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## OFFICE VISIT

# Dr. Drew Ferris

*This clear-aligner educator moved his Santa Barbara practice into a new flagship building and is introducing his own Class II device*

**p. 24**



### **ONLINE COMMUNITY REFERRALS**

With fewer live-event opportunities, it's time to create digital strategies to promote business, says **Casey Bull**  
**p. 52**



### **BUYING A PRACTICE?**

**Dr. John H. Foley** shares lessons he wishes he would have known when he purchased his first two  
**p. 44**







# Office Visit: Dr. Drew Ferris

by Kyle Patton, associate editor

Orthodontists spend most of their working hours in their practices, so they don't get many opportunities to see what it's like inside another doctor's office. Orthotown's recurring Office Visit profile offers a chance for Townies to meet their peers, hear their stories and get a sense of their practice protocols.

In this issue, we introduce **Dr. Drew Ferris**, and one of his two practices in coastal California. Always the early adopter of technology, Ferris was the first doctor in the U.S. to bring in a 5D scanner into his already-impressive arsenal of cutting-edge tech.

Check out this Invisalign master faculty member's new digs while learning about which mistakes most docs make when it comes to clear aligner therapies, which technologies are on the verge of exponential growth, and a new Class II technique this longtime Townie has created.

## OFFICE HIGHLIGHTS

**Name:**

Drew Ferris, DDS, MS

**Graduated from:**

UMKC Dental School and Loma Linda orthodontic residency

**Practice name:**

Ferris Orthodontic Group,  
Santa Barbara and  
Goleta, California  
[ferrisorthogroup.com](http://ferrisorthogroup.com)

**Practice size:**

3,000 square feet and  
1,600 square feet

**Team size:**

16

PHOTOGRAPHY BY CHRISTINA GANDOLFO





## TOP PRODUCTS

- 1. iTero Element 5D scanner.** Every new patient gets a scan. Use the software (simulation, etc.) to communicate and educate on treatment and to plan interdisciplinary cases with restorative dentists and specialists.
- 2. Invisalign clear aligners.** A significant percentage of patients in my office are treated with Invisalign. It has increased patient acceptance for orthodontic treatment, increased referrals and allowed me to operate on a digital platform, improving efficiency and profitability.
- 3. Planmeca ProMax 3D Mid with ProFace.** Allows us to create high-resolution 3D scans while maintaining 2D capabilities. This has greatly improved my diagnostic and treatment planning capabilities.
- 4. SprintRay Pro 3D printer.** This printer has allowed us to print models accurately and efficiently, from which we make in-house appliances.
- 5. 75-inch Dell interactive 4K touch monitor.** We have one in each treatment coordinating room. Being able to "manipulate" a patient's skull in 3D in conjunction with their iTero simulation with the touch of a finger is extremely valuable for patient education and creates a major "wow factor."



**You were the first orthodontic practice in the U.S. to adopt a 5D scanner into your practice. Tell us about it, how it's changed your clinical capabilities, etc.**

The iTero 5D. It's very impressive and an indication of where our industry is headed from a digital diagnostic aspect. I'm now able to use the newest technology to identify interproximal caries on every patient I scan. This is important because it shows the patients and their parents that as their orthodontist we're not only there to

diagnose and treat crooked teeth; we also care about their overall oral health.

Many parents, particularly in California, are sensitive to the idea of exposing their children to radiation via an X-ray. They like knowing that we're using the most innovative technology to minimize patient exposure. This has helped to further differentiate us from other practices and created a "wow factor" for our patients. It also has been beneficial in working with our restorative dentists, because referrals are no longer a one-way street; now, when I see any

interproximal decay, I can refer back to the dentist, who knows that I care about the patient's oral health—and they also get treatment out of it.

The live intraoral color images also allow me to identify and educate about wear. The simulation and time-lapse features are important tools to help encourage patient starts, and keeping patients motivated throughout as they visualize their progression.

**You've had two practices since 2014 but recently made the Santa Barbara office the flagship location. What went into that?**

I think the new practice is *incredible*—state-of-the-art from the ground up. It's rare to do a new build in a town like Santa Barbara, so it was quite a process and a learning experience. I was a finance and real estate major in college, but that didn't prepare me to deal with all of the permitting that accompanies raising a new building and all of the nuances that come along with it.

Fortunately, I had a great team, which included JoeArchitect and my contractor, Jimmy Poucher, owner of Velocity Design Builders.

Our space isn't the only thing that changed; we took this as an opportunity to refresh our brand. We changed our practice's name, designed a new logo and launched a brand-new website. The thought definitely crossed our mind that with the new location, perhaps this was too much change all at once, but ultimately we decided it was important for us to design a space that fit my personality as a clinician and a person, and this required a shift in the brand, which had been inherited from my late partner.

I really wanted both our brand and our space to display our attention to detail, aesthetics and technology while exuding a bit of the beachy, California vibe of Santa Barbara.





Being in our previous location for many years helped guide what I wanted from a layout standpoint. Efficiency, flow and patient experience were the key drivers as we carried out the design process.

**To get technical, you built two new stand-alone buildings—one for your orthodontic practice and one for a new startup pediatric practice. How did you decide on that? Why not combine them under one roof?**

We've spent a lot of time and energy creating an orthodontic brand that is known for excellent care. In my opinion, there are advantages and disadvantages of having multidisciplinary group practices under one roof. Sometimes the public—especially in





a community like Santa Barbara—views group practices as being in the DSO arena and assume decisions are profit-driven, which would compromise quality of care and patient experience.

For us, it was important to have a great pediatric dentist nearby to refer to and collaborate with while still maintaining the highest quality of care and allowing for their independence. We feel that the way the two practices are set up best allows for this.

**Among other accomplishments, you've designed a new technique for treating Class II cases. How does it work?**

I've developed a technique called the DF2, which capitalizes on the "sagittal-first" correction treatment protocol that Dr. Luis Carrière made so well-known. The nice thing about my design is that in my hands, it has been very effective and more efficient at treating full-step Class II cases while using

Invisalign clear aligners and eliminating additional appliance costs.

It is currently being published in a peer-reviewed journal, and the effectiveness and efficiency of the appliance has been very exciting. We have some residents studying it compared with other Class II correctors and are excited to see what the data reveal.

**Pandemic-wise, you're practicing in one of the hardest-hit areas and walking the tightrope along some of the strictest state guidelines. How have things been?**

The pandemic has really allowed me to accelerate some of the things I was already doing from a virtual standpoint within our practice. When March 2020 came, I have never been so happy to have such a large share of chair in clear aligner treatment, because those patients were continuing to advance orthodontically while my traditional bracket cases were dead in the water due to not being able to be seen.

With all of the travel and exposure I had during my previous years of educating and lecturing, I was already treating patients from outside the state—and sometimes even outside the country—so I already had some virtual communication platforms and techniques in place for starting new patients and monitoring existing ones. When the pandemic hit, I scaled up options like offering virtual new-patient exams to everyone and using SmileSnap on my website, which allows people to submit consultation requests at all hours of the day and night.

I have benefited from the companies I work with that have developed virtual care capabilities into their digital platforms.

I consider implementation of these virtual care systems as steps in helping to "future-proof" my practice.





**You're a master faculty member with Invisalign. What are the most common mistakes you see doctors make with clear aligner therapies?**

Not taking the time to dig deep and learn the ins and outs of how the appliance really works. Although Align Technology has made great strides in its algorithms and its aligner design, it is still just a tool that is only as good as the doctor's prescription input and ClinCheck design.

It's imperative that clinicians take ownership of their setups, understand attachment design and understand what to prioritize in order to get the movements that are desired. The teeth don't care what appliance, whether braces or clear aligners, is placing the force on them to cause their movement. There are too many great clinicians saying that aligners can't do X, Y or Z in certain cases.

If you're struggling to make an aligner achieve a specific movement, then it's important to continue to educate yourself in those areas. Virtual education has really ramped up and allowed doctors to be specific in the continuing education they need.





### What's your go-to marketing approach?

Marketing has such a broad scope with many avenues to explore, but my favorite efforts center on community involvement. One example is our involvement in Santa Barbara Teen Star, a singing competition for local youth that's judged by local celebrities, such as Kenny Loggins. Essentially, it's Santa Barbara's version of *American Idol*.

I sponsor the event and donate a free Invisalign case to the winner. The recipients are generally ecstatic to get orthodontics, because many of them plan on being big stars in the music industry and see having a nice smile as greatly important. And the fact that it's Invisalign makes them even happier because it doesn't interfere with their aesthetic while performing.

### Your new office is gorgeous! Tell us about the design, the build and how the final look came together.

My wife, Alexandria, and I spent a lot of time researching architects and, eventually, contractors to build our vision. My youngest patients are around the age of 5 and my





oldest is 91, so I wanted it to appeal to all ages and really represent the quality of care that we provide.

We wanted something that was on trend and modern while still being timeless and represented our attention to detail and state-of-the-art technology and treatment. We wanted to achieve all of that while still maintaining a warm, friendly and fun environment.

We went with a Mediterranean modern aesthetic to achieve this and fit with our beachy Santa Barbara vibe. State-of-the-art technology is a major component of the office—including our many iTero scanners, our CBCT and 3D printer, and our interactive touch-screen displays—and then





**You've seen digital imaging evolve over the years. What do you think is in the future for orthodontics that new or even theoretical digital technology could offer?**

I'm always amazed at how far technology has come in the 10 years that I've been in orthodontics. When I first started, I had the first iTero scanner, and now we have the 5D. Not only have the speed and size of the scanners greatly improved, but so have the capabilities of the software with simulations, time lapse, caries detection, etc.

I think over the next five to 10 years, the technology is going to progress exponentially. For sure there will be advancement in the platforms that allow for seamless communication and treatment planning between CBCT, intraoral scan and orthodontic, restorative and surgical capabilities. Also, I think we will see more robotics in dentistry in our lifetime.

And even more in the immediate future, I think we'll probably see an improvement in scanning capabilities with things like our personal handheld devices. Access to care will continue to improve as the technology advances.

As orthodontists, I feel we're in a great position because we possess the highest level of training to move teeth. Despite all of these direct-to-consumer companies entering the marketplace and attempting orthodontics, people ultimately value the best they can get.

we added details such as a technology/iPad bar, a candy station and a commercial-grade Jura coffee/espresso bar to make them feel well taken care of. Those little experiential components make a huge difference in the patient's overall experience.

**Let's shine a light on your team. What do they do incredibly well and how have you helped make sure they have the tools needed to succeed?**

All of them are incredibly well trained in their positions. Our back-office team all have their Orthodontic Assistant Permit certificates, which means they're as advanced as it gets from an assistant standpoint. My

front-office team is cross-trained to help with back-office responsibilities as needed, but I really have them focus on customer care and patient experience.

My team truly believes that we're all working together to create exceptional lives through remarkable smiles. We do various in-services and send staff members to relevant external trainings to help them learn various new skills.

For us, it's huge that they understand and effectively communicate the value in starting treatment with our practice. We truly want our patients to understand and feel that they're becoming a part of our Ferris Orthodontic Group family and will be treated as such.

**What changes have you made with your workflow over the years that other doctors might benefit from?**

Some of the changes have revolved around using the efficiencies that technology provides and creating systems to delegate to my team so that I can still treat at the highest level while opening up the capacity to see more and more new patients, and still maintaining a high quality of life outside the office. Having a ClinCheck coordinator is one improvement that comes to mind. With the quantity of cases I start per year, traditionally I would have to have at least one or two associates able to handle the workload. However, because I have a high share of chair with aligners, I can delegate initial prescription submissions and logistics to my ClinCheck coordinator.

Also, with appointment intervals less frequent, more chair time is open and I can continue to grow as a one-doctor practice while overseeing multiple offices. Overall, having aligner therapy as a high percentage of practice in conjunction with training a ClinCheck coordinator has allowed me more time to actually see and spend time with my patients and work on the business—and has also freed up more time to spend with my growing family.



**What advice would you give a new graduate?**

First, don't be afraid to make capital investments in your office, such as in technology, and then remember to always leverage that technology. Showing and educating your patients on the technology you have and how this improves their treatment experience or outcome will add value to what you're doing and will allow your practice to grow, which will help you pay down debt.

Also, don't shy away from aligners early on. The marketing, consumer awareness and demand for clear aligners is at an all-time high. I truly believe it would be a mistake not to capitalize on it. Use third-party lending for cases if capital is tight initially, and you should start to see cash flow quickly with

the growth you see from providing your patients with what they want.

Patients are also *consumers*: They want the best treatment in the shortest time possible in the most seamless, efficient manner. Focus on quality care while creating an unprecedented experience.

**Let's talk golf. What's your favorite course? What was your best round? Which pro golfer would you most like to play with? Which celebrity?**

My favorite golf trip to date was down to Cabo San Lucas, Mexico, to play the El Dorado and Twin Dolphin Club, among others. I love playing right on the ocean, and the incredible amenities don't hurt. As for my best single round, I shot 64, but that was before I got into dentistry.





Tiger Woods was in his prime dominance when I was playing high school and college golf. I still love watching him play, and he would have to be the pro that I would still love to have a round with.

**What do you believe is the biggest problem facing orthodontics today?**

I think the biggest challenge for orthodontics as a whole will be continuing to play our cards right and educating the public on the difference in treatment between DIY orthodontic options, GPs and us specialists. Never has there been a time in history when hundreds of millions of dollars are spent marketing our profession. The exposure is incredible—we just need to capitalize on it.

**Give us a snapshot of your life outside of practice.**

I grew up in St. Louis, Missouri, and my parents still live there. (My two sisters live in Kansas City, which is less than four hours away.)

Living in Santa Barbara has been a dream. With both the mountains and the ocean within a five-minute drive, it's one of the most beautiful places I've ever been. I feel so fortunate to call it home.

I met my wife, Alexandria, in Santa Barbara six years ago. We have a 16-month-old son and are super excited to be welcoming our second boy to the family in May. As a family, we really enjoy the outdoors and anything active—golf, skiing, going to the gym, running, hiking and cycling, to name a few. ■