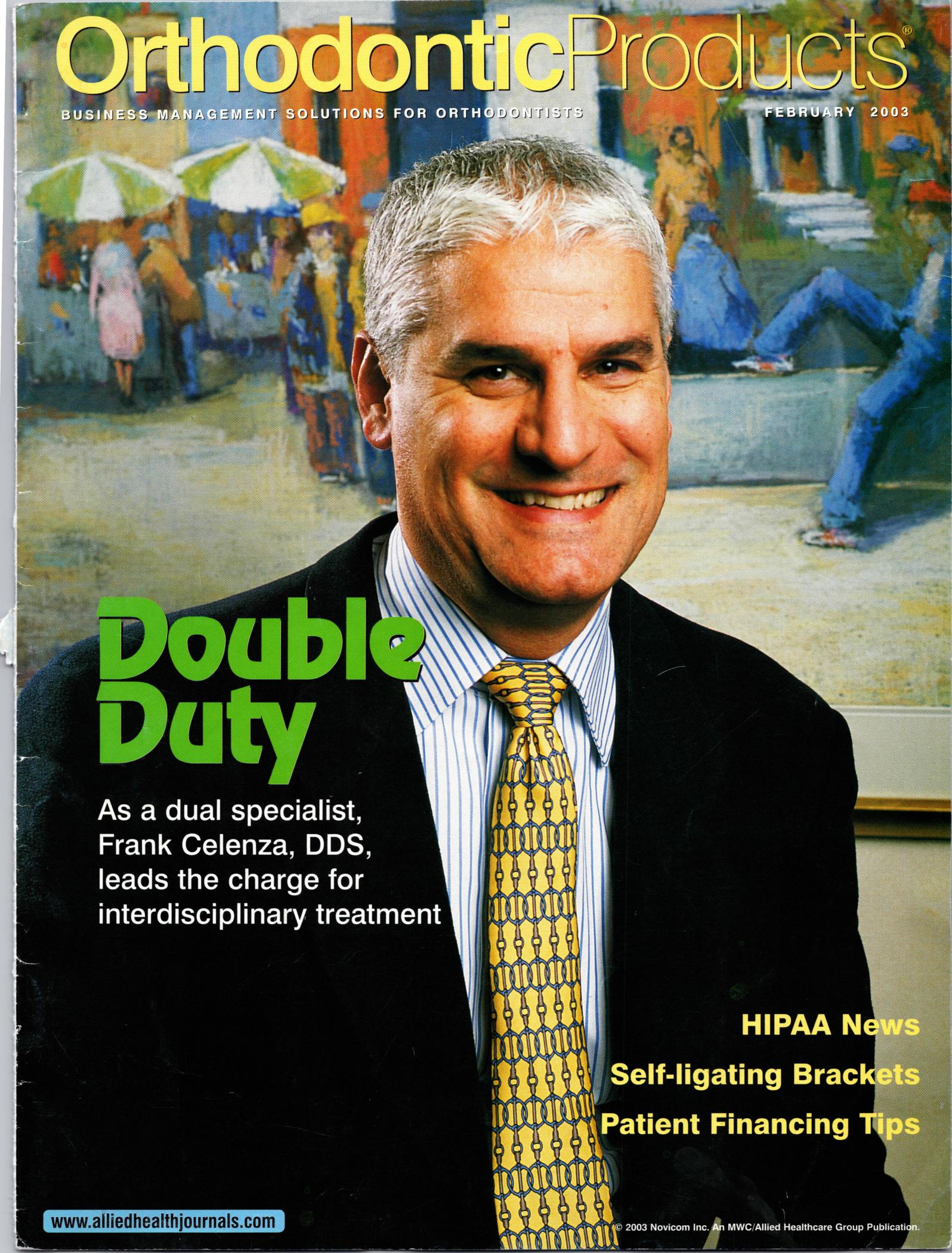


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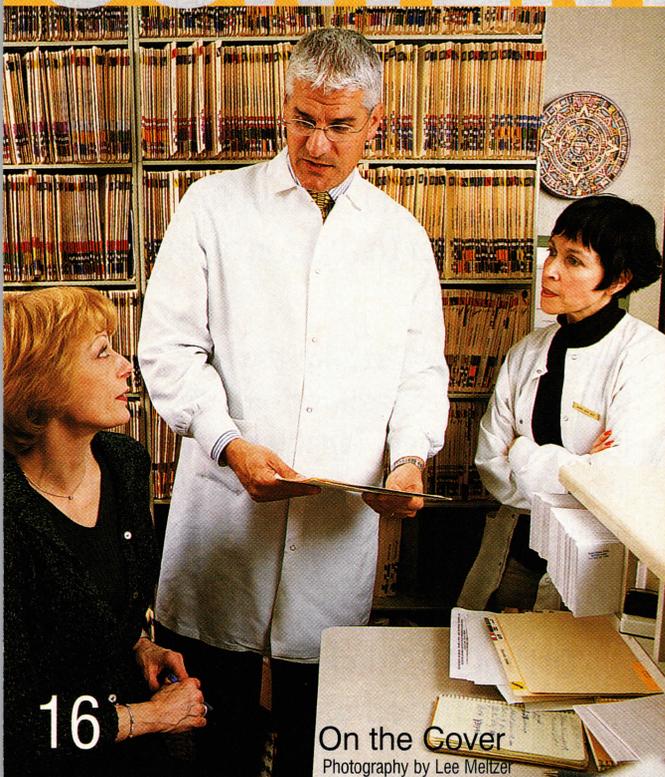
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Double Duty

As a dual specialist,
Frank Celenza, DDS,
leads the charge for
interdisciplinary treatment

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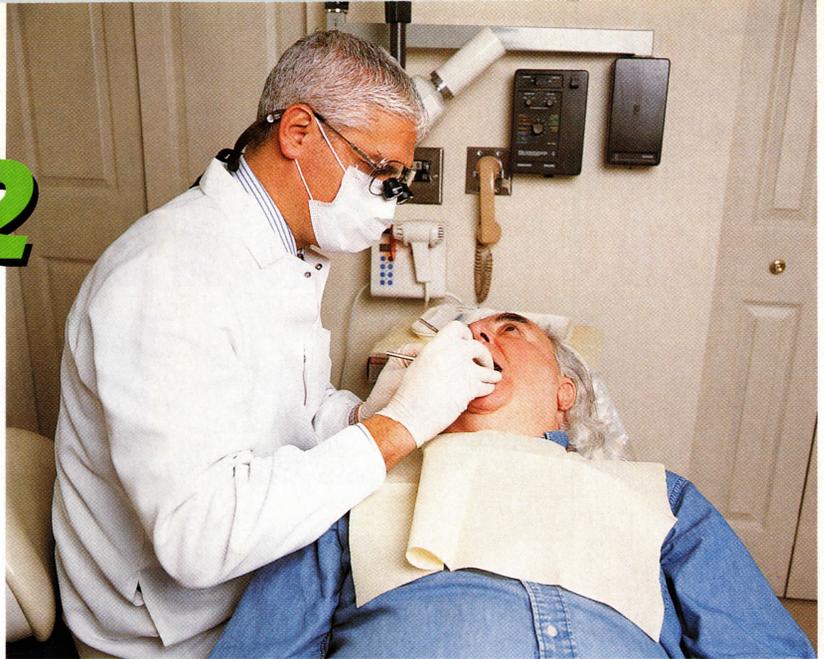
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Double Duty

As a dual specialist, Frank Celenza, DDS, leads the charge for interdisciplinary treatment



Frank Celenza, DDS, devotes his practice to adult patients, such as Anthony DeLuna (right).

by Carol Daus

From the time he started dental school at McGill University in Montreal, Frank Celenza, DDS, knew he was going to specialize. His father and brother were already established prosthodontists in New York City, and Celenza believed that if he became a periodontist, their specialties would complement each other. Unlike many dentists who specialize in a single area, Celenza went on to study orthodontics, which has given him the unique distinction of practicing as both a periodontist and an orthodontist.

"While studying periodontics at the University of Pennsylvania, I became very interested in orthodontics, which made sense because I've always been the mechanical type and have enjoyed working with small contraptions," Celenza says, who now practices on the Upper East Side of Manhattan. He obtained his certificate of periodontology in 1986 from the University of Pennsylvania, and his certificate of orthodontics from New York University in 1988.

Special Treatment

Celenza limits his practice to adult patients because he feels that an office treating adolescents can be disruptive to older patients. "I believe strongly that adult orthodontic and child orthodontic practices require very different office styles," he says. "My office is designed so that the patients have private treatment areas, and the focus is on personalized service." Celenza's spacious suite is void of video games and other diversions for children, but contains three quiet patient rooms and a large patient records room.

Only a handful of dual-certified specialists have similar practices in the United States. Celenza's double emphasis particularly lends itself to the adult population, since adult patients typically require interdisciplinary coordination. As Celenza points out, the adult orthodontic patient often presents with a variety of dental problems, such as failing restorations, tipped teeth, periodontal breakdown, and gingival recession. Celenza must assess whether the periodontal needs of the patient should be addressed before or after orthodontic treatment. In some cases, preorthodontic gingival surgery, such as gingival grafting, may be necessary.

As the population ages, Celenza and other orthodontists who treat adults are experiencing a boom in business. "People are keeping their teeth longer and are interested in dental cosmetics, which have contributed greatly to the rise in adult orthodontic patients," he says. Celenza also attributes invisible, removable aligners for creating interest in orthodontics for adults. "These braces have caused a heightened awareness for braces in adults, and even if they are not suitable for a particular patient, they are responsible for bringing adults into our office to find out how they can improve their smiles."

Even if they are not aware of Celenza's dual specialties at first, new patients come to appreciate his broad knowledge base. "When I am examining them, I want them to know that I'm looking beyond just the orthodontic or periodontic realm," Celenza says. Currently, Celenza's practice is split 50-50 between periodontics and orthodontics.

Celenza provides full spectrum periodontal therapy, from basic therapy to nonsurgical soft tissue management and periodontal surgery, including perioplastics and prosthetically-related, regenerative, and disease-related procedures. Local anesthesia is delivered by a computer-regulated fluid flow system. For

implantology patients, Celenza provides diagnosis, treatment planning, and surgical placement of the implants for tooth replacement. He offers patients the most current methods for ridge augmentation, sinus elevation, and grafting.

For orthodontic patients, Celenza has found that more frequent appointment intervals, such as 2 to 3 weeks between visits, tend to expedite treatment. It is also less painful to adjust appliances in smaller increments more frequently. In many cases, treatment time for adults is as little as 6 to 9 months.

Interdisciplinary Interaction

Celenza fills his days with both orthodontic and periodontic appointments, and it is rare that two days are alike. For example, an implant may be scheduled in the morning, followed by bracket placements and surgeries in the afternoon. Celenza enjoys this variety, and his staff has been specially trained to understand the nature of the practice. Each of his staff members has prior experience in general dentistry offices, so Celenza spent 2 weeks training them to adapt to this new environment.

"Patients often come here a little more worried because of a specific problem their general dentist identified," says Christianne Bills, office manager. "Because we're dealing with patients who may be panicked, it is important for us to make them feel as comfortable as possible." According to Bills, instilling this comfort level begins with the initial telephone call. "We try to make our patients feel reassured when they first call for an appointment, and we give them as much information as possible." She adds that in some instances patients are even hesitant to make the appointment, so it is critical to put their minds at ease.

The practice has a strong commitment to keep patient waiting times to a minimum. To accomplish this, an extra, "swing" area (a full treatment room) is used for patients coming in for minor adjustments.

In addition to Bills, Celenza employs two registered dental hygienists with more than 25 years of experience between them. His certified dental assistant, with 15 years experience, is responsible for instrument set-up, patient preparation, postoperative instruction, and sterilization. She is also a certified radiographic technician. The office has its own panoramic and cephalometric x-ray



Celenza encourages his staff members, including office manager Christianne Bills (left) and assistant Madelyn Martinez, to be proactive in their areas of expertise.

equipment for patient convenience.

The majority of Celenza's patients are referred from dentists and specialists, such as prosthodontists. He even gets referrals from his periodontist and orthodontist colleagues—periodontists refer patients who need orthodontics, and vice versa. "For the office staff, this means that there is a lot of interfacing with other dentists and specialists," Bills says. "It is an exciting place to work because [Celenza] has such a strong reputation and is recognized for cutting-edge orthodontics and periodontics."

A high level of job satisfaction has kept staff turnover very low. "I try to encourage an atmosphere of teamwork in which each employee is respected for her individual strengths," Celenza says. He also emphasizes the importance of taking initiative and being proactive in their areas of expertise.

Promoting Progress

Even though Celenza's practice has grown steadily over the past several years, he has no desire to open additional offices. "It would be too disjointing for me to work out of different locations," he says.

Instead, Celenza uses many strategies to promote his practice, including formal marketing channels, such as advertising on local radio and television stations. He also publishes in scientific journals and lectures extensively both nationally and internationally. As president of the Northeastern Society of Periodontics and associate clinical professor in the postgraduate departments of both implantology and orthodontics at the New York University College of Dentistry, Celenza brings visibility to his practice. He also maintains a comprehensive website and communicates extensively

with other dentists via email. "I am a strong advocate of marketing, and in a place like New York City, you can't be afraid of competition," he says. "You must embrace it."

One area that sets Celenza apart is his work with implants. For the past 3 years, Celenza has used implants for what has been termed "absolute anchorage" in more than 30 documented orthodontic cases. According to Celenza, cases once not suitable for orthodontic treatment are now candidates, particularly mutilated dentitions or patients with multiple missing or compromised teeth that would not serve as suitable anchorage units. "The range of cases that this technology applies to is expanding all the time," Celenza says. He also stresses that as orthodontists begin to understand that implants are a safe and effective substitute for tooth extractions, increasing numbers will refer their patients to oral surgeons for placing implants.

One exciting aspect of implant technology is that it promotes the importance of interdisciplinary care in dentistry. At implant meetings, oral surgeons and restorative dentists often attend the same sessions. "On a national level, I have begun to see more interdisciplinary integration," Celenza says. "Specialists are relying on each other's skill sets much more, and we're seeing a greater sharing of information." The American Academy of Orthodontists has recognized the importance of interdisciplinary care and has even sponsored national meetings on the subject. Because of Celenza's dual specialty and work with implants, he is a natural candidate for helping integrate different disciplines, and he hopes to accomplish this in his role as president of the Northeastern Society of Periodontists. This group currently conducts joint meetings every other year with its counterpart group, Northeast Gnathologic Society, composed of restorative dentists.

"My goal is to help forge relationships on a local level among orthodontists, periodontists, and other specialists," he says. "This is an exciting time for the field of dentistry, and I predict that a continued focus on interdisciplinary care will lead to more successful treatments in the future." □

Carol Daus is a contributing writer for Orthodontic Products.