For more than 17 years, Align Technology has worked closely with orthodontists using Invisalign treatment to correct patients’ malocclusions. Recently, four leading Invisalign providers gathered for a roundtable discussion of how their use of clear aligner technology has evolved and helped their practices grow and thrive. Their dialogue is captured in the following pages.

**Summary**

**Step 1:**
**Determine a clinical comfort level.**
Find a mentor, learn how other orthodontists are achieving success, and gain confidence by starting with uncomplicated cases.

**Step 2:**
**Transition from a wires-and-brackets practice to an Invisalign practice.**
Train your staff, revamp clinic systems, and learn how to make your practice run more efficiently.

**Step 3:**
**Leverage Invisalign treatment of teens and adults to facilitate practice success.**
Learn how treatment success can translate to improved patient satisfaction and increased referrals.

**WAYNE HICKORY**
MDS, DMD, Cert Ortho
Washington, District of Columbia
- Top 1% Provider
- Certified in 1999
- Lifetime Invisalign cases: 5,386

**SEAN HOLLIDAY**
MS, DDS, Dipl ABO
Oahu, Hawaii
- Top 1% Provider
- Certified in 2002
- Lifetime Invisalign Cases: 2,069

**MICHAEL LANZETTA**
DDS, PC
Detroit, Michigan
- Top 1% Provider
- Certified in 2000
- Lifetime Invisalign Cases: 1,791

**SANDRA TAI**
BDS, MS, Cert Ortho, FCDS (BC), FRCD (C)
Vancouver, British Columbia
- Top 1% Provider
- Certified in 2000
- Lifetime Invisalign Cases: 1,325
Step 1: Determine a clinical comfort level

Q. Each of you is a Top 1% Invisalign provider. Based on your experience, what recommendations for success do you have for orthodontists who are interested in expanding their use of this technology?

HOLLIDAY: I recommend getting as much clinical knowledge outside their practice as possible. I began my training by attending a number of local meetings. Then I established a clinical comfort level, keeping most cases in that zone, but I also made sure I always had at least one case that was outside my comfort level. That way, I could gradually increase the complexity of the cases I treated. If you try to jump too far too fast, the experience can be unfavorable for you and your patients.

TAI: I find successful orthodontists to be keen learners. What really made a big difference for me when I was getting started was attending Invisalign training meetings and learning what other people were doing. The technology has evolved over time to allow us to successfully treat more and more complex cases.

HICKORY: I recommend finding a mentor. Many doctors don’t have a good understanding of what is an easy or difficult case. Some cases look quite difficult, but actually are very easy. Other cases don’t look that bad, but can be challenging. An experienced mentor can help you analyze cases and make suggestions.

Q. What do you recommend in terms of case selection?

TAI: I think every doctor has a unique comfort level. It’s like jumping in the swimming pool — some of us dip our toes in and some of us do a cannonball into the deep end. When I teach Invisalign classes, I encourage doctors to start with two or three simple cases, such as a Class I minor crowding, a Class II half-bicuspid distalization, or a Class II with elastics.

LANZETTA: I consider a Class I crowding, mild or moderate crowding, or a moderate spacing case to be the kind of straightforward case to start with. Anterior open bites are also completely routine and doable. Once comfortable, doctors can try more difficult cases.
Step 2: Transition from a wires-an-brackets practice to Invisalign practice

Q. What are some of the lessons you’ve learned as you’ve incorporated Invisalign treatment into your orthodontics practice?

HICKORY: When I started with Invisalign treatments, we initially showed patients models of all the different appliances during our consults—clear braces, lingual braces and Invisalign clear aligners. People looked at me like I was crazy, because most of them wanted clear aligners. I had to ask myself, “Why am I still showing them braces?”

The way we conduct the initial consult has changed a great deal, because Invisalign consults take place in a less clinical setting than braces consults. We show photographs instead of wires and brackets and highlight the technology. I actually take a few minutes to tell patients about the sophistication of the attachments; otherwise, they just see a piece of plastic and don’t understand the science behind it.

TAI: Patients always assume it’s just a piece of plastic. It’s really important to highlight the sophistication of the technology and the virtual treatment plan, as well as the process of 3D printing and mass manufacturing. The technology can be undervalued if you’re only talking about the aligners.

I think many barriers to incorporating Invisalign cases into the practice come from the doctor, not the patients or staff. Doctors must undergo a paradigm shift as they transition from moving teeth with wires and brackets to straightening them with clear aligners.

HOLLIDAY: The clinic staff has to undergo a transition too, because you can’t run a braces practice the same as an Invisalign practice. One of my greatest challenges was figuring out how my clinic’s systems—which were designed for traditional wires and brackets—needed to change for these patients.

Initially, we set up appointments on the same schedule as our patients with fixed appliances when, in fact, Invisalign patients move through the clinic and are handled differently by our clinic staff. Appointments for Invisalign patients are shorter as well, so in following our traditional braces model, we missed an opportunity to run things more efficiently. When you keep thinking braces, braces, braces, you end up trying to fit aligners into the same mold.

Q. How do you get your staff members on board?

HOLLIDAY: I think team motivation involves more than just telling staff members what we do and why we do it. It’s showing them the exciting things we achieve with this technology. I make a point of showcasing before-and-after photos with the entire team, including front-desk staff and scheduling coordinators. They may never see a patient clinically, but I want them to feel the same passion I have. It gets them excited, and that translates to the patient. It’s a mistake for us as doctors to be too modest about what we can achieve.

LANZETTA: I like to have at least one team member in aligners at all times. The questions, “What does it feel like?” and “What do the attachments look like?” always come up. If I can bring a staff member in to show the patient exactly what it’s like to wear the aligners and explain how easy it is to wear and care for them, it really helps. It also sends a message that I believe in the technology because I’m treating my own team members.
Q. What are the benefits of expanding the use of Invisalign treatment in your practice?

HOLLIDAY: I believe it’s quality of time. You can spend your day doing multiple things and be at capacity. But it’s the quality of what you do during that time that makes the difference. Fitting aligners is more efficient than fitting braces, and it allows more time for other activities, such as marketing to existing patients. The patient experience is also better. Patients enjoy the time in the chair and in the practice. That carries an unbelievable amount of value.

LANZETTA: Life is short—we should enjoy it and have fun. Invisalign clear aligners allow me to have better days in the clinic. When I think about how much time I spend at work, anything that allows me to lower stress and create a more fun environment has great value for my practice. My patients are also more relaxed. With clear aligners, they’re a little happier and more engaged. And I have the opportunity to establish more of a relationship with that patient than I would with a braces patient because I can conduct the visit with both of us sitting up. With braces, you almost always have to lean patients all the way back, which puts both the patient and me in a more vulnerable position. I don’t take the opportunity for eye-to-eye contact and real human-to-human connection for granted.

HICKORY: Patients’ time is precious. If they have fewer visits and spend less time in the office, it has a lot of value to them—and, ultimately, to us.

Invisalign Treatment Fuels Patient Referrals

In a survey* of data from 431 orthodontic practices in the U.S. and Canada, the reported ratio of Invisalign clear aligner starts to patient referrals was almost twice that of wires and brackets.

Orthodontists using Invisalign clear aligners get 1 patient referral for every 2.2 starts.

Orthodontists using wires and brackets get 1 patient referral for every 3.9 starts.


“I make a point of showcasing before-and-after photos with the entire team, including front-desk staff and scheduling coordinators.”

—Dr. Sean Holliday
Step 3:
Leverage Invisalign Treatment of teens and adults to facilitate practice success

Q. How does being an Invisalign provider help with referrals?

TAI: I think Invisalign patients are happy patients. Before their treatment is over, they’ve brought spouses, boyfriends, girlfriends, and neighbors to see us. I’ve had adult patients bring their kids in and say, “Can my daughter use Invisalign treatment?”

Invisalign treatment grows the practice through internal referrals and the Invisalign doctor locator. I think some of the fastest-growing orthodontic practices in the future will be the ones that do a lot of Invisalign cases.

HOLLIDAY: The rate of referral that comes from an aligner patient vs. a braces patient is significantly higher, because Invisalign patients are so excited. And we feel that sense of excitement throughout the treatment process, not just at the end.

I also have more professional referrals. The dental professionals who refer to me want to hear positive comments from the patients, not complaints. So when the patient is a raving fan, it strengthens both our professional and internal referrals.

Finally, I see better conversion rates. The national average for treatment acceptance is around 50 percent. There are multiple reasons why certain patients don’t convert, but I believe that some people fail to do so because of the treatment modality. Higher conversion has a huge value to us because offering free consultations is our primary recruitment strategy. If you can improve your case acceptance with patients who have already come through your door, it significantly improves your profitability.

HICKORY: I believe that conversion rates are also higher because of our use of the iTero® scanner. It allows us to do more on the initial visit, which is especially important for adults. They come to us because they really want and need treatment. And if we can offer them a start the same day, it saves time and prevents them from changing their minds about treatment.

TAI: I think scanning has really increased practice efficiency. There’s a “wow” factor when patients see the tooth alignment problems they didn’t know they had. The fact that the practice is at the forefront of new technology also speaks well for it.

Q. Given the need for patient acceptance and practice profitability, how do you price Invisalign treatment?

TAI: I charge the same for Invisalign clear aligners as I do for fixed appliances, which is not what most patients expect. My philosophy and approach to patients is this: I’m an orthodontist and you came to me with a problem. I have many tools in my toolbox, and sometimes the tool is an expander, sometimes it’s a functional appliance or fixed braces, and other times it’s Invisalign clear aligners. I want to be the one to decide which tool is going to be the best one to fix their problem. I don’t want them to make their decision on the basis of price, so the patient cost is the same.

“For doctors who think that cost is a barrier, they need to realize that the efficiency and profitability of Invisalign cases can be so much higher than braces cases. It’s hard to go back to braces when you see the efficiency of Invisalign treatment in your practice.”

—Dr. Wayne Hickory
HICKORY: Patients expect to pay more for Invisalign clear aligners, but we have charged the same for more than 10 years. I explain my rationale to patients at the consultation visit, because I know they wonder. I’m candid; I tell them that Invisalign clear aligners cost me more than a set of braces, but the technology pays for itself. I explain that as patients, they will spend less time in the dental chair, which reduces costs for us. I also tell them that I know with Invisalign treatment, they will send me more patients – their friends, family, and colleagues – and that’s priceless to me.

For doctors who think that cost is a barrier, they need to realize that the efficiency and profitability of Invisalign cases can be so much higher than braces cases. It’s hard to go back to braces when you see the efficiency of Invisalign treatment in your practice.

Q. Adult and teen patients present different challenges. How do you address their varying needs?

LANZETTA: Parents of teens have four main concerns about Invisalign treatment. Here’s how I respond:

1. **What will it cost?** This concern is easily put to rest when parents understand that the cost in my practice for both aligners and braces is the same.

2. **Will the case be successful?** Having treated patients with Invisalign clear aligners for a number of years, I have many success stories I can share.

3. **Will my child wear the aligners?** It’s important to assess patients before making the recommendation for aligners. If the teen is motivated and is paying attention, he or she is usually a good candidate. I stress with parents the importance of being all in, especially during the first week of wear, to establish a good wearing pattern. Most teens also want to make their parents proud, so this is really much less of an issue than parents think. In many cases, they’re better patients than adults.

4. **What if they lose their aligners?** This argument completely goes away when I explain the Invisalign Teen® program, which allows for the replacement of up to six lost aligners.

TAI: I find that parents of teenagers often have major concerns about diet. They’re worried their kids won’t get the nutrition they need because they can’t eat certain foods when they wear braces. With Invisalign treatment, patients remove the aligners to eat and brush their teeth before putting them back on. This also alleviates concerns about dental hygiene and cavities from not being able to adequately clean teeth in braces.

LANZETTA: I have a big teen program. Teens experience the same benefits with Invisalign clear aligners as adults. The way I look at it, why not treat teens? Why would you reserve a better experience just for adults? Teens wear the aligners just as well, if not better. They’re still growing, so their teeth are very movable. Why wouldn’t I use Invisalign clear aligners?

Of course, I also fit adults. I just opened a new Invisalign-only practice in downtown Detroit. There was a need for a practice in an area where most patients are working and have minimal time for appointments. Not only do they want clear aligners for aesthetic reasons, they also want and need fewer, and shorter, appointments.
Q. What has made Invisalign® treatment successful in your practice?

HOLLIDAY: I believe it’s the desire to give the patient the best experience. I love to work with appliances, but the desire to improve patient experience drove me to become an Invisalign practice.

TAI: I’m passionate about treating patients with Invisalign clear aligners, and we convey that excitement and passion to the patient. When they come back several months later, I can show them how far they’ve come—and what the end result will be. We celebrate. And even though we see so many patients, it feels like the first time every time.

You also have to reach a tipping point. I think most practices really start to capitalize on Invisalign treatment once 20 to 25 percent of their patients are in Invisalign clear aligners. The whole team is on board and well-trained. You have individuals in fixed braces sitting next to Invisalign patients trading experiences. After that, a practice is likely to see more rapid growth in aligners.

LANZETTA: In our practice, we've significantly increased the percentage of Invisalign patients, and that has opened up the opportunity to do more marketing. Because our schedule has opened up, we have the time and space to focus on increasing the number of new patient exams.

Being in the top 1% is important, because it has positioned me in my market as the go-to guy for Invisalign treatment. My office is the place to go. That resonates with GPs and with families, which is a real advantage. And the staff feels it, too. They know they’re part of something special. It's become part of the culture.

HOLLIDAY: Patients don't buy into the treatment because of the brackets and wires, or even the Invisalign clear aligners, to be honest. Mostly, they buy into the people. If you only approach them from the clinical stance, they hesitate. Patients want to see that you are passionate about the modality and the treatment. You have to relate to them as a person and a friend right from the start of the consult.

You also need to remember that other people are attached to that person sitting across from you during the consult. That person has a circle of influence. So even if they aren't particularly interested in aligners, they’re connected to lots of people who are.

Q. Where do you see your practice going with Invisalign treatment in the next five to 10 years?

HOLLIDAY: I've been focusing on efficiencies. I’m very comfortable with what I can achieve clinically, but need to think about how I can make processes more streamlined in the clinic and deliver a better patient experience.

HICKORY: I see my Invisalign practice growing across the board. The percentage of patient candidates in every age group is huge. I think this will allow more and more people access to orthodontic care.

TAI: I want to work toward a wider range and higher percentage of Invisalign patients. I don’t know if I’ll make it to 100 percent, but I want the number to be much higher.

LANZETTA: I think the momentum is pretty clear. More and more, it's going toward aligner technology. And it's more digital. Once you've got a scan, you've got all the information you need. Then it's about moving teeth and using the technology to create a better experience for people.
WAYNE HICKORY, MDS, DMD, CERT ORTHO
Washington, District of Columbia

Dr. Hickory has been an authority in the orthodontics field for more than 25 years. He is an early adopter of many innovative technologies. Both patients and colleagues pursue his expertise because of his unique fusion of highly personalized care, leading-edge technology, and authentic, transparent patient relationships. Dr. Hickory regularly consults in orthodontic practices and teaches courses to dentists and orthodontists throughout the world. Dr. Hickory received an honorarium for participation in this interview.

SEAN HOLLIDAY, MS, DDS, DIPL ABO
Oahu, Hawaii

Dr. Holliday’s philosophy is to provide the highest-quality orthodontic care with exceptional service by going the extra mile before, during, and after treatment. He is inspired when he sees patients’ smiles improve and their confidence grow. Dr. Holliday, a published author and public lecturer, has been training colleagues on the Invisalign system, focusing on clinical techniques and the latest advancements in aligner therapy for more than six years. Dr. Holliday received an honorarium for participation in this interview.

MICHAEL LANZETTA, DDS, PC
Detroit, Michigan

Dr. Lanzetta is one of the first orthodontists in Michigan to use Invisalign clear aligners and has been involved with research and teaching with Align Technology, Inc. since 2000. He has lectured to orthodontists across the country and internationally to other top orthodontists and has been involved with teaching and research in his office on cutting-edge advancements. Dr. Lanzetta recently opened an Invisalign only practice in the heart of the newly renovated downtown Detroit. Dr. Lanzetta received an honorarium for participation in this interview.

SANDRA TAI, BDS, MS, CERT ORTHO, FCDS (BC), FRCD (C)
Vancouver, British Columbia

Dr. Tai offers a unique and comprehensive approach toward interdisciplinary treatment planning, management, and treatment sequencing of complex restorative cases. She is a Clinical Assistant Professor in Orthodontics at the University of British Columbia and lectures both at the Faculty of Dentistry and to dental study clubs in the Vancouver area. Dr. Tai is also a coordinator of the Invisalign University Program, is a featured speaker at dental meetings, and has lectured in universities in Asia. Dr. Tai received an honorarium for participation in this interview.