



American
Association of
Orthodontists®

**2023 Economics of Orthodontics Analysis
Reporting on 2022 Practice & Patient Statistics**

**Member Report
August 28, 2023**

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Research Objectives

3

The primary objective of this program is to continue the Economics of Orthodontics and Patient Census conducted by the American Association of Orthodontists (AAO).

With regards to the study, the AAO would like to examine each of the following with practicing orthodontists in the U.S. and Canada:

- Determine the general perception of the orthodontics market's health or "busy-ness";
- Understand how practice statistics have changed since the study was last conducted in 2019 (for 2018 data), as well as document historical trends where applicable;
- Determine how practices compare to pre-COVID;
- With practices changing, understand how members' needs from the AAO are evolving, particularly in the area of technology;
- Expand the data collection to include more data on staff members and their turnover.
- The ways different members practice along with their current and future plans regarding their practice.
- Expanded data collection around salaries and how members are compensated.

Methodology

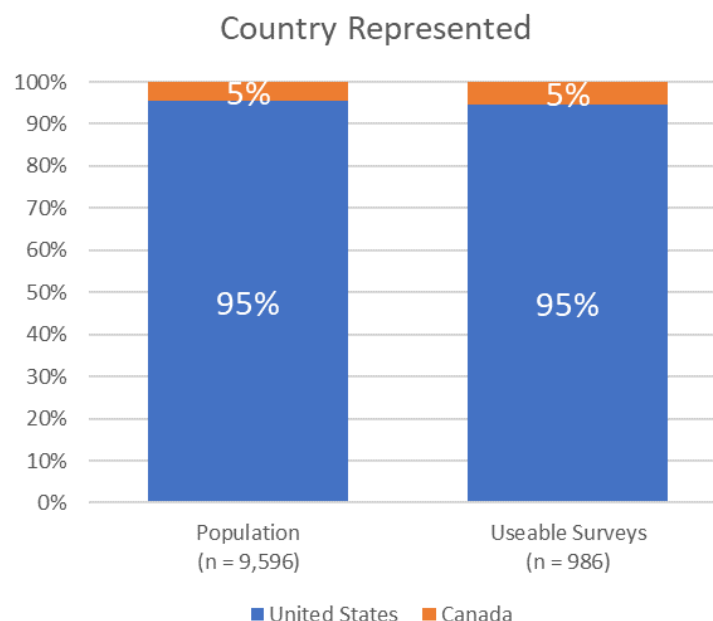
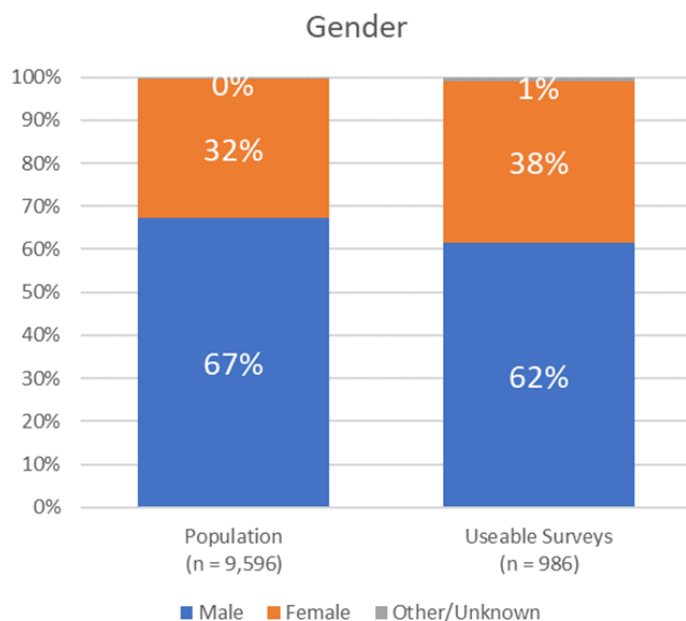
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- AAO started the process by reviewing the previous Economics of Orthodontics & Patient Census Survey questions and results along with interim surveys conducted during COVID. The combined questionnaire was modified by AAO staff to eliminate questions that failed to provide meaningful insights or were repetitive. New questions were added around career paths and staffing concerns. Conditional logic was also added to this iteration of the survey in order to minimize the time needed for any individual member to complete the survey while maximizing the value of each member's time and feedback.
- On January 19, 2022, an email invitation was sent to active members in the U.S. (n=9,160) and Canada (n=436). The email message contained a link to the online survey. Data was gathered from members via the online survey software (Alchemer) from January 19, 2023 to February 15, 2023.
 - Reminders were sent on February 2 and February 9 to individuals who had not yet responded to the survey.
 - An incentive was included to increase participation, with all respondents who completed the survey being eligible for the drawing of 3 prizes.
 - AAO also promoted the survey through the eBulletin.
- There were a total of 449 usable responses that reached the end of the survey. An additional 537 partial surveys completed at least some questions and were useable for the questions they completed. This yielded a total of **986 surveys** (10.3% total participation rate): 934 in the U.S. (10.2%) and 53 in Canada (11.9%).
- All differences stated in the report are significant at the 95% confidence level.
 - The precision of each question varies based on the number of responses, but ranges from $\pm 2.70\%$ for questions with the most responses to $\pm 9.90\%$ for questions with the fewest responses.

Sample Representativeness Compared to AAO Membership Population

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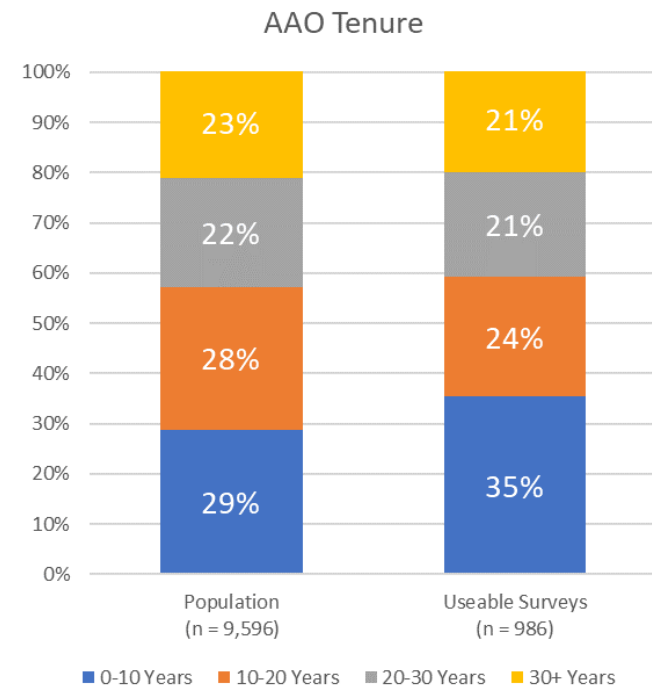
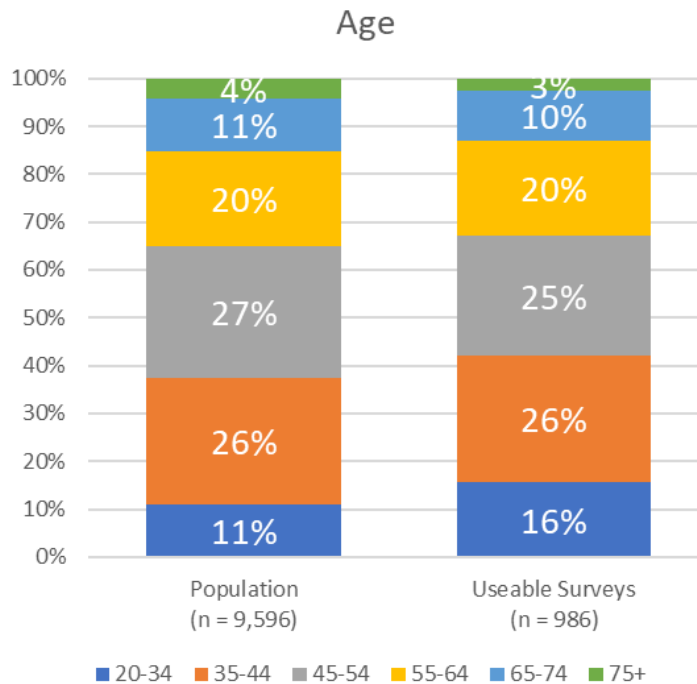
- Female members were significantly more likely to take the survey than male members. This is the opposite of other AAO Surveys where male members are generally more likely to complete surveys.
- Because of the overrepresentation by females, some results were adjusted to control for this discrepancy.



Sample Representativeness Compared to AAO Membership Population

6

- Younger members and members with less tenure were more likely to take the survey than older members and those with more tenure. This is also different from most AAO surveys where older and more tenured members are more likely to complete surveys.



Practice Information

VISIT INTERACTION

PRACTICE MODALITIES & PROFESSIONALS

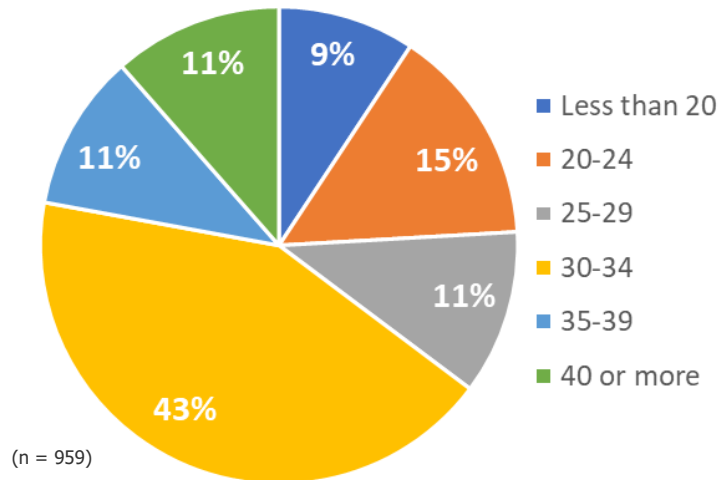
PRACTICE FINANCIALS

Time Spent Seeing Patients

8

- Historically, the average number of hours per week spent seeing patients has been 30.
- During 2022, the average number of hours per week was also 30. Life members saw patients less with an average of 23 hours per week.
- 76% of respondents saw patients on a full-time basis (at least 25 hours per week). This is down slightly from 78% in the 2018 survey.
- Respondents from RMSO saw patients an average of 27 hours per week compared to the other constituents which saw patients an average of 29-30 hours per week.

Hours Seeing Patients Per Week



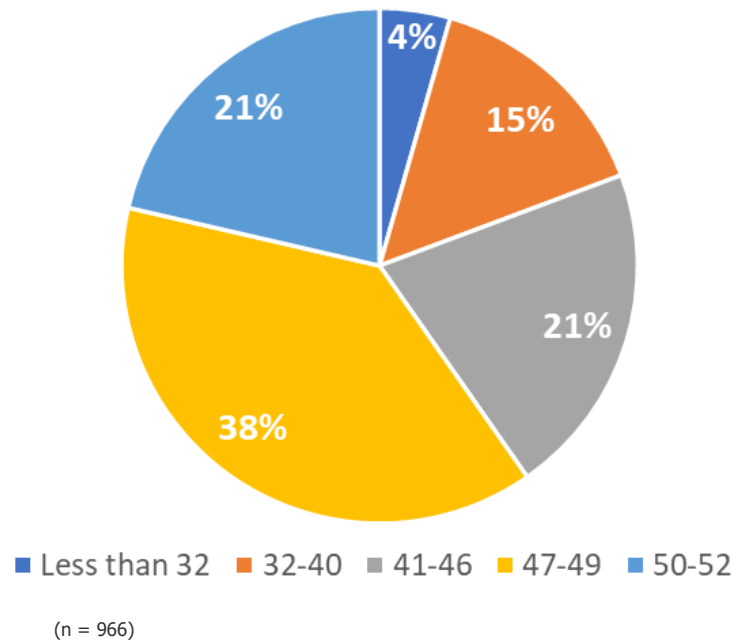
Q1. How many hours a week do you personally see patients?

Time Spent Seeing Patients

9

- Historically, the average number of weeks per year has been 45.
- During 2022, the average number of weeks worked was 44 weeks. However, only 40% of respondents worked 46 or fewer weeks and the median number of weeks worked is 48.

Weeks Per Year Working in Practice

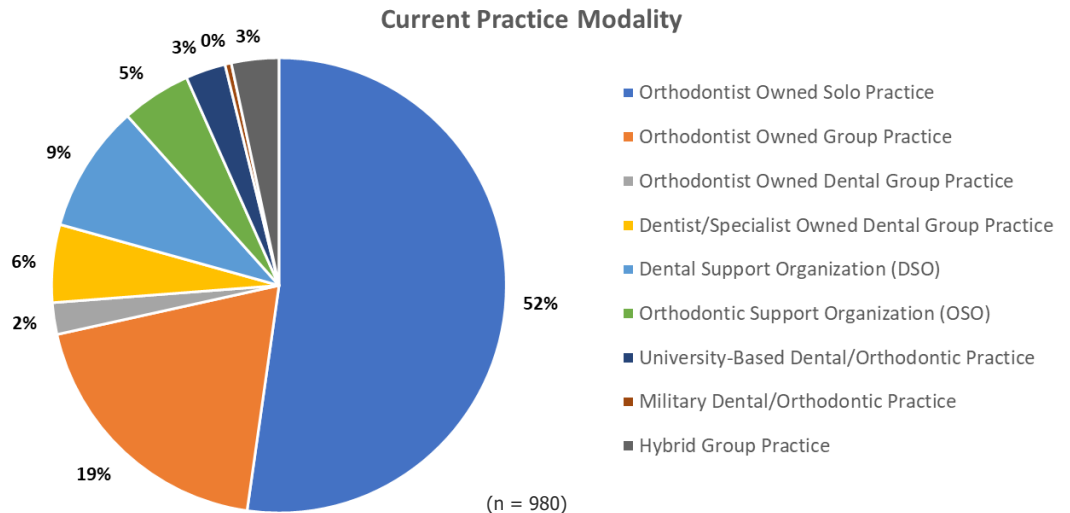


Q2. How many weeks per year do you personally work (practice-related)?

Practice Modality

10

- The percentage of orthodontist-owned single/group practices continued to decline to 71%, down from 91% in 2014, 84% in 2016, and 80% in 2018.
- Corporate Dental Practice / DSO respondents were up to 9% (compared to 6% in 2018). The 2022 survey also included a new category for Orthodontic Support Organizations which had 5% of responses leading to a combined DSO/OSO total of 14%.
- Male respondents were more likely to be in an Orthodontist Owned Solo Practice (57%) compared to females (43%). Females were more likely to be in a Dentist/Specialist Owned Group Practice (9%) than males (4%).
- Respondents under the age of 35 are much more likely to have a DSO or OSO practice modality (28%) than those age 35 or older (12%).
- Respondents under the age of 35 are also more likely to work in an Orthodontist Owned Group Practice (35%) than those age 35 or older (16%).

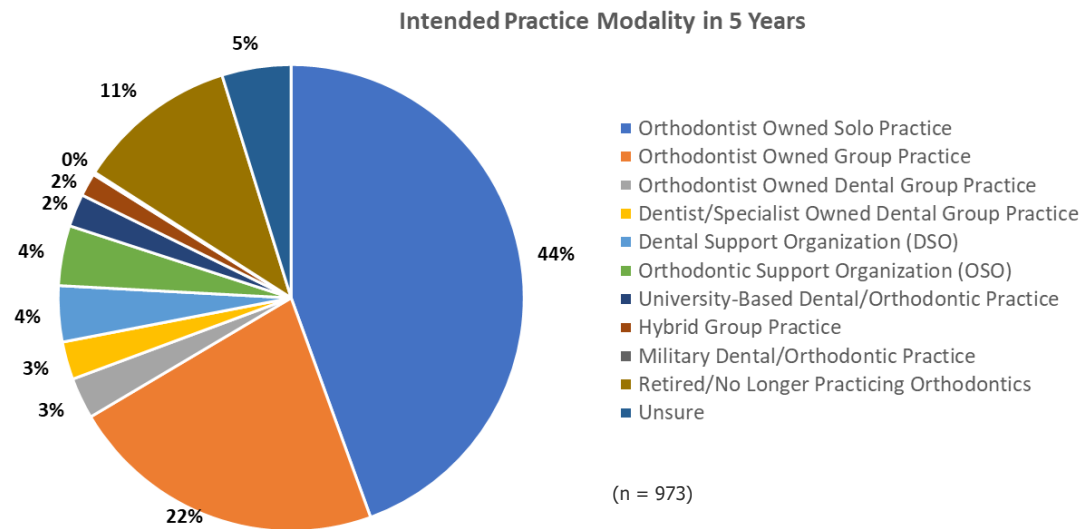


Q3. What is the practice modality you work in the majority of the time? The selection of "hybrid" is provided in the event your practice modality is not specifically identified below.

Practice Modality

11

- Respondents who spent 40 or more hours per week seeing patients were much more likely to work for a DSO than those who spend less than 40 hours per week seeing patients.
- DSO/OSO respondents saw patients for 32 hours per week compared to 29 hours per week in other modalities.
- 40% of respondents intend to be practicing in a different modality in 5 years.
- The biggest change between the current and intended practice modality is 11% of members who plan to retire or no longer practice orthodontics in 5 years. Other significant differences include an 7% decline in Orthodontist Owned Solo Practice and 5% decline in DSO with an additional 5% being unsure of their future intended modality.
- Respondents who intend to practice in a DSO/OSO modality in 5 years reported a higher income than those who are currently in a DSO/OSO modality and is higher than those who intend to be in other modalities in 5 years.



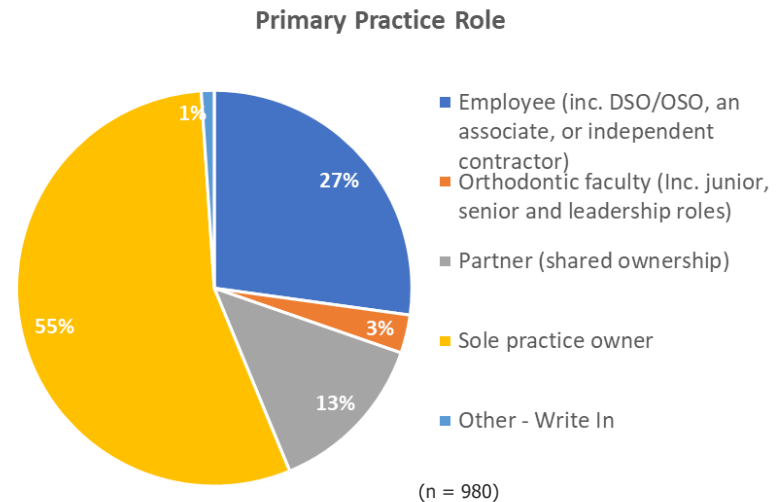
Q3. What is the practice modality you work in the majority of the time? The selection of "hybrid" is provided in the event your practice modality is not specifically identified below.
 Q4. What practice modality do you intend to be primarily practicing in 5 years from now?

Role in Practice

12

- 69% of respondents reported being a practice owner, either solely or as a partner, down from 80% in 2018.
- Males are more likely to be a practice owner (75%) than females (55%) with females more likely to be an employee (38%) than males (22%). This was especially true for respondents under the age of 35 with the disparity becoming smaller with age. (see table bottom left).
- This difference in percent of owners by gender has grown from 6 percentage points in 2016 to 14 percentage points in 2018 and now 20 percentage points in 2022.
- 71% of respondents under age 35 reported being an employee. No other age group was greater than 30% (ages 35-44).

Age	% Practice Owners	
	Male	Female
20-34	43%	16%
35-44	73%	58%
45-54	89%	80%
55-64	81%	78%



Q5. Please select the position that best describes your role in your primary practice.

DSO/OSO Practice Modality

13

- Respondents who work for a DSO or OSO were attracted to it for a variety of reasons including not having to focus on running a business, work/life balance, and flexibility. Other respondents went this path due to being unable to afford to buy into a practice at the time or as a transition toward retirement. Some of the individual responses received are below:
 - "Ready for a change. I would like to enjoy more time with family, less stress of running a business and join something larger than my practice. Potentially financially rewarding."
 - "No need to worry about finances, business, hiring/firing."
 - "Sufficient time away from work to raise a family and consistent income and benefits"
 - "Nearing retirement and no recent grads can afford to buy an established practice."
 - "Highest salary until I can find a practice where I will be an owner"
 - "I was planning on opening my own office prior to Covid. With the uncertainty of Covid, I decided to work for an OSO."
 - "Ability to serve more communities and patients as well as offer employment to more people"
 - "Tired of running everything on my own. Had 2 partners retire and/or move. Was ready for support and a future exit strategy."

Q7. What attracted you to pursue this practice modality?

Number of Other Practice Specialists

14

- AAO members are more likely to find themselves working alongside other full-time (FT) dentists, whether fellow orthodontists, general dentists, or other specialists, compared to 2018.
- Respondents under age 35 are more likely to work with at least one other Full Time Orthodontists (56%) compared to those age 35 or above (30%).

% of Practices with at least one additional specialist in each category

	2022	2018	2016
FT Orthodontist	29%	23%	32%
FT General Dentist	12%	10%	8%
FT Pediatric	8%	7%	5%
FT Other Dentist	4%	3%	3%

% of Practices with at least one additional specialist in each category

	2022	2018	2016
PT Orthodontist	17%	12%	19%
PT General Dentist	6%	10%	4%
PT Pediatric	5%	7%	5%
PT Other Dentist	6%	3%	7%

	Number of Additional Specialists				
	0	1-2	3-4	5-9	10+
FT Orthodontist	71%	22%	5%	2%	1%
FT General Dentist	88%	5%	3%	2%	2%
FT Pediatric	92%	5%	1%	1%	1%
FT Other Dentist	96%	2%	1%	0%	1%

	Number of Additional Specialists				
	0	1-2	3-4	5-9	10+
PT Orthodontist	83%	14%	2%	1%	1%
PT General Dentist	94%	4%	0%	0%	1%
PT Pediatric	95%	5%	0%	0%	0%
PT Other Dentist	94%	4%	1%	1%	0%

(n = 898)

Q10. Not including yourself, how many orthodontists work 25+ hours per week in your practice, and how many work less than 25 hours per week?

Q11. Not including yourself, how many of each type of dentist/specialist work 25+ hours per week in your practice, and how many work less than 25 hours per week?

Number of Practice Staff

15

- In 2022, the average number of employees in AAO member practices was 9 full-time and 2 part-time staff. This is down from 11 full-time employees in 2018, although this may be driven by only asking the 2022 question to practice owners.
- Members employed an average of 4 full-time clinical staff and 4 full-time administrative staff.
- 29% of respondents employed 10 or more full-time staff in 2022. This statistic is down slightly from 32% in 2018.
- Respondents in an Orthodontist Owned Solo Practice had an average of 6 full-time and 1 part-time staff.
- Respondents reported an average of 6.2 staff per doctor in 2022. This is down from 6.9 staff per doctor in 2018.

Full-Time	0	1-2	3-4	5-9	10+
FT Clinical	9%	21%	34%	30%	7%
FT Administrative	7%	35%	34%	20%	4%
FT Other	73%	24%	2%	1%	0%
Part-Time	0	1-2	3-4	5-9	10+
PT Clinical	60%	31%	7%	2%	0%
PT Administrative	69%	25%	4%	1%	1%
PT Other	90%	9%	0%	0%	0%

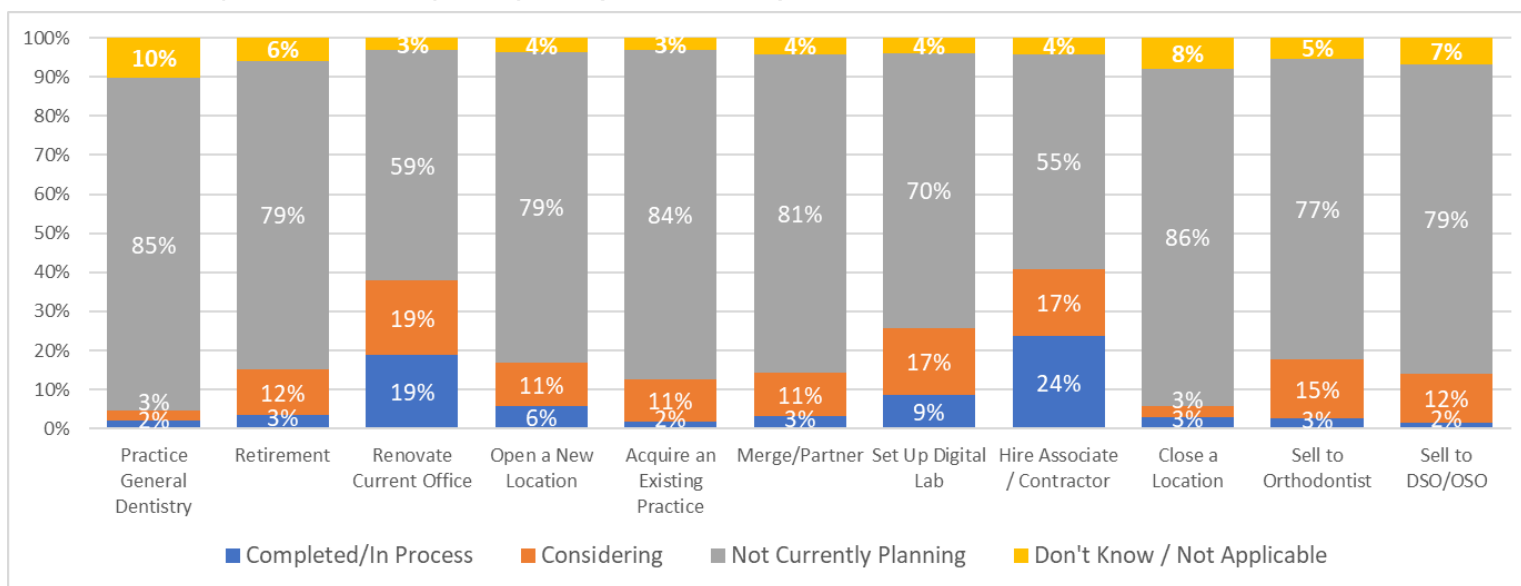
(n = 576)

Q12. How many of the following staff does your practice employ?

Planned Practice Changes

16

- 19% of respondents are moving forward with or completed planned renovations to current offices in 2022, with another 19% considering a renovation. This is down from 25% who completed a renovation in 2018.
- Respondents are less likely to be planning or working on opening a new location (17% combined) than 2018 (26%).
- Respondents are much more likely to be hiring or planning to hire an associate/contractor (41% combined) than 2018 (25%).
- Respondents who work in an Orthodontist Owned Group Practice are more likely to set up a digital lab (36% completed or considering) than those in an Orthodontist Owned Solo Practice (23%). This difference is even larger when based on the intended practice modality in 5 years (50% vs 15%).



Q13: (n=877)

Q14: (n=578)

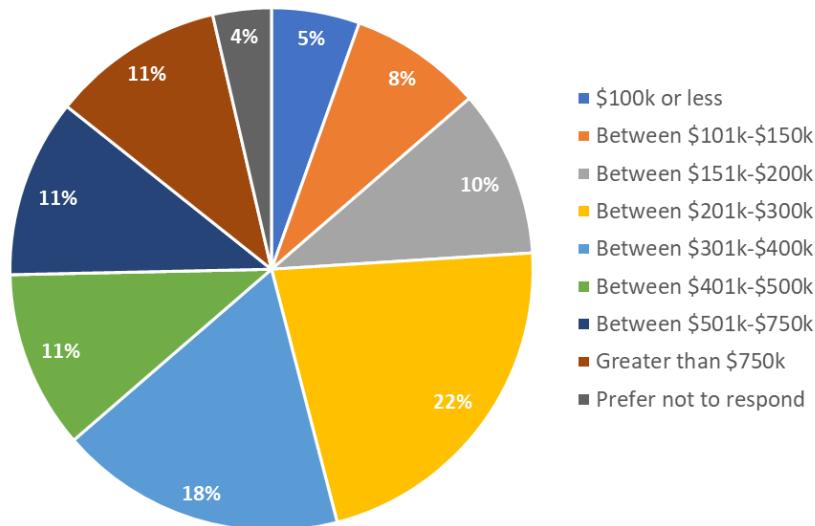
Q13-14. During 2022, which of the following changes did you undertake, or which are you considering for 2023?



Orthodontist Salary

17

- Roughly half of salaries (47%) are less than \$300k, including 14% under \$150k.
- The peak salary for respondents was from those age 45-54 with 29% earning more than \$500k and 36% earning less than \$300k.
- While just under the threshold to be statistically significant, respondents from the United States reported earnings approximately 10% higher than respondents from Canada.
- Respondents from MSO reported a salary at least 9% higher than any other constituent.



(n = 888)

Practice Modality	# Responses	Average Salary
Orthodontist Owned Group Practice	168	\$ 410
Orthodontist Owned Solo Practice	453	\$ 387
Orthodontic Support Organization (OSO)	46	\$ 367
Dental Support Organization (DSO)	90	\$ 355
Hybrid Group Practice	30	\$ 302
Orthodontist Owned Dental Group Practice	16	\$ 294
Dentist/Specialist Owned Dental Group Practice	54	\$ 280
University-Based Dental/Orthodontic Practice	26	\$ 161

Q15. What range encompasses your current salary from practicing orthodontics: W-2 (T4 in Canada), 1099 (T4A in Canada), or Corporate Income (salary, retirement, savings, automobile, and other personal expenses paid by the practice)? If necessary, please convert to US dollars.



Orthodontist Salary

18

- There is a significant discrepancy in salary by gender, even when adjusted for age and ownership.
- Females of all ages are more likely to earn \$200k or less than their male counterparts of the same age. In addition, females between 45-64 are much less likely to earn \$500k or more compared to males.
- For practice owners under the age of 45, this difference is generally explained by the difference in hours seeing patients between male and females. However, for those age 45 or above there is still a significant difference after accounting for hours seeing patients.
- Respondents of an ethnic minority reported a salary that is approximately 25% lower than white respondents.
 - This difference was consistent even after adjusting for age, ownership status, and hours seeing patients.

Ages 44 or Under Owners			
	\$200k or Less	\$200k- \$499k	\$500k or More
Gender			
Female	35%	35%	31%
Male	25%	43%	33%

Ages 45-64 Owners			
	\$200k or Less	\$200k- \$499k	\$500k or More
Gender			
Female	31%	59%	10%
Male	10%	52%	38%

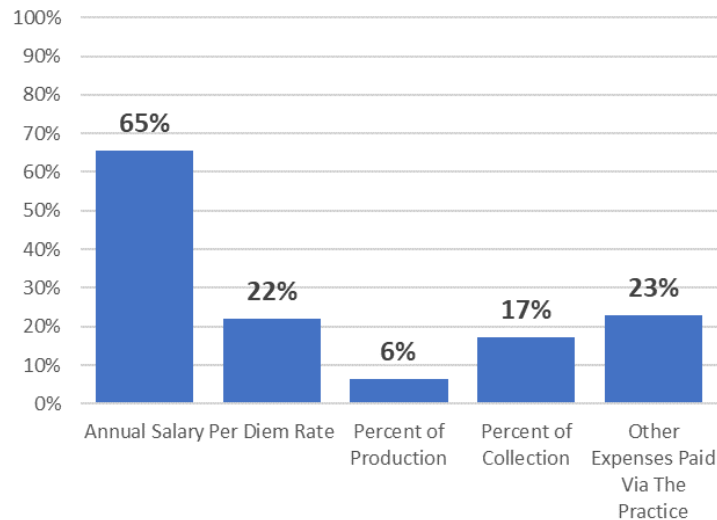
Q15. What range encompasses your current salary from practicing orthodontics: W-2 (T4 in Canada),1099 (T4A in Canada), or Corporate Income (salary, retirement, savings, automobile, and other personal expenses paid by the practice)? If necessary, please convert to US dollars.

Orthodontist Compensation

19

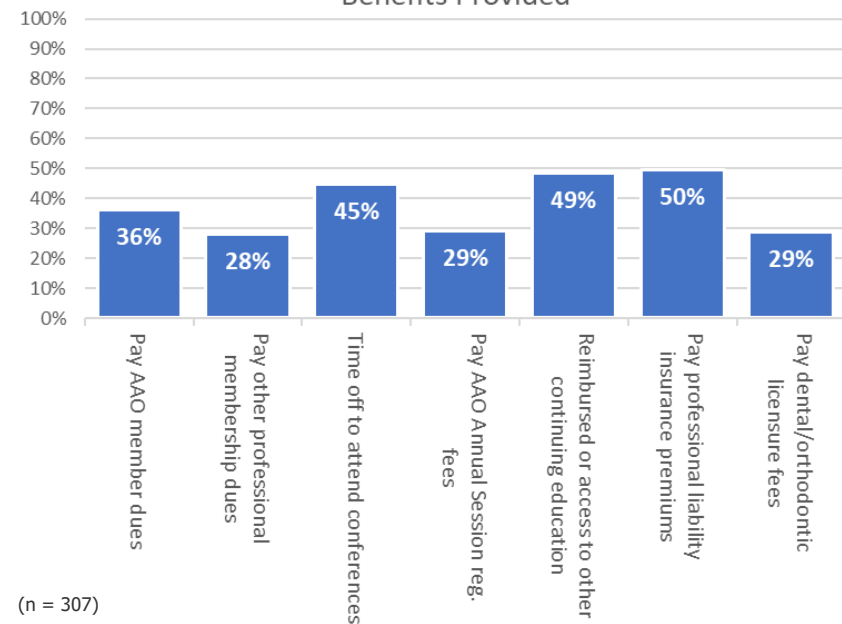
- Nearly two-thirds of respondents are paid via an annual salary. Per Diem Rate and having Other Expenses Paid Via The Practice are the next most popular form of compensation with just under a quarter of respondents for each.
- 31% of respondents reported being paid by at least two different forms of compensation.
- Paying for professional liability insurance and reimbursing/providing access to other continuing education are the most common benefits provided to employee respondents, followed closely by time off to attend conferences.

Methods of Compensation



(n = 891)

Benefits Provided



(n = 307)

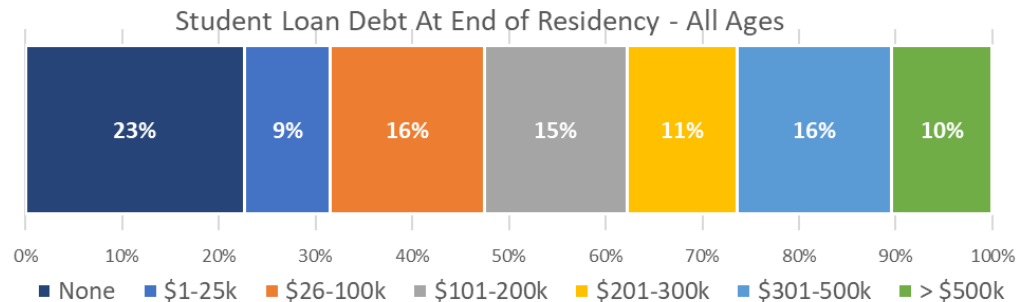
Q16. How are you compensated?

Q17. Which of the following benefits does your employer provide?

Orthodontist Student Loan Debt

20

- The average student loan debt for all respondents at end of residency (regardless of age/time since graduation) was \$191k, an increase of \$22k compared to 2018.
- Student loan debt at end of residency is strongly correlated by age which is logical given the rising cost of education over time. The average debt for respondents under the age of 35 is \$302k, a decrease of \$11k compared to 2018. The following comparisons each take the differences by age into account.
- No significant correlation was found linking higher student loan debt at graduation to a higher salary.
- The average student loan debt outstanding currently is \$86k (up \$9k from 2018) with 1 out of 3 respondents having student loan debt outstanding.
- Respondents who have more student loan debt currently outstanding are more likely to work more hours per week and more weeks per year.



(n = 893)

Debt at End of Residency by Age			
	Less than \$100k		\$300k or more
	\$100k - \$299k	\$300k - \$499k	\$500k or more
Under 45	25%	25%	50%
45-64	51%	35%	14%
65 and Over	85%	12%	3%

Q20. Approximately how much student loan debt did you accrue by the end of your orthodontic residency (including undergraduate and dental education)?

Q21. Approximately how much student loan debt do you currently have outstanding (including undergraduate and dental education)?



Patient Information

NEW PATIENTS

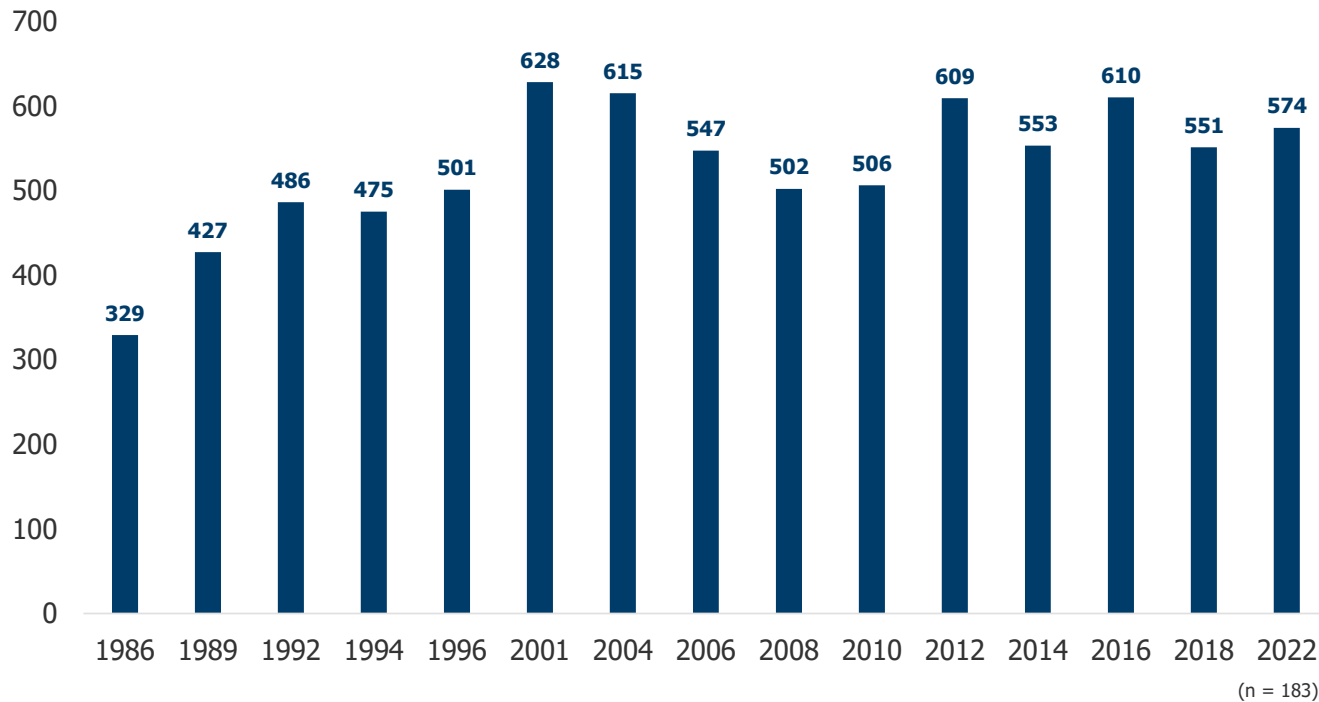
PATIENTS IN ACTIVE TREATMENT

PATIENT ACQUISITION STRATEGIES

Total Patients in Active Treatment Per Member

22

- The number of total patients in active treatment increased from 551 in 2018 to 574 in 2022.
- Members in the U.S. average 571 patients, while Canada averages 646 (caution: low sample size for Canada).
- There is a positive correlation between number of active patients and hours seeing patients per week along between number of active patients and salary.

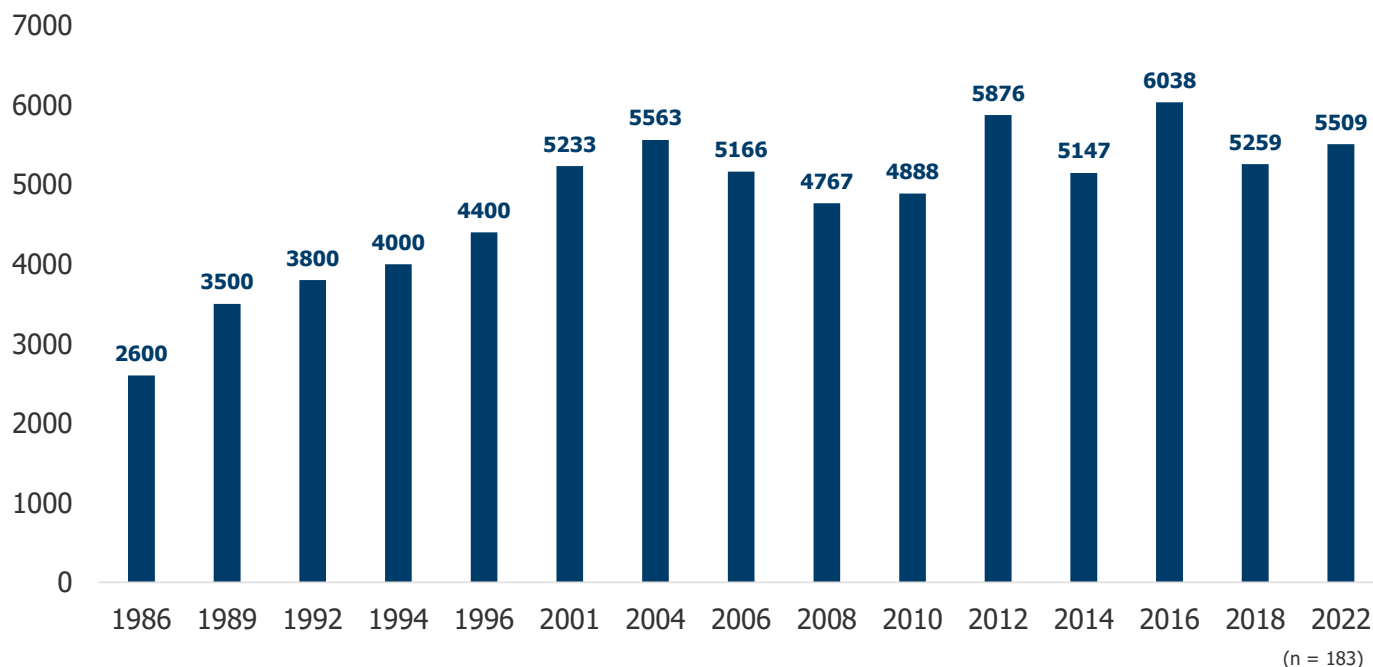


Q22. Please fill in the number of active patients you have in each demographic.

Total Patients in Active Treatment U.S. & Canada (In Thousands)

23

- Based on the 9,596-member database of AAO Active and Life members, the estimated number of total patients in active treatment across members in the U.S. and Canada is approximately 5.51 million.
- This estimate is up slightly in total patients in active treatment compared to the 2018 survey but still down from the high point in 2016.
- Based on the 9,160 U.S. members in the database provided by AAO, the estimated number of total patients in active treatment by members in the U.S. is approximately 5.23 million.



Total Patients in Active Treatment

U.S. & Canada

24

- While male patients were flat compared to 2018, female patients increased slightly.
- The only significant decrease from an age perspective is among patients ages 18 to 34 years old.

	Male	Female	
Total Patients	259	305	(n=183)
Total Patients (2018)	259	292	(n=217)
Total Patients (2016)	264	346	(n=301)
Total Patients (2014)	242	310	(n=413)
Percent Change vs 2018	0%	4% 	

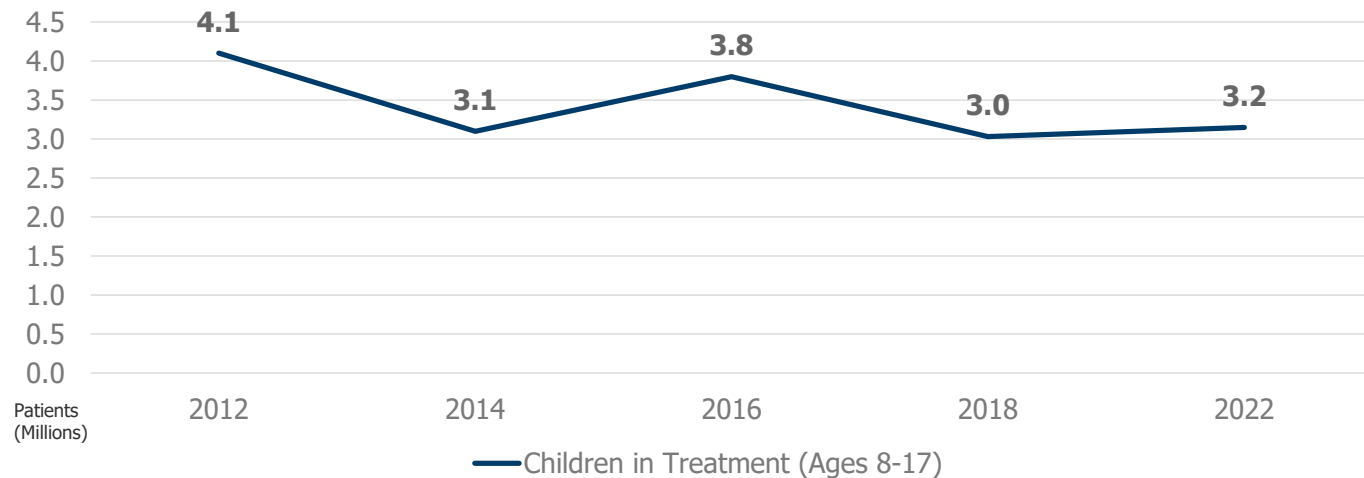
	<8 years	8-17 years	18-34 years	35-50 years	>50 years	
Total Patients	48	345	95	59	28	(n=183)
Total Patients (2018)	33	336	104	54	24	(n=217)
Total Patients (2016)	30	408	106	48	19	(n=298)
Total Patients (2014)	31	373	87	46	17	(n=413)
	46% 	3% 	-8% 	10% 	19% 	

Q22. Please fill in the number of active patients you have in each demographic.

U.S Children in Treatment

25

- The U.S. Census Bureau estimates that there were 42.6 million children ages 8 to 17 in the U.S. in July 2021 (most recent census update). This is up from 41.5 million children as of the previous Economics Survey in July 2018.
- In 2022, U.S. AAO members (about 9,160) were treating an average of 344 patients ages 8 to 17 for a total of approximately 3.15 million patients.
 - That equated to about 7.4% of U.S. children ages 8 to 17 (up slightly from 7.3% in 2018).

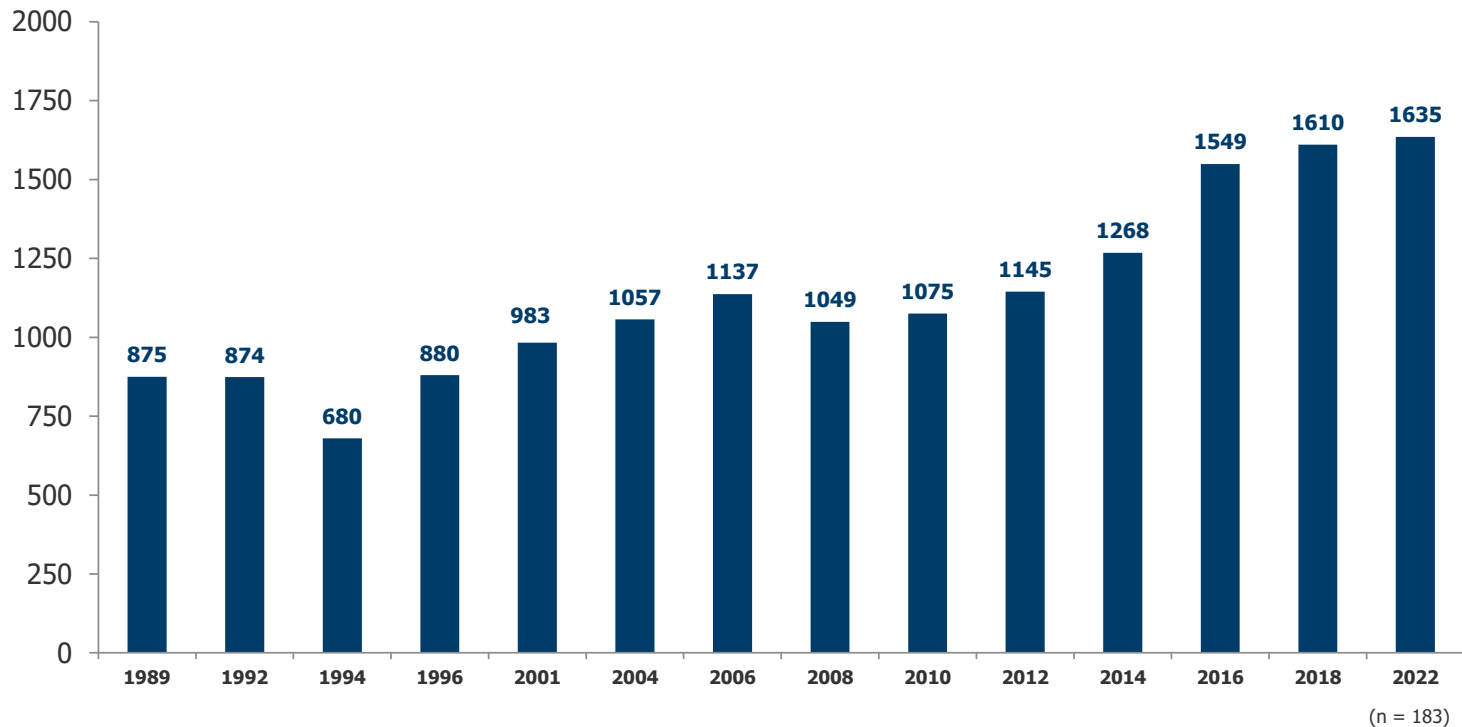


Q22. Please fill in the number of active patients you have in each demographic.

U.S. Adults in Active Treatment In Thousands

26

- The total number of adult patients being treated in the United States by AAO members is approximately 1.63 million adults, up slightly from 2018.
- The average adult patient count per member (178) in the U.S. was the same as 2018.

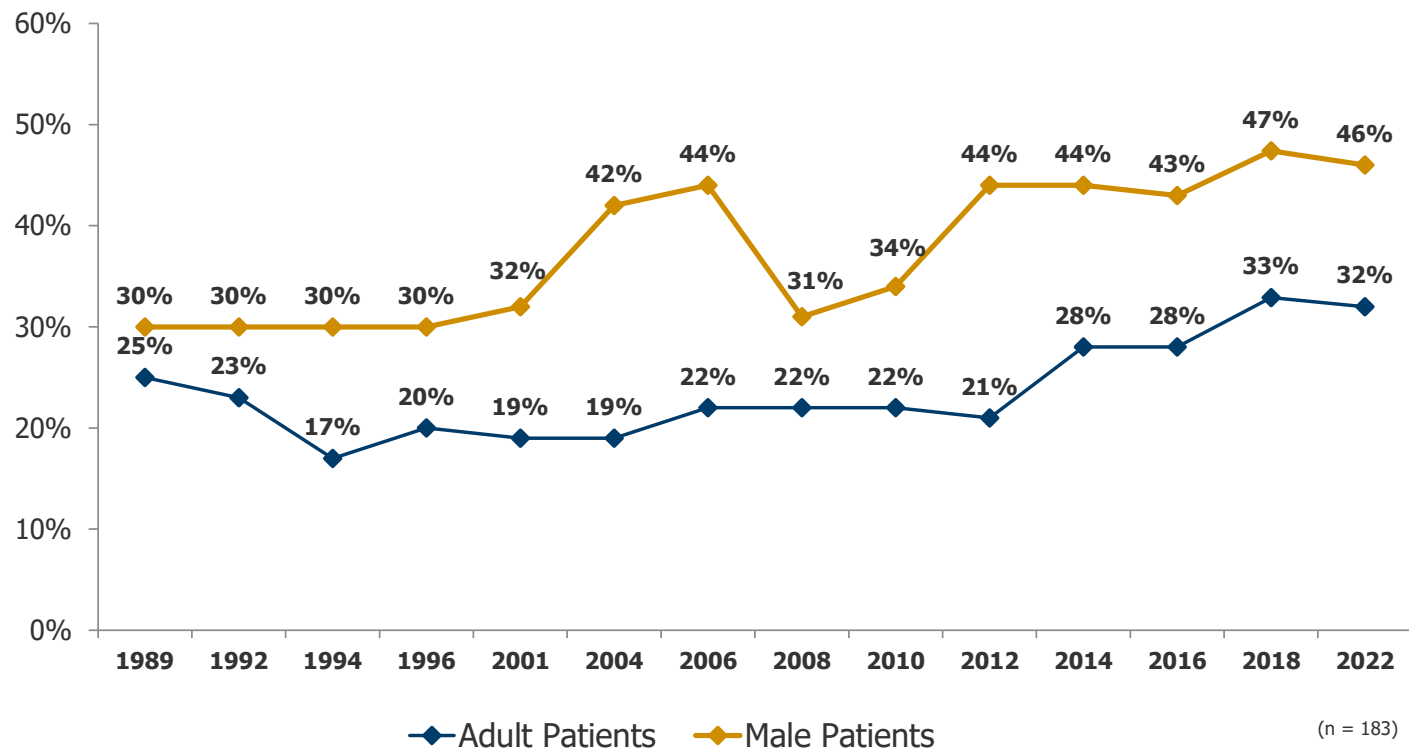


Q22. Please fill in the number of active patients you have in each demographic.

Percentage of Patients by Year

27

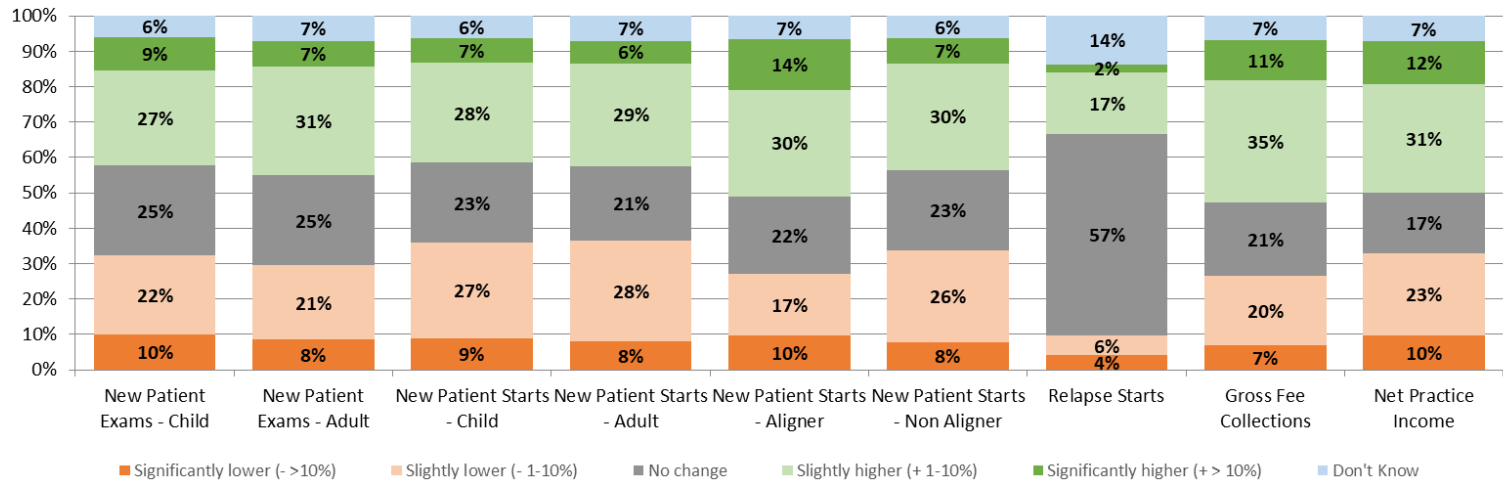
- The percentage of adult and male patients each declined by 1 percentage point to 32% and 46% respectively.



Practice Statistic Changes

28

- Roughly one out of three respondents reported an increase in most of the below practice statistics, with relapse starts being the exception.
- Similarly, roughly one out of three respondents reported a decline in each statistic besides relapse starts.
- Aligner starts saw twice as many respondents reporting at least a 10% increase compared to non-aligner starts.

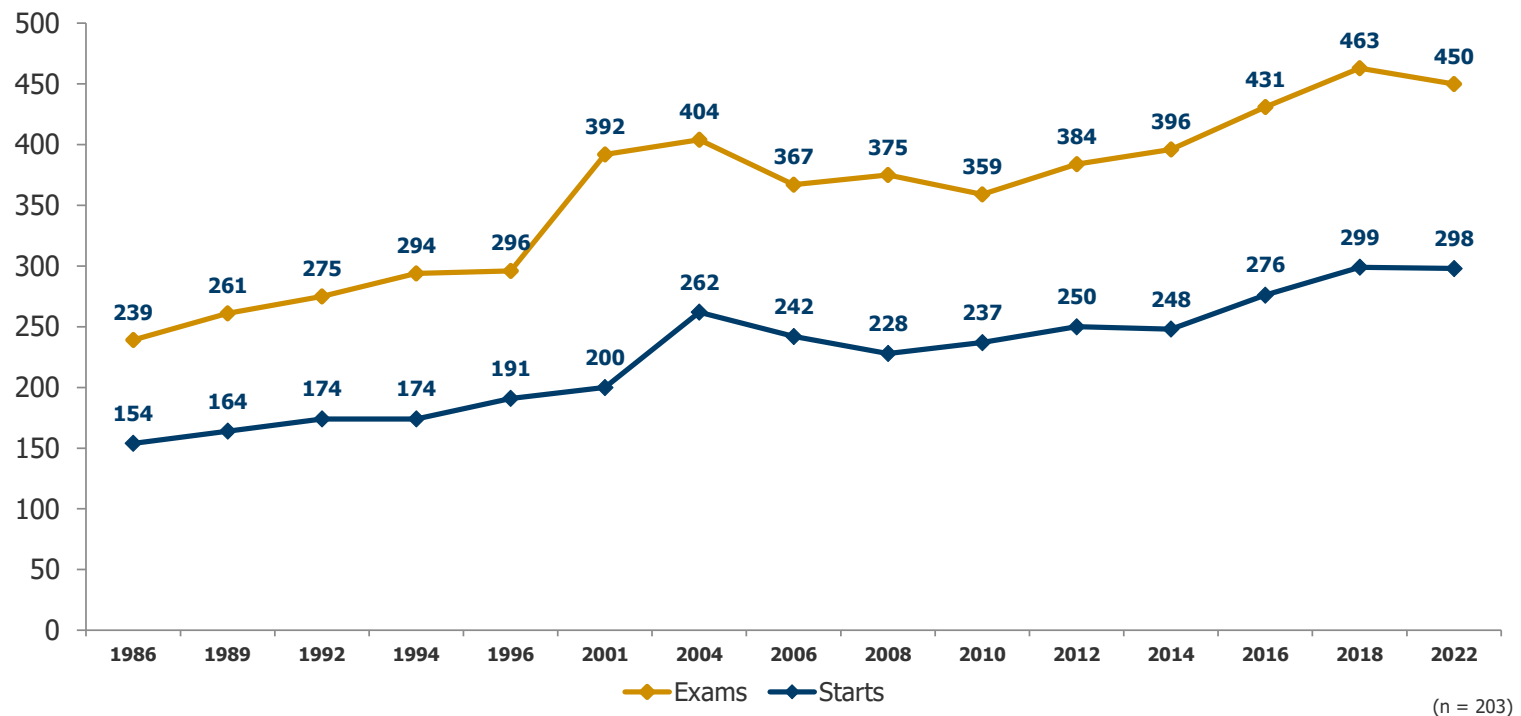


(n = 279)

New Patient Exams & Starts

29

- From January 1 to December 31, 2022, the average number of new patient exams per respondent was 450 – down slightly from the peak in 2018.
- New patient starts were also down slightly in 2022.

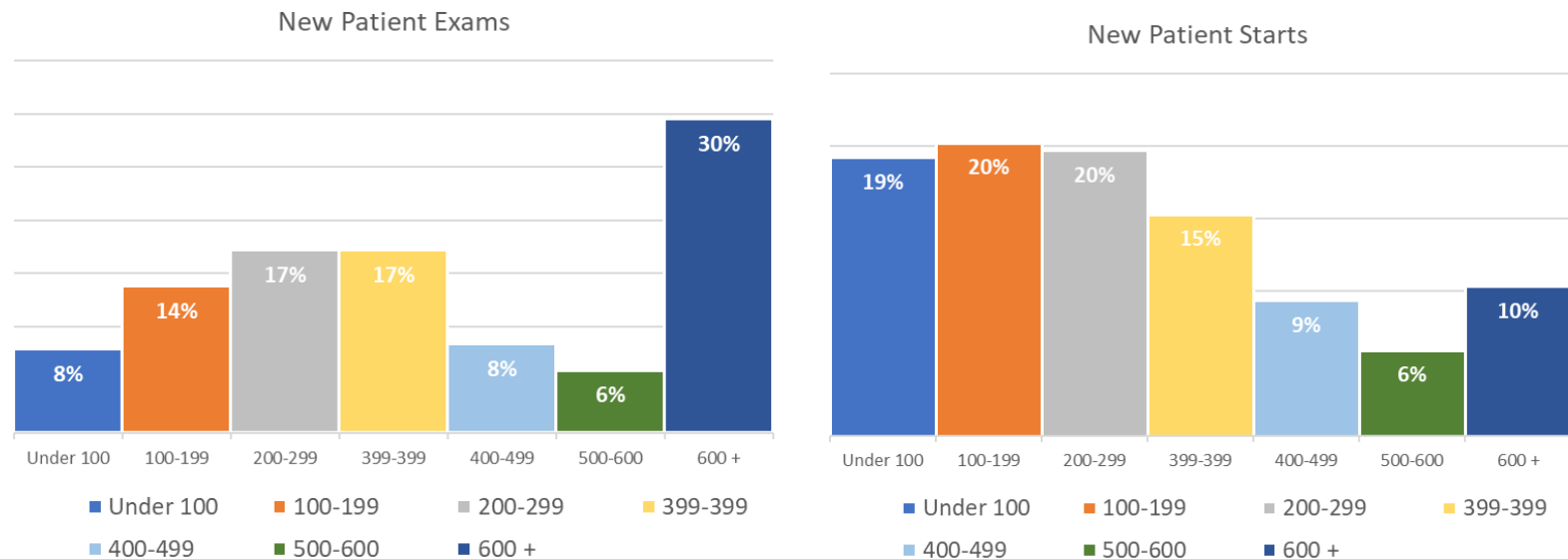


Q24. During the period from January 1, 2022 through December 31, 2022, how many **new patient examinations** did you conduct?
Q25. During the same period from January 1, 2022 through December 31, 2022, how many total new patient starts did you have?

New Patients & Conversion Rates

30

- On average, in 2022, respondents experienced a 66% conversion rate from new patient exams to new patient starts. This conversion rate is a slight increase from 65% in 2018.
- Clear aligner starts made up 25% of total starts, up from 19% in 2018. Based on the 9,596 US and Canadian members, this amounts to an estimated 706k total clear aligner starts among US and Canadian members.



(n = 203)

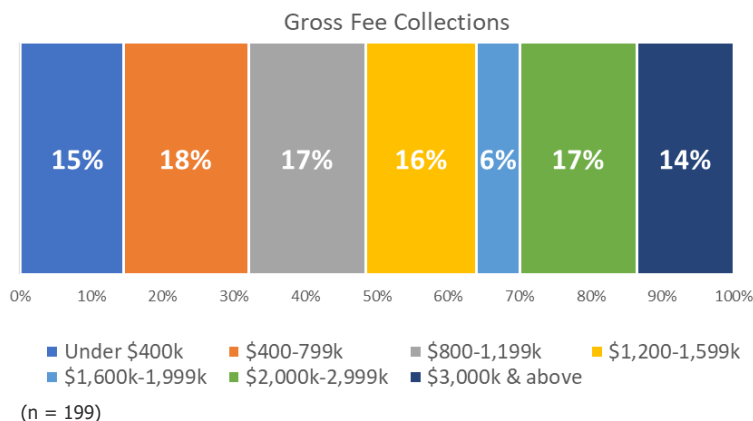
Q24. During the period from January 1, 2022 through December 31, 2022, how many **new patient examinations** did you conduct?
Q25. During the same period from January 1, 2022 through December 31, 2022, how many total new patient starts did you have?
Q26. During the same period from January 1, 2022 through December 31, 2022, how many new patient clear aligner starts did you have for the following age ranges?

Practice Gross Fee Collection

31

- The average gross fee collection was \$1.7m while the median was \$1.2m.
- Gross Fee Collection by constituent reveals two groupings. MASO, RMSO, and SWSO each have an average of \$1.0-\$1.2m while GLAO, MSO, NESO, PCSO, and SAO have an average of \$1.8-\$2.0m.
- Respondents who completed or are in process of opening a new location averaged \$2.3m in gross fee collection compared to \$1.5m for those who are not.
- Average gross fee collection by salary, practice modality, and busyness are in the tables to the right.

Salary # Responses		Gross Fee Collections
\$100k or less	11	333
Between \$101k-\$150k	24	646
Between \$151k-\$200k	21	847
Between \$201k-\$300k	37	1,594
Between \$301k-\$400k	23	1,283
Between \$401k-\$500k	25	1,648
Between \$501k-\$750k	26	2,951
Greater than \$750k	28	2,851



Gross Fee Collections	Not Busy Enough	Busy enough & able to provide care to everyone	Feel overworked but able to provide care to everyone	Too busy to treat everyone
Under \$1,200k	62%	34%	2%	1%
\$1,200k-\$1,999k	33%	57%	10%	0%
\$2,000k & Above	8%	68%	14%	10%

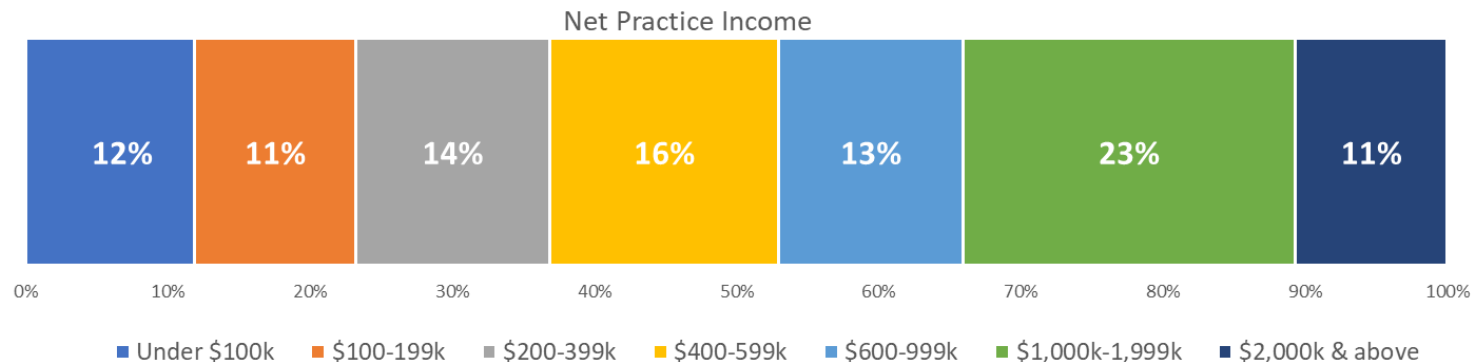
Practice Modality	# Responses	Gross Fee Collections
Orthodontist Owned Solo Practice	131	\$ 1,507
Orthodontist Owned Group Practice	31	\$ 2,602
Dentist/Specialist Owned Dental Group Practice	17	\$ 1,068
Hybrid Group Practice	11	\$ 2,733

Q27. During the same period from January 1, 2022 through December 31, 2022, what were your practice's gross fee collections?

Net Practice Income

32

- The average net practice income was \$991k while the median was only \$550k. Both values are up significantly compared to 2018 (\$661k and \$444k respectively).
- The average was much higher for male respondents (\$1,260k) than female respondents (\$859k) even though the average gross fee collections were relatively similar (\$1,688k vs \$1,605k respectively).
- Likewise, white respondents had a higher average practice income (\$875k) than ethnic minorities (\$658k) despite ethnic minorities having a slightly higher gross fee collections (\$1,646k vs \$1,690k).
- There is not an apparent correlation between student loan debt and either gross fee collections or net practice income.



Practice Modality	# Responses	Practice Income
Orthodontist Owned Solo Practice	119	\$ 953
Orthodontist Owned Group Practice	29	\$ 1,597
Dentist/Specialist Owned Dental Group Practice	16	\$ 773
Hybrid Group Practice	11	\$ 695

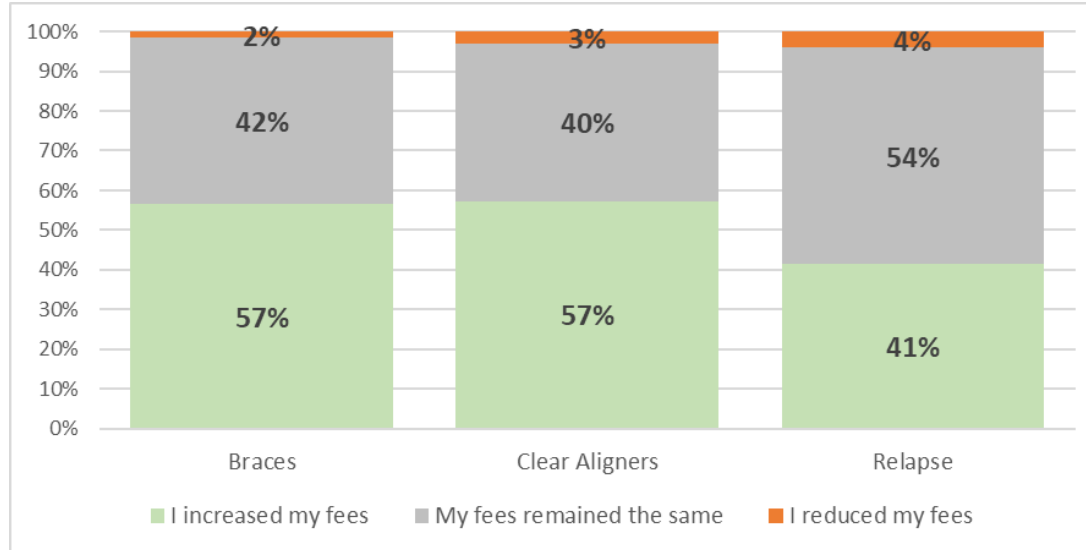
(n = 185)

Q28. During the same period from January 1, 2022 through December 31, 2022, what was your net practice income?

Fee Structure

33

- The majority of respondents increased their fees for both braces and clear aligners in 2022 when compared to 2021.
- This is a sharp change from the previous survey (comparing 2018 rates to 2017) when 39% of respondents raised prices on braces and only 32% raised prices for clear aligners.
- Respondents who reported increases in exams and starts (both for children and adult patients) were more likely to have increased their fees than those who did not report an increase.
- Respondents who reported a salary over \$500k were more likely to have increased their fees.



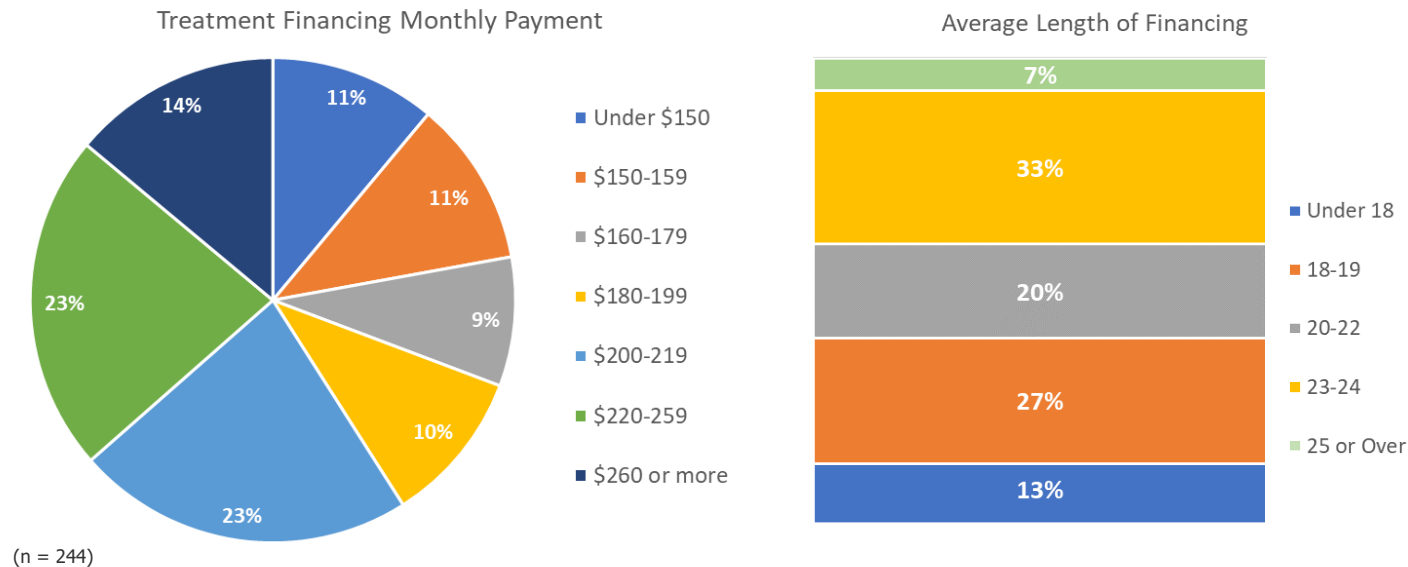
(n = 300)

Q29. Relative to 2021, how did your fee structure change in 2022?

Treatment Financing

34

- Members reported an average monthly payment of \$241 for those patients who chose to finance treatment. This is a 26% increase compared to 2018 (\$191).
- This was partially offset by a reduction in the average length of treatment financing from 21.4 months in 2018 to 20.3 months in 2022.
- Considering the average monthly payment and financing length, the average patient financed **\$4,891** (2018: \$4,011).
- The length of treatment financing is correlated to the length of treatment.

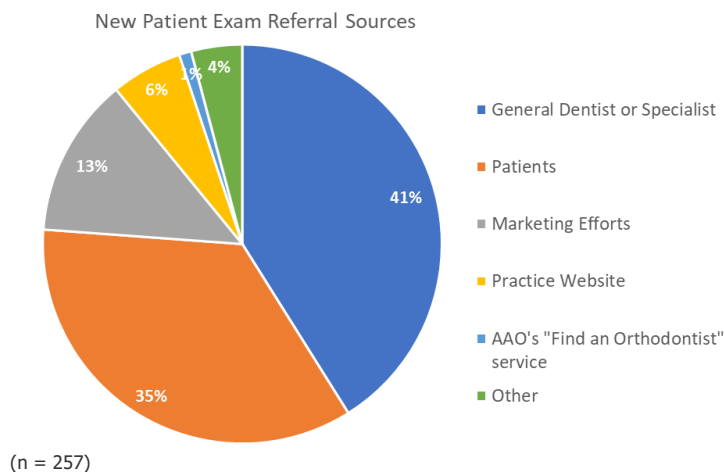


Q30a. For patients who finance treatment through your practice, what is their average monthly payment?
Q39b. For patients who finance treatment through your practice, what is their average length of financing?

Referral Sources

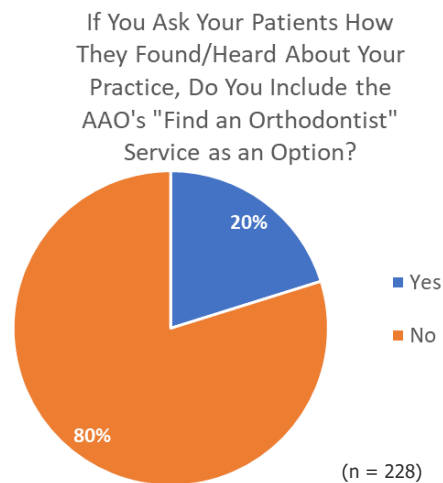
35

- Referrals from general dentists or remained consistent at 41% compared to 2018 while referrals from patients also remained steady at 35%.
- Respondents under the age of 45 are less likely to receive patient referrals (31%) than those age 45 or above (38%).
- 20% of respondents include the AAO's "Find an Orthodontist" Service, up from 17% in 2018.
- Members under the age of 35 are less likely to include this as an option (13%) than those age 35 or older (25%). This is the opposite of the 2018 survey where younger members were more likely to include it.
- Based on the number of starts reported and the percent of patients who were found by using the AAO's "Find an Orthodontist" feature, an estimated 40k patients were examined and 26k patients started treatment with an AAO member after locating their orthodontist using the AAO's "Find an Orthodontist" feature.



Q31. What percentage of your new patient examinations come from each of the following:

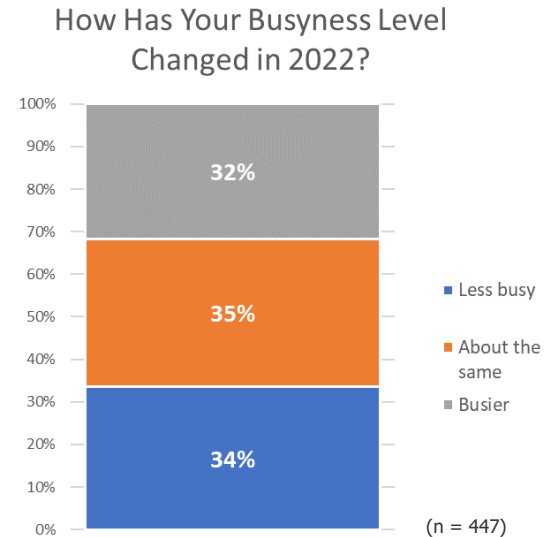
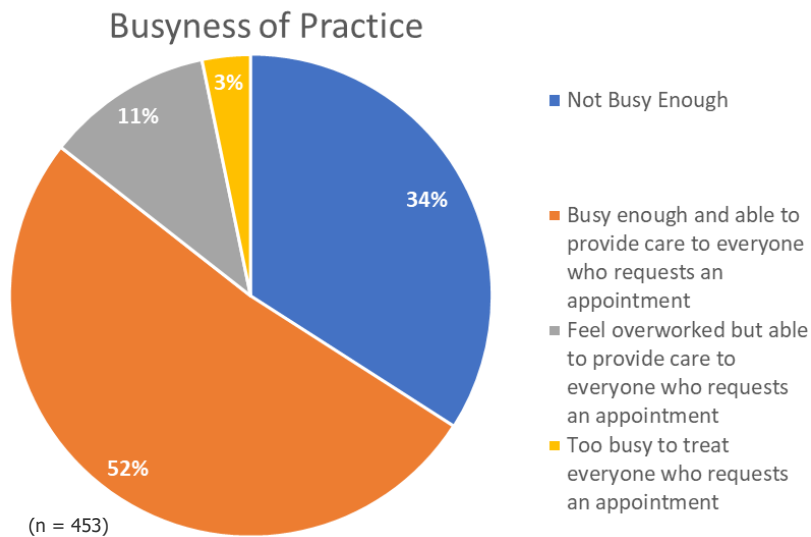
Q32. If you ask your patients how they found/heard about your practice, do you include the AAO's "Find an Orthodontist" service as an option?



Busyness

36

- 1 out of 3 respondents (34%) reported not being busy enough while only 3% reported being too busy to treat everyone who requested appointments.
- Female respondents are much more likely to either feel overworked or too busy to treat everyone (22%) than male respondents (11%).
- Respondents with a practice modality of Orthodontist Owned Solo Practice are more likely to report being not busy enough (42%) than other practice modalities (27%).
- There is a correlation between busyness and salary with those earning less being less busy.

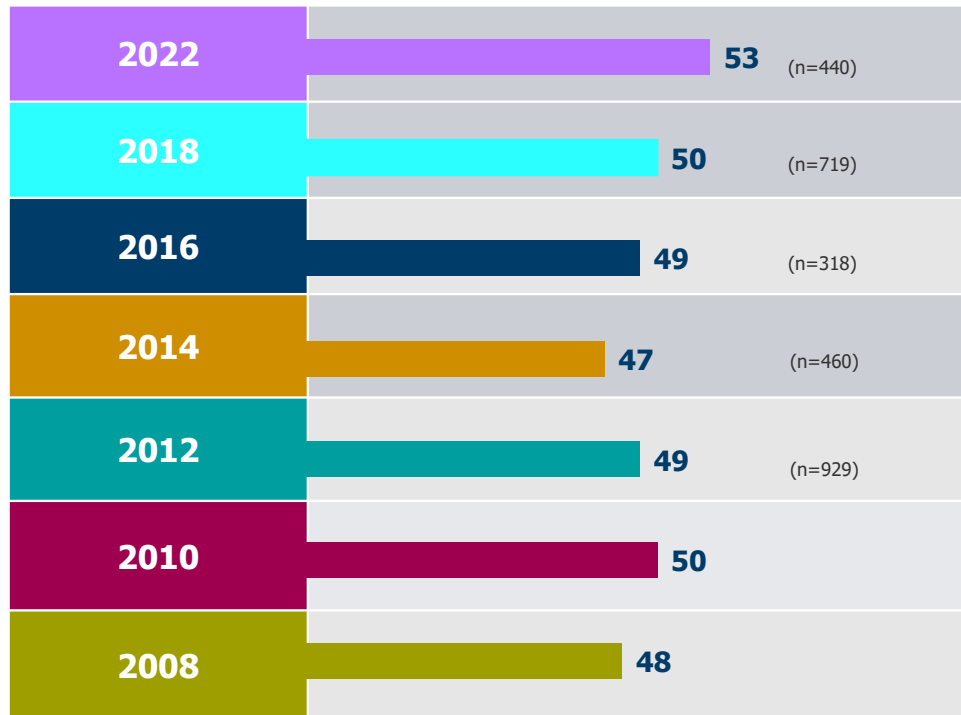


Q33. How busy would you rate your practice?
Q34. Relative to 2021, how did your busyness level changed in 2022?

Patients Seen Per Day

37

- On average, respondents report seeing 53 patients per day, up from 50 in 2018 and the highest since at least 2008.
- Respondents who see more patients per day are more likely to be busier and have more exams and starts than those who see fewer patients per day.



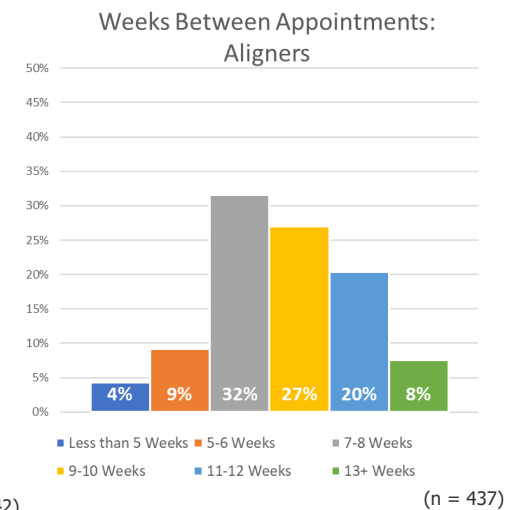
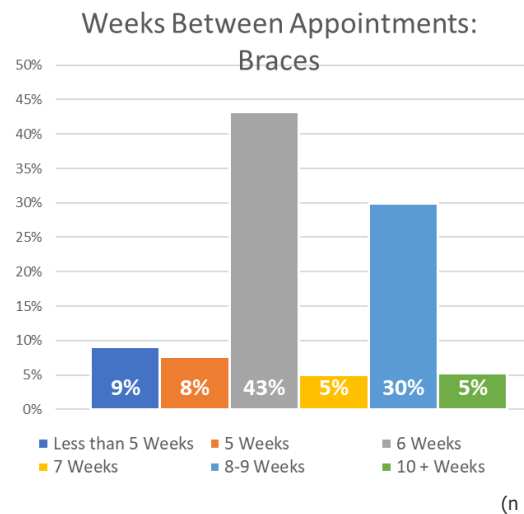
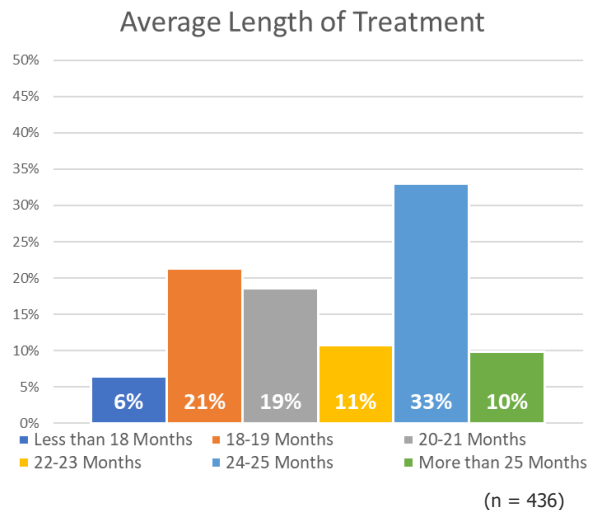
- There is a positive correlation between reported salary ranges and the patients seen per day (see table below).

2022 Salary	Patients Seen Per Day
\$100k or less	22
Between \$101k-\$150k	37
Between \$151k-\$200k	45
Between \$201k-\$300k	52
Between \$301k-\$400k	55
Between \$401k-\$500k	53
Between \$501k-\$750k	59
Greater than \$750k	74
Prefer not to respond	64

Treatment Times

38

- The median length of treatment was 22 months, consistent with 2018. The median interval between appointments in the active phase of treatment 6 weeks for braces and 10 weeks for aligners.
- Canadian respondents had a longer median interval between appointments for braces at 8 weeks.
- Younger respondents have a longer interval between appointments for both braces and aligners compared to older respondents.



Q36a. What is the most common interval (in number of weeks) between appointments for patients in the active phase of comprehensive treatment for Braces?

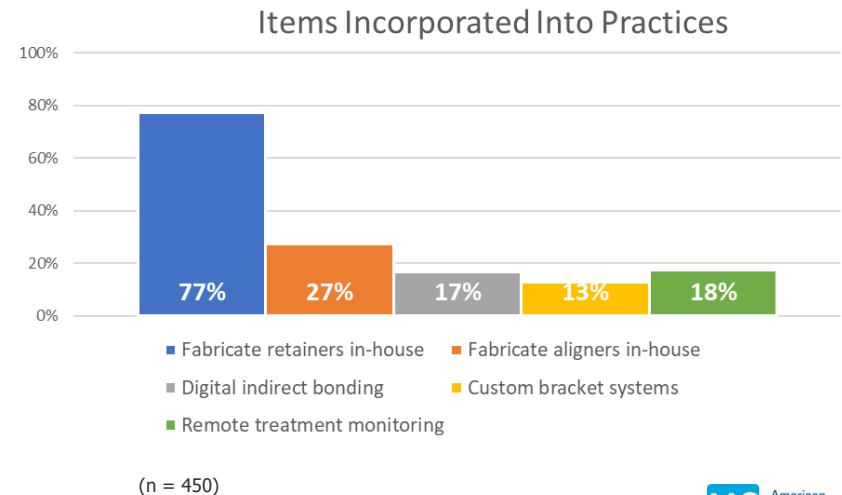
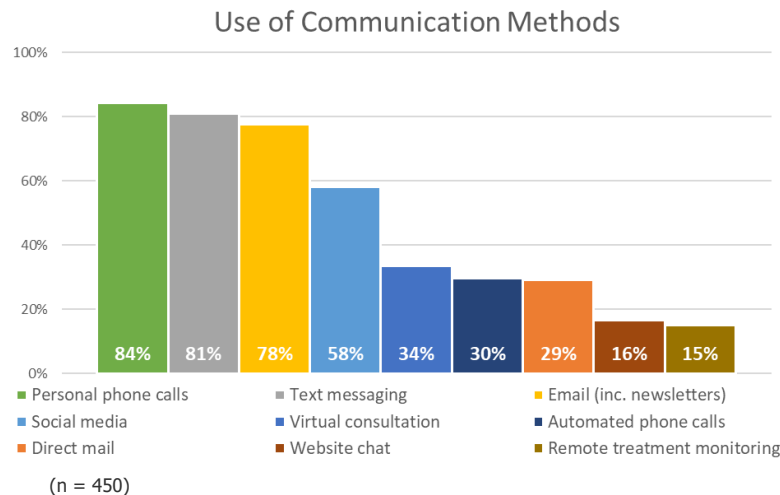
Q36b. What is the most common interval (in number of weeks) between appointments for patients in the active phase of comprehensive treatment for Aligners?

Q37. What is the average length of comprehensive treatment?

Methods of Patient Communication & Usage of Technology

39

- Personal phone calls were the most common method of communication with current patients and were used by 84% of respondents.
- Text messaging, email, and social media were the other methods of communications used by the majority of respondents.
- Respondents age 65 and over are less likely to use text messaging (58%) and email (59%) than those under age 65 (84% and 80% respectively).
- Respondents of an ethnic minority are less likely to use social media (48%) than white respondents (66%).
- Roughly 3 out of 4 respondents (77%) indicated that they fabricate retainers in-house.



Q38. Which methods of communication do you use with patients/potential patients?
Q39. Which of the following do you incorporate in your practice? (select all that apply)

Research Summary

Research Summary

41

- Despite enduring the COVID pandemic since the last full Economics and Patient Census Survey, the number of patients treated by AAO members in the US and Canada increased from 2018.
 - While their total volumes remain small, both the youngest (<8 Years) and oldest (50+ Years) patient groups saw significant increases in patient volumes.
- Conversions rates increased slightly compared to 2018 as there was minimal movement in either exams or starts.
- Both reported salaries and Net Practice Income rose significantly in 2022 compared to 2018.
- There is a shift toward DSO/OSOs with 14% of members working in those modalities compared to 6% in DSOs in 2018 (OSOs were not tracked separately then). Practice modality could continue to see significant shifts over time as 40% of respondents indicated that they intend to be in a different modality 5 years from now.
- A larger portion of respondents elected to raise their prices in 2022, a likely reaction to the recent high inflation. Accordingly, the amount financed by patients also increased significantly.
- Patients seen per day increased to a new high at 53 per day.
- One-third of respondents reported that they are not busy enough in their practice.
- There continues to be significant differences in salary by gender and also between white respondents and ethnic minorities.