbody>
</table>
average distribution grids were created for both cohorts (favorable and unfavorable) and subjects were aged to place the 32 generated statements into these grids.
### Patient Recall Story: The Q Sort Assessment

<table>
<thead>
<tr>
<th>Stage</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Pain</td>
<td>Ulcers, Rx Duration long, Relapse, Braces make me look ugly, Uncomfortable, Aesthetics, Better Smile, Office Ambience &amp; Decor, Personal Attention, Doctor was pleasing</td>
</tr>
<tr>
<td>3</td>
<td>Food Restraints</td>
<td>Impression Procedure, Long waiting hours, White spots after Rx, Lengthy Appointments, Colorful O-rings, Ceramic Braces, Courteous Office Staff, Events in the Office</td>
</tr>
<tr>
<td>4</td>
<td>Oral hygiene regimen</td>
<td>Staining of rings, Extractions, No follow Up, Invisible Rx Options, Clinic Location, Good communication regarding Rx</td>
</tr>
<tr>
<td>5</td>
<td>Rx Charges</td>
<td>Irregular Appointments, Music,</td>
</tr>
</tbody>
</table>
results & discussion:

stage 3 (factor analysis & interpretation)

factor analysis:

-involves taking large set of variables and reducing data to smaller set of factors.

-co-relation matrix of participants generated and unrotated factor matrix with eigenvalues (reflect amount of variation) identified.

-tests:

*total variance, component matrix, rotated component matrix*
results & discussion:

stage 3 (factor analysis & interpretation)

scree plot

patient recall story: the Q sort assessment

"Therapy" or "Experience"?
Patient recall story: the Q sort assessment

Results & discussion:

<table>
<thead>
<tr>
<th>Factor 1</th>
<th>Factor 2</th>
<th>Factor 3</th>
<th>Factor 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain (-0.919)</td>
<td>Cumbersome oral hygiene regimen (-0.786)</td>
<td>Food Restriction (0.941)</td>
<td>Colourful O rings (-0.863)</td>
</tr>
<tr>
<td>Ulcers (-0.840)</td>
<td>Long waiting hours (0.982)</td>
<td>Treatment Charges (-0.704)</td>
<td>Music (-0.609)</td>
</tr>
<tr>
<td>Treatment Duration was too long</td>
<td>Staining of rings (-0.803)</td>
<td>Aesthetics (0.790)</td>
<td>Personal Attention (0.963)</td>
</tr>
<tr>
<td>(-0.860)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retainers (-0.877)</td>
<td>Braces make me look ugly (-0.806)</td>
<td>Invisible Treatment Options (0.955)</td>
<td></td>
</tr>
<tr>
<td>Impression making procedure (-0.914)</td>
<td>White spots on teeth after treatment (0.926)</td>
<td>Clinic Location (0.787)</td>
<td></td>
</tr>
<tr>
<td>Relapse (-0.715)</td>
<td>Irregular appointments (-0.771)</td>
<td>Office Ambience &amp; Decor (-0.786)</td>
<td></td>
</tr>
<tr>
<td>No follow Up (-0.722)</td>
<td>Uncomfortable (-0.639)</td>
<td>Events in the Office (-0.966)</td>
<td></td>
</tr>
<tr>
<td>Breakages (0.661)</td>
<td>Lengthy appointments (0.830)</td>
<td>Doctor was pleasing (-0.909)</td>
<td></td>
</tr>
<tr>
<td>Extraction (0.947)</td>
<td>Better Smile (0.834)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Courteous Office Staff (0.803)</td>
<td>Ceramic Braces (-0.636)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Good communication regarding treatment (0.803)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
conclusions:

* q methodology - an efficient tool with potential in orthodontic research
* 4 main factors identified
* factors other than “domain orthodontic elements” are relevant memories that patients recall (74.6%)
* 22 elements / statements on the q grid were “experience” elements and only 10 were “domain” related

future research:

* mapping each factor to evolve an “experiential strategy” for orthodontic practice management
experience economy:

the concept
innovation makes unusual connections

Joseph Pine & James Gilmore
The Experience Economy
the progression of economic value pyramid

PEARL

experience economy: the concept

“Therapy” or “Experience”? ORTHODONTIC CARE

discover and extract Commodities

develop and make goods

devise and deliver services

depict and stage experiences

determine and guide transformations
experience economy: the concept

“Therapy” or “Experience”?
**Economic Offering** | **COMMODITIES** | **GOODS** | **SERVICES** | **EXPERIENCES**
--- | --- | --- | --- | ---
**Economic Function** | AGARIAN | INDUSTRIAL | SERVICE | EXPERIENCE
**Nature of Offering** | Fungible | Tangible | Intangible | Memorable
**Key Attribute** | Natural | Standardized | Customized | Personal
**Method of Supply** | Stored in Bulk | Inventoried after production | Delivered on demand | Revealed over a duration
**Seller** | Trader | Manufacturer | Provider | Stager
**Buyer** | Market | User | Client | Guest
**Factors of Demand** | Characteristics | Features | Benefits | Sensations

*The experience economy: pine & Gilbert 2011*
application of the EE concept to orthodontic care
Orthodontic Care

“Therapy” or “Experience”?

Application of the EE concept to orthodontic care

Work is theatre & every business a stage

Pine & Gilmore
**Application of the EE Concept to Orthodontic Care**

### Therapy” or “Experience”?

<table>
<thead>
<tr>
<th>Practice-Building Methods by Net Income Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>High</strong></td>
</tr>
<tr>
<td><strong>Used</strong></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>Change practice location</td>
</tr>
<tr>
<td>Expand practice hours</td>
</tr>
<tr>
<td>Open a satellite office</td>
</tr>
<tr>
<td>Participate in community activities</td>
</tr>
<tr>
<td>Participate in dental society activities</td>
</tr>
<tr>
<td>Seek referrals from general dentists:</td>
</tr>
<tr>
<td>Letters of appreciation</td>
</tr>
<tr>
<td>Gifts and entertainment</td>
</tr>
<tr>
<td>Education of GPs</td>
</tr>
<tr>
<td>Reports to GPs</td>
</tr>
<tr>
<td>Seek referrals from patients and parents:</td>
</tr>
<tr>
<td>Letters of appreciation</td>
</tr>
<tr>
<td>Follow-up calls after difficult appointments</td>
</tr>
<tr>
<td>Awards</td>
</tr>
<tr>
<td>Entertainment</td>
</tr>
<tr>
<td>Seek referrals from staff members</td>
</tr>
<tr>
<td>Seek referrals from other professionals</td>
</tr>
<tr>
<td>(non-dentists)</td>
</tr>
<tr>
<td>Treat adult patients</td>
</tr>
<tr>
<td>Improve scheduling:</td>
</tr>
<tr>
<td>On-time appointments</td>
</tr>
<tr>
<td>On-time case finishing</td>
</tr>
<tr>
<td>Change case presentation</td>
</tr>
<tr>
<td>Change staff management</td>
</tr>
<tr>
<td>Change patient education</td>
</tr>
</tbody>
</table>
EE: is not just marketing!

It’s the soul of a practice!

• management protocols
• marketing principles
• monetary analysis
• market customised skills

Vaid NR
Mind Your Business: Global Orthodontic Practice Patterns and Management Protocols:
Seminars in Ortho: Jun 2016
ORTHODONTIC PRACTICES are about?

- commodity
- goods
- service
- transformation

experiences
ready reckoner for the orthodontist: the EE toolkit
“Therapy” or “Experience”?

PEARL ready reckoner for the orthodontist: the EE toolkit

learning excursions
extracting principles
10 point EE toolkit
ready reckoner for the orthodontist: the EE toolkit

10 EE tools

1. p o e v
2. notice “ing”
3. 3s’s
4. 4e’s
5. 5 senses plus
6. t-h-e-m-e
7. 7 stages
8. real/fake
9. a-e-i-o-u
10. g-way
10 EE tools

1) progression of economic value
10 EE tools

2) notice "ing" - identifying experiences

<table>
<thead>
<tr>
<th>Existing &quot;ing&quot; words in the lexicon</th>
<th>New &quot;ing&quot; words in the lexicon</th>
</tr>
</thead>
<tbody>
<tr>
<td>waiting</td>
<td>slush-ing</td>
</tr>
<tr>
<td>boring</td>
<td>wii-ing</td>
</tr>
<tr>
<td>paining</td>
<td>ortho-bonding</td>
</tr>
</tbody>
</table>

GERUND
10 EE tools

3) 3s’s - evaluating patient relationships
10 EE tools

4) 4e’s – assessing the “sweet spot”

- absorption
- entertainment
- educational
- escapist
- esthetic
- immersion

passive → active

ready reckoner for the orthodontist: the EE toolkit
PEARL ready reckoner for the orthodontist: the EE toolkit

“Therapy” or “Experience”?

10 EE tools

5) 5 senses plus — conducting a sensory assessment

- Look for specifics & details
- Listen to every sound
- Touch what is inviting
- Smell the fragrances
- What sense of taste is evoked?
- Observe behaviour (of customers & workers)
6) **Theme - seeing the whole through the parts**

- Theme the experience
- Harmonize impressions with positive cues
- Eliminate negative cues
- Mix in memorabilia
- Engage all five senses
ORTHODONTIC CARE
“Therapy” or “Experience”? 

PEA R L
ready reckoner for the orthodontist: the EE toolkit

10 EE tools

7) 7 stages - deciphering the drama

compelling experiences - 7 stages of dramatic structure

exposition
inciting incident
rising action
climax
falling action
denouncement

“Therapy” or “Experience”?

Computers as Theatre
Brenda Laurel

"Therapy" or "Experience"?
Therapy” or “Experience”?

10 EE tools

8) real/fake - seeing the authentic

<table>
<thead>
<tr>
<th></th>
<th>real - fake</th>
<th>real - real</th>
</tr>
</thead>
<tbody>
<tr>
<td>fake - fake</td>
<td></td>
<td>fake - real</td>
</tr>
<tr>
<td>is NOT true to itself</td>
<td>is true to itself</td>
<td>authenticity - the new consumer sensibility</td>
</tr>
</tbody>
</table>
10 EE tools

9) a e i o u – taking note of the notable

a automatic response

e everyday intrusions

i instructional signage

o own behaviour

u unintended usage
10 EE tools

10) “g” way - introducing secondary factors

item 1
aligner patients refer 3.7 patients, compared to 1.9 by lingual and 0.96 by vestibular braces patients

item 2
band sizes on right and left sizes are same in 95% of patients

item 3
initial phone calls answered in the back office yield better feedbacks than at the front desk
Lessons learnt & some crystal gazing!
Orthodontics in the “Conceptual Age” from left to the right: A future that promises to be bright!

“The orthodontic world is at a critical inflection point and to compete in tomorrow's global arena, orthodontists must demonstrate more than just knowledge or technical expertise.”
“Therapy” or “Experience”?

strategic imagination

provocative enquiry

“out of the box” solutions

prepared for “wild cards”

resilience & agility

“bridging the gap between....
analytical left-brain functions and creative right-brain capabilities.”
PEARLs in Practice

Patient recall story: the Q sort assessment
5 years later...75% recall is for experience!

Experience economy: the concept

Application of the EE concept to orthodontic care
Work is theatre, and every business a stage!

Ready reckoner for the orthodontist: the EE toolkit
10 point EE toolkit: principles to apply!

Lessons learnt & some crystal gazing!

The "whole brain" orthodontist!