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## Creating a Legacy

David M. Sarver, DMD, MS

An Alabama orthodontist  
integrates high-tech imaging  
and strategic marketing

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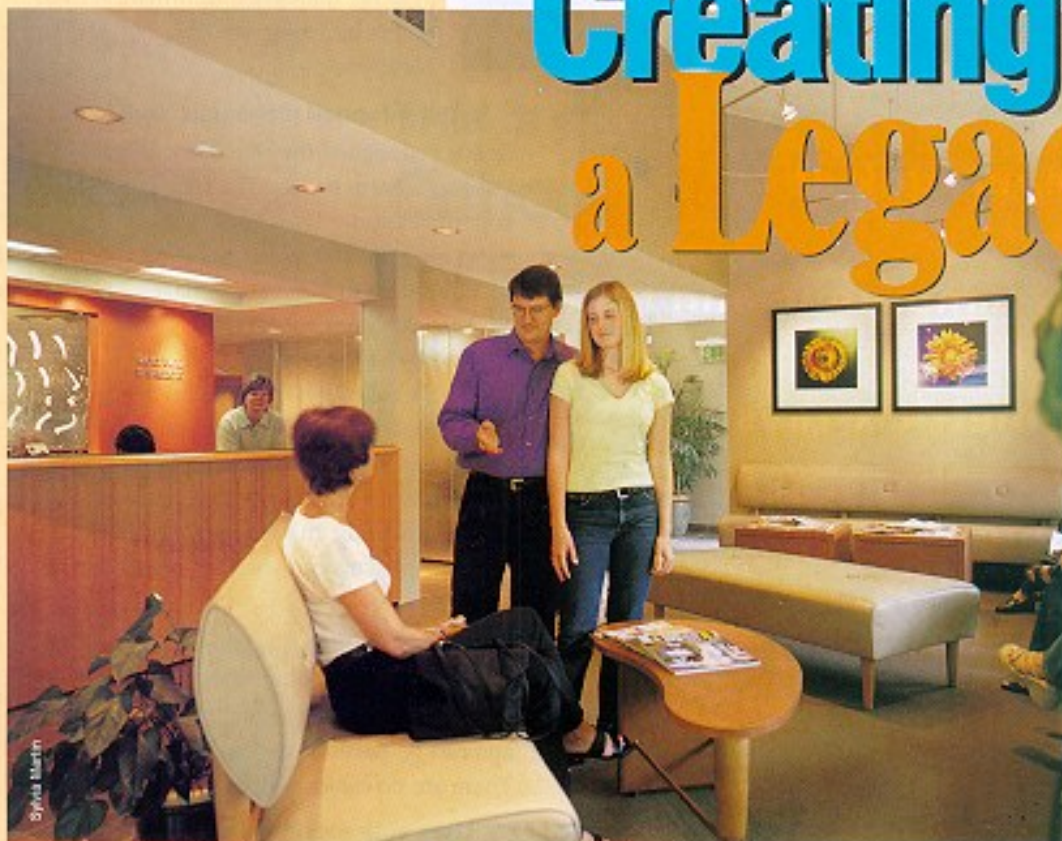
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# Creating a Legacy

David M. Sarver, DMD, MS, combines scholarly ambition and marketing savvy to positively impact the orthodontic profession.

by Rich Smith



**W**hen David M. Sarver, DMD, MS, was choosing the site for his private orthodontic practice, he picked the one that posed a larger and costlier construction challenge. It was a smart move.

The first site under consideration was a flat parcel and big enough to accommodate the type of facility Sarver had in mind. The other site, the one he chose, was smaller and nestled against a slope—not easy at all to build. But he selected that lot, located in the Birmingham, Ala., suburb of Vestavia Hills, because it was directly across the street from the town's middle school.

"I hoped that parents of students at the school would find my office too convenient to ignore, and I was right," says Sarver. "We even worked out an arrangement with school officials to let students check themselves out of class and walk across the street whenever they had an appointment to see me. That way, their parents didn't have to make a special trip to the school to bring them here. With today's two-working-parent families, this was an important convenience."

## A Scholar and a Marketer

Offering convenience is a key factor in the success of Sarver's practice. No less central is his adeptness at marketing its academic orientation.

"There are clear advantages to having a scholarly focus," says Sarver, who has written 43 research papers and authored chapters for several orthodontic textbooks plus a book of his own, *Esthetic Orthodontics and Orthognathic Surgery* (Mosby, 1998). "Many parents who bring their children to my office for an initial consultation notice a copy of my book, flip through it, and conclude that I must at least have a clue."

When *Esthetic Orthodontics and Orthognathic Surgery* first hit print, Sarver ordered extra copies for himself and sent one to each of his top-referring dentists. "Nice brochure" was a comment he says he received from one recipient. Sarver



thinks subtle but powerful marketing techniques fit his message better than television commercials, radio spots, newspaper ads, and Yellow Pages listings.

"I like prospective patients and parents to be comfortable with me and my practice, and to feel at home by coming here and entrusting to me their care," he says. "I don't think the proper comfort level is achieved any better way apart from being low-key about it."

Then again, Sarver welcomes the high-visibility attention brought to him by others, especially past patients. For instance, Sarver saw two of his patients go on to win Miss Alabama beauty contest titles and another take the crown in the Miss Alabama USA pageant, all in the span of the past 4 years.

"I do not object in the least," he comments, "to having Miss Alabama tell people that her orthodontist is Sarver. In fact, they all said that very thing when they were asked by the local news media to talk about their beauty secrets."

Another marketing technique Sarver puts to good use is referring dentist seminars. The first one he hosted drew an audience of 170 dentists and their office staff.

"My strength is teaching," he says. "In the seminars for referring dentists, the idea is to impart an understanding of what modern, state-of-the-art orthodontics can do for their patients. I also try to give them a sense of when orthodontic intervention is appropriate and when it is not."

What he does as an orthodontist is mainly provide aesthetic treatment of adolescents.

"I also perform surgical procedures intended to deliver both a better functional as well as aesthetic outcome," he adds.

### Roping in Imaging Technology

Technology figures into Sarver's marketing efforts as well.

"Among orthodontists, I was one of the earliest adopters of imaging technology," he says. "I started using it in 1985 and had my first paper on video imaging published in 1988. Since then, I've participated in a lot of research projects on predictability and algorithms."

Sarver opines that in its early stages, imaging technology was not notably useful as a predictive tool.

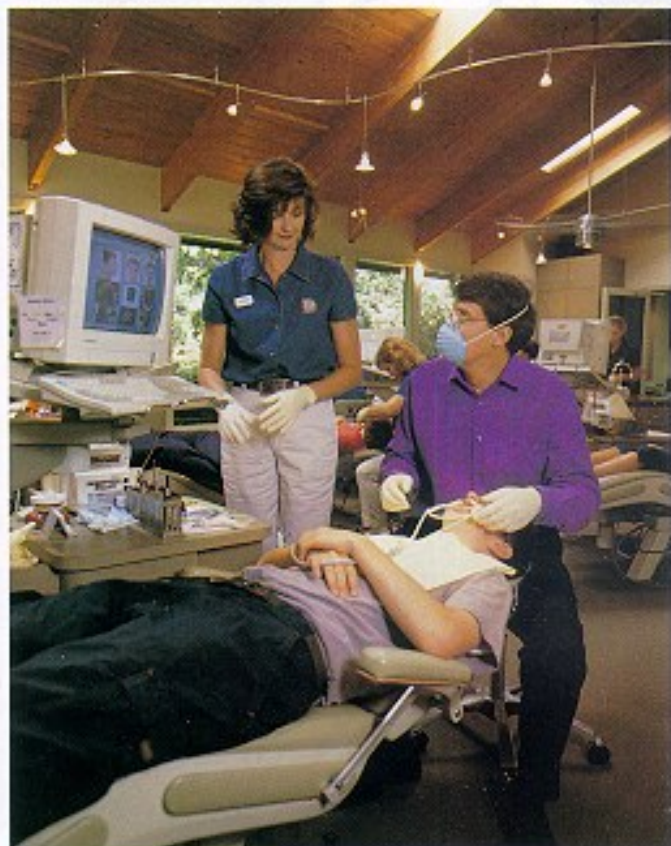
"It was really just a communication tool," he says. "It allowed me to quickly and effectively show a patient why it would be advisable to do a and not b in order to produce outcome c."

"I was able to show these referring dentists what kind of outcome would likely result from extraction and what kind would likely result from surgery or the use of head-gear or other growth devices," he says. "They would look at the comparative images and readily understand how the better outcome could be achieved. Trying to educate dentists without images was extremely difficult; it still is."

Sarver has taken steps to provide access to images at every chair in his facility—and beyond.

"All of the chairs in my treatment bay have a display terminal for on-the-spot retrieval of patient images," he says. "Those

**"All of the chairs in my treatment bay have a display terminal for on-the-spot retrieval of patient images."**



David Sarver, DMD, MS, views patient images at one of his computer-equipped chairs while treating a patient.

terminals are also connected via DSL telecommunication lines to the Internet so that we can send those images anywhere in the world, if necessary. Now, if a mother says to me, 'Oh, by the way, little Jimmy's dentist needs a panoramic image,' I can right then and there print, fax, or email the requested pan to the dentist, whose name, mailing address, fax number, and email address are all preloaded into the system. I can also type a note to accompany that image before I shoot it over to the dentist."

A particularly useful tool in Sarver's office is a biometric database system. When he examines a patient, Sarver measures facial characteristics and dental relationships while his treatment coordinator enters the information into the system. The system, evaluates the data against a registry of parameters programmed into it. This enables the system to automatically identify problems with the patient's facial and dental structure. Using an interface to a word-processing package, the system then generates a letter to the referring dentist and includes in it

a detailed run-down of the detected problems. The system is also linked to the image archive so that, when the letter is created, it inserts the appropriate supporting patient photos and morphs.

"In one fell swoop, I'm able to almost effortlessly identify the



problems, detail them, and illustrate them in a letter to the referring dentist," Sarver explains. "There is no dictating required on my part, no checking off on lists. The letter goes out by regular surface mail or electronically via email at my discretion."

In Sarver's view, email is the most efficient way for referring dentists and orthodontists to communicate with one another about patient matters.

"Email is much, much more effective than playing phone tag until you finally catch up with one another," he says.

Sarver says he embraces technology because his goal is to maximize the efficiency of the day-to-day office routine. The time gained from greater efficiency, he contends, allows him to devote more attention to his patients and academic pursuits.

### Just the Ticket

For his undergraduate studies, Sarver went to Auburn University, then to the University of Alabama in Birmingham for dental school. He was later accepted into the orthodontic program at the University of North Carolina in Chapel Hill.

After completing his training in orthodontics, Sarver was set to return to the University of Alabama and take a position as a professor. But 2 weeks before the job was to start, school ad-

ministrators in a frenzy of cost-cutting fervor eliminated Sarver's post.

Sarver was, nevertheless, intent on remaining in Birmingham and he opted to establish himself in private practice there. The year was 1979.

"A friend of mine had a practice in Birmingham but was moving to Huntsville," Sarver shares. "I offered to buy it from him. He hadn't been actively seeing patients for a while, so all I got from the purchase was a 900-sq-ft office space, the chairs, an X-ray machine, and some other essential pieces of equipment."

Sarver struggled to attract patients at first. His big break came when a boy accompanied by his mother walked into his office, the wife of a local furniture chain-store magnate.

"This mom could have easily afforded to take her son to any orthodontist in the state," Sarver marvels still. "But she chose me, even though I was fresh out of the box. She did so on the basis of a recommendation from her next-door neighbor—a dentist who happened to be a former classmate of mine."

Fortunately, the mother was highly supportive of Sarver. And, since Sarver had few patients to occupy him, he was in a position to lavish time on the patient. On at least one occasion when the mother was too busy to keep a scheduled appointment,

*"In one fell swoop, I'm able to almost effortlessly identify the problems, detail them, and illustrate them in a letter to the referring dentist."*



## Sarver Orthodontics

Your Neighborhood Orthodontist







Sarver advises a patient on her possible treatment options using digital imaging.

Sarver personally drove over and picked up the boy, brought him to the office, performed the necessary treatment, then chauffeured him home.

The grateful mother repaid Sarver for this and other courtesies by spreading the word about him within her extensive social circle. Her influence was considerable, because before Sarver knew it, his caseload began growing by leaps and bounds.

### Credit Where Credit Is Due

Apart from that mother's help, Sarver credits his supportive staff for much of the practice's success since then.

"They know my strengths and how to build on them," he offers. "My staff has been with me for so long and they know so well what I expect of them that we no longer find it necessary to conduct weekly or even monthly staff meetings."

Sarver does, however, assemble the staff once each quarter for a review of how well various objectives have been met and to discuss clinical techniques.

The manner in which Sarver treats his staff can be attributed in part to his careful observations of how his wife's company handled its own employees and customers.

"I realized that my wife," he says, "was loyal to her company not because it paid her a top-dollar salary but because it provided her with a strong sense of security in her position, a lot of

satisfaction in the work she was doing, and an office environment where the people got along well together. It occurred to me that there was a lesson to be learned from that, so I tried to employ that approach in my own office, and it worked."

Sarver also saw to it that his employees became stakeholders in the success of the practice. He did this by implementing a profit-sharing plan in which they received bonuses based on how well the practice performed from quarter to quarter. He also offered them full health and life insurance benefits.

"If it's commitment I want from my staff, then I have to make sure they feel like they are part of a family here," he says. "Offering benefits like these conveys to employees that, as long as they're a member of this family, they will be taken care of."

As for himself, Sarver is committed to doing those things he most enjoys. It means more lecturing and publishing.

I want to make an intellectual impact



Sarver, with his staff in the treatment room, encourages a family-like atmosphere by offering his employees a stake in the practice through profit sharing.

on the profession but also leave a legacy of helping my colleagues be as successful as possible and to have as much of a positive effect on their patients' lives as possible." ■

### About the Author

**Rich Smith** is a contributing writer for *Orthodontic Products*.