

Practice Marketing

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Lets face it! There is no magic pill we can swallow to market our practice just our pride. The world doesn't owe us patients just because we have spent 22 years and \$220,000 on our education and untold amounts to physically establish a practice we have to earn our patients! There are also no simple marketing gimmicks, for example, sending a rose to referring mothers that will assure us a sound position in the orthodontic marketplace—marketing is hard work!

There are two types of marketing: internal and external. Internal marketing is based on having the best staff, systems and attitude to make our patients feel that they are receiving more than what they are paying for. Internal marketing relies on the well-served patients referring their friends and acquaintances to share in these wonderful services. External marketing is a matter of awareness, based on creating interest in our services from without, by letting them know that we exist. Every practice needs both external and external marketing.

External Marketing

Much of the external marketing today is attained through dental professionals and other individuals who know about the practice, believe in it, and want others to receive its services. This external marketing technique is based on the practice's image in the community. It takes constant effort to keep this image positive and to keep others referring. It is also a hit-and-miss proposition since the referrers are NOT under our direct control and we have little say over what they do. External marketing *of referrers* is more work-intensive and less cost intensive than external marketing through *advertising*. Advertising is an external marketing technique that is used by few orthodontists today. The purpose of advertising is to spark an interest in orthodontic treatment in people who don't know that our practice exists, which is accomplished through repetition—advertising only works when it is repeated for a long period. Every potential patient/family needs a specific amount of time, sometimes days and sometimes years, to be convinced that they may need the advertised service. And once convinced they will seek out that service and either accept it or not, depending on how they are treated. External marketing through *advertising* is very cost-intensive, for example, a well-known orthodontic management group spends about \$50,000 to \$70,000 a year per practice on advertising. To set up an external marketing plan for your practice you need to decide on whether you want to spend much time and minimal expense to interest possible referrers, or whether you want to spend minimal time and much expense on advertising.

If **REFERRAL** is the route you prefer you must build your relationships with referring dentists—there are other referral sources, but dentists are by far the best referrers. Each relationship must be built on what you can do for the dentist's practice and NOT on what the dentist can do for your practice. And no matter what you do, it must all be for the patient's welfare in the long run, if it isn't good for the patient, it isn't good for anyone. The referring dentist is ultimately responsible for the dental welfare of the patient. Thus, as part of your referral, marketing you must place special emphasis on getting patients back to their dentist regularly for their cleaning and exam visits. You must also support the dentist's endodontic, periodontic, oral surgery, prosthodontic and restorative services as well as their cosmetic dentistry services. To do this you must have meetings with the dentists to determine the specific services that he or she provides. You must also determine who they support and want you to send their patients to for service he or she does not provide.

Dental referrals are not just stimulated between dentist and orthodontist, but between the dentist's staff and orthodontic staff. To get this type of referral started, invite the entire dentist's staff for a get acquainted lunch with your staff at a local "fun" restaurant. Once acquainted, have them visit your orthodontic practice for another luncheon to see how you deliver your service and the special ways that you support their practice through referral back to them and through working with the patient to become a better dental patient. Show them the communications that you send to keep them informed on the patient's treatment progress. Have a dentist data record on each dentist's practice so that when they call you, or you call them, you know all about their practice and can speak more as a friend than as just another office. Having this data computerized for quick access is very helpful! The dentist data file can show staffing data such as who is the receptionist, hygienist and office manager. It can also indicate how the dentist would like his or her patients referred for other specialist treatment. The data can also contain personal information such as staff birth dates, anniversary dates, their interests, etc. If computerized, you can also automatically access data on the number of referrals made to your practice and the number of new patients that you referred to the dentist. You can also list the number of times your practice has been able to make a hygiene appointment for a parent directly over the phone if you want to, there is no limit on what you can know that will benefit your effective interaction with referring dentists it is only limited by your imagination! But don't forget, the computer is only a technical aid for you and your staff; it is people that create referrals, not machines!

If **ADVERTISING** is the route, you prefer you must create credibility with the "ad-patients" through your advertising since they probably don't know anything about your practice. Also, a significant percentage of ad-patients have not had a professional suggest that they need orthodontic treatment; they are just there to find out. In general, the starts to exams ratio (conversion ratio) for ad-patients is about one-half of what it is for your normal referred patients, meaning that you need twice as many exams for the same number of starts and it seems that only about half of the ad patients actually show up for the exam anyway. Thus, you have to *schedule* three-to-four times the number of exams to get an ad-patient started as you do to get a referred patient started. But advertising is a proven method of getting patients, and if you are willing to have more patient exams at a lower conversion rate ending up in more starts, then go for it. Just make sure that the increase in your gross is worth the expense of advertising and the increase in your days worked.

Few practices rely totally on ad-patients, so if you want to advertise you must think of that advertising as an investment of your *present* net income to have a higher *future* net income and increased workload. In general, for every \$1,000 you spend in advertising you should get \$10,000, and never less than \$5,000, worth of gross income on ad-patients *started*. Another aspect of adding advertising to your marketing is that you must keep track of every ad-patient that calls, has an exam, and starts. If you do, you will know how much gross income is generated per \$1,000 spent on advertising and if you aren't willing to spend at least \$30,000 or \$50,000, don't bother advertising! So much for the up side of advertising, now let's look at the downside. Most advertising works because a lower fee, for example, 20 percent lower, or low financial arrangements, for example, no initial payment and a low monthly payment, is advertised. Thus, if you are not willing to do this your ads will probably be ineffective and your ad-money wasted. Also, most referring dentists don't advertise nor do they like specialists who do. And unless you are willing to gamble on losing some of your referring dentists, don't advertise, you may lose more in new patient referrals than you gain by advertising, thus wasting your advertising investment. Also, patients in this day and age tend to look at advertising practices as less professional than non-advertising practices and may avoid them for that reason. In general, it is better to improve your services, which is controllable, than to advertise, which is a crap shoot if not done to the limit.

Internal Marketing

Internal marketing is a matter of internal *organization*; organizing the right people, under the right circumstances, to provide the treatment the patients need and want. This takes time and effort, but it is under our direct control since we can hire and organize the kinds of people we want in our practice and establish systems that promote our practice internally. Once organized and maintained, internal marketing perpetuates itself at no extra cost to the practice. Internal marketing takes on two forms, *interest* and *service*.

INTEREST is generated in the practice through contests, gimmicks, and in general, *fun things* that makes the patient/family happy and excited enough to talk about your practice between appointments. For example, having seasonal (holiday, sports, etc.) contests where the patient can win prizes is always fun, especially when the doctor and staff are enthusiastic about it. Refer to The Book ... on orthodontics for scores of examples of fun ways of marketing your practice through *interest*. But be aware, no matter what fun things you do in your practice, if your *service* is not adequate you will lose most of your internal marketing advantage.

SERVICE is provided by staff who are knowledgeable, experienced, and have a personality that is suited to their work position, using proven management systems. To appreciate what it takes to effectively internally market your practice, let's take a chronological tour through an exceptional practice from the new patient phone call to the end of retention. Throughout the tour we will refer to information about staff, personality that was covered in Part II of this series.

Your tour as the patient through our exceptional orthodontic practice! (The "E" comments help to clarify why we are an exceptional practice.)

- Your marketing tour begins with your initial phone call for a new patient examination appointment. A friendly, comforting voice answers, "Good morning, Dr. Toothman's office, this is Alice, how may I help you." Alice has time for you and is not rushed because you are important! But if Alice is very busy at that moment, she transfers you over to an equally comforting and competent staff member who can obtain the necessary data and give you the best appointment available.
 - Our receptionist team is strong in the relator personality style and never strong in the director style, so you automatically trust them to do what is best for you. Every statement that the receptionist makes when taking your new patient call is carefully scripted to introduce you to their exceptional level of service.
- Before your exam appointment, you receive in the mail a brochure and a welcome letter/photo introducing our treatment coordinator; you also receive a Health History Questionnaire to fill out at your leisure. A day or two before your appointment date our personable treatment coordinator calls you to give you instructions on how to get to our office and also answers any pre-appointment questions you may have.
 - The photos of our doctor and staff in our letters is a trademark of our *personalized practice approach*, letting our patients see who will be providing them with their exceptional service. We also use professionally designed brochures highlighting the benefits of orthodontics in our practice. Our treatment coordinator is strong in the socializer and relator styles, which helps you to feel comfortable with her and to trust her to do what is best for you. You are also caught up in her enthusiasm, which makes you look forward to your exam appointment.
- When you arrive for your appointment where you are greeted by our receptionist in a friendly atmosphere where it is obvious that our staff enjoys working together to serve you. Our

receptionist asks you if you would like refreshment and gets it for you before she notifies the treatment coordinator of your arrival.

- This positive atmosphere does not occur by accident, it is part of a people-oriented participative management approach where the staff feels ownership in our practice and a responsibility for its success. Each staff team member sees her work as an opportunity to serve patients and make a difference in their lives, and not as just an eight to five job with a paycheck. The staff is carefully selected to work in their practice positions, which they are naturally suited to. They are thoroughly trained to effectively work in those positions to provide the patients with the most personable, competent service. People are their business and their business is thriving!
- Soon after your arrival, the treatment coordinator (TC) greets you and begins a warm and personal relationship that continues throughout treatment. The TC's helps you to get started with your orthodontic treatment and keeps you informed of your progress throughout your treatment. As you enter our well designed, bright and comfortable exam room our TC then obtains pertinent data from the patient including a "New Patient Welcome Questionnaire" which tells us what makes that child happy. Every child patient's opinions and facts are important to us and thus, the TC asks the child patient all the pertinent questions and reserves the rest for the parent all our patients are treated as if they are very important people, for they are!
- When the TC has completed your initial interview, she may use a camera and computer to take non-radiographic Video Imaged Photos of your teeth and face. The TC may also show you an eight-minute interactive CD-ROM presentation of the various types of malocclusions, while she obtains the doctor for your clinical orthodontic evaluation.
 - The video imaging helps the doctor to better understand the patient's pre-diagnosed problems and gives the practice a photo of the patient that can then be used in all written communications and patient recognition. A video about orthodontics is also helpful for educating the patient in malocclusion and orthodontics.
- The TC promptly returns and introduces you to the doctor using your nickname or preferred name. The doctor focuses on you to get to know you personally and to understand your orthodontic concerns. After that, you are seated in the exam chair the doctor does a comprehensive exam and dictates his findings to the TC who records them. The doctor then briefly discusses your orthodontic problems and the treatment required to resolve those problems using visual aids, computerized if available. The doctor thanks you for selecting our practice for your orthodontic treatment and you feel well served because you can see your problems and solutions clearly portrayed and understood.

E The doctor is available to spend the time required to do a comprehensive, people-oriented exam because the schedule has set aside the necessary time without holding up the clinical staff and the other scheduled patients.
- After the doctor leaves the TC completes an *Exam Summary Card*, which clearly summarizes your problems, treatment, fees and possible financial arrangements that fit your budget. The next step is for you to take your initial records that have been automatically scheduled to save you an extra trip and to keep from delaying your treatment any longer.

E Patients go ahead with treatment when they are served well and their financial arrangements are realistic. When a practice gives exceptional service through its exceptional people and has flexible payment plans, it will have a 75 to 85 percent conversion of exams to starts instead of the national average of 50 to 60 percent.
- After your records are taken and the doctor does your personalized diagnosis and treatment plan. You then have your case presentation visit that the TC has thoroughly prepared for. At this visit you are educated as to exactly what your treatment entails, what the practice is responsible for in

providing your treatment, and what you are responsible for, for making your planned treatment a success. You are given a complete analysis of your problems and the types of braces required to resolve those problems along with the risks and limitations of your particular orthodontic treatment. Your credit has been checked electronically, you are credit worthy, and you can start treatment as soon as possible. You sign a financial arrangement that works best for you: you can pay for your treatment in full, you can pay the usual 25-35% initial payment and the balance over your treatment, you can pay NO initial payment and extend your payments even longer than your treatment time, or do whatever fits your budget we are here to serve you and to make it as easy as possible for you to receive the best treatment with reasonable financing. You can even choose the time of the month that is easiest for you to pay by; and should you ever have a period of financial difficulty we can have a friendly discussion about how to handle your finances to help you get through that period. At the end of the case presentation, you receive your separators and/or impressions and get your braces in a week or so.

- This positive, uplifting service for new patients also increases practice production when effectively scheduled because informed patients who are happy with their service are motivated to understand and do their part in treatment, reducing frustration and wasted time for all.
- You arrive for your braces and are greeted by all the staff that is happy to welcome you as a new orthodontic patient and a friend. Your braces are placed efficiently and you are effectively trained in their care and cleaning. The day or so after your braces are placed you receive a call from the doctor, TC or other staff member to make sure that all is going well with your braces, and if not, you are brought in to adjust your braces to make them more comfortable.
- Throughout treatment, you are served by competent, personable staff that enjoys working with you as a team in providing your treatment. You know that we can't do it all and that you need to take care of your braces and wear them as directed by the doctor. When you arrive at each visit you sign in, or if computerized, you select your name from the screen when you see your photo; this notifies the doctor that you are there. You are seen promptly, on schedule, as 85 percent of all patients are seen on time.
- At each appointment, you receive your scheduled treatment, which the doctor had specified at the last appointment. By knowing what you will require beforehand the receptionist has reserved this specific appointment for you, which gives the doctor and staff enough time to provide you with the best possible service. Your treatment is charted to assure maximum control, and if computerized your chart is electronically available at the treatment chair along with all of your computerized diagnostic records. If so, the doctor or assistant enters into the computer the treatment provided, along with the treatment required at for next appointment. Also, any follow-up required regarding this visit is entered into the computer for the staff member who will do the follow-up; that follow-up request is added to that staff member's daily "To Do" list and is completed as scheduled.
- When your treatment appointment is over you get to visit with our wonderful receptionist for your next appointment. If your chart is computerized at the treatment chair, your appointment has already been noted and the receptionist automatically gets a selection of the available appointments when she enters your name into the computer. Your next appointment is scheduled at the most advantageous time that the receptionist has available and you receive a printed appointment slip as a reminder. If any letters are required, they are requested automatically; for example, after your exam appointment the Post-Exam Welcome Letter was automatically sent to you introducing all of our staff.
- At every appointment you are informed of the treatment, you are receiving and how it will help your overall treatment; if a child patient, it is also explained to your parents. When you receive a new appliance that requires special care and use, for example a headgear or other removable

appliance, you are thoroughly trained in its care and use. The doctor or the dental assistant who helped the doctor place your appliance will call you the next day to see how you are doing with it.

- Your treatment progresses as scheduled since 95 percent of all treatment is completed on time. This is controlled through our accurate diagnosis and treatment planning, your cooperation, and our enlightening six-month reviews. Every six months the doctor is reminded that a progress review is due. At the progress review visit, your planned treatment is reviewed and you are progressing as scheduled. You are given a Progress Review Report indicating that your treatment is on time and that you have done very well at maintaining your braces, wearing your removable appliances, and keeping your appointments on time. If computerized, this information is automatically deciphered, analyzed and printed out from data entered at each of your previous appointments. If a child, your parents are happy to see your progress and how well you are assisting us in providing your orthodontic treatment; and your dentist will be happy to see how well you are doing when he or she gets a copy of your progress report, which is also a treatment request for a periodic cleaning and dental exam. When you check out from your six-month review appointment the receptionist is automatically notified to call your dentist so that you can make an appointment as soon as possible to get your necessary periodic cleaning and dental exam.
- When the joyful day arrives and your braces are removed, you have your final evaluation of your treatment result, which indicates that all that was planned for you was accomplished. You are also referred to your dentist for a thorough cleaning of your teeth, and any cosmetic, etc., dentistry that may be recommended to enhance your excellent treatment result. We share in your joy by giving you an appropriate gift and we all take a picture of the event. After your final records are taken we send a "before and after album" to your family dentist to give to you at your next appointment with him or her so that he or she can also share in the joy of your beautiful new smile.
- You receive your retention appliances a few days later and are placed on a series of "recall" appointments that are concluded when your teeth have had time to permanently adjust to their new, ideal positions. Your retention treatment is a success because you have worn your retainers the required amount of time each day during retention.
- The bittersweet day arrives when you are done with retention and thus all of your treatment in our office. You are happy to have completed your treatment, but you are sad because you will no longer enjoy an exceptional service that went way beyond just excellent treatment, and this experience will always remain in your mind as one of the more positive aspects of your life. But we are always here to say hello and find out how well the rest of your life is progressing when you visit us from time to time in the future.

Marketing Control

This people-oriented, effectively planned, excellently scheduled approach to treatment management usually *reduces* treatment time by up to six months and makes the doctor and staff more effective and productive each treatment day. The more efficient use of the staff in the scheduling of appointments, the lower the total chair-time for the total treatment. Thus, this total management approach usually increases the number of patient starts by 30 to 50 percent without any increase in staff or treatment days, and it usually does it without any increase in new patients if the practice has the average 55 percent exams-to-starts conversion rate. But if more new patients are required, a successful marketing program is necessary and the program must be properly managed by determining what has to be done, when, by whom, at what cost, and where the money will come from. This means that specific goals must set for all internal and external marketing, for example, that an additional \$50,000 in charges will be generated from ad-patients or *new* dentist referrals this year. This also means that data must be collected and analyzed to determine whether these goals have actually been met. You

must keep accurate statistics about the sources of your new patients. Thus, the TC must take extra care when determining what made the patient finally decide to contact your practice. A simple statement such as "Who can we thank for telling you about our practice?" will get accurate results about 95 percent of the time with the other 5 percent requiring a follow-up question or two to determine the source. Once you have accurate data you can determine exactly how many of your new patient exams and starts came from each marketing source, that is: patient referred, dentist referred, others-referred, or advertisement-referred.

Internal marketing by definition *is* properly managing your exceptional patient services as your tour through an exceptional practice infers. Exceptional practice management must include: hiring, training, and monitoring exceptional staff to work in positions that they are naturally suited to; effectively and productively scheduling that staff and doctor; and, using all of your staff to provide effective people-oriented communications with the patient and family. All this must be accomplished manually working with people. It cannot be established by just buying a computer with management programs. But, once the exceptional management is established manually, there is no better tool for helping to effect that management than a well-designed computerized management system with at least the attributes mentioned above. Just be careful not to fall prey to the claims that a computer system will manage your practice for you—there ain't no such animal! When giving service to patients the more you manage with humans and the less you manage with machines, the better. But the more your computer system *supports* your human effort the better. For example, the TC can display a list of will-call-back patients on the screen, pick one, call and schedule them to start, and enter the results of the call without leaving the keyboard. This brings up the important point! Even though you market your practice well and get the patients into the practice, it doesn't mean anything unless they start. And since about 15 to 30 percent of all new patients become will-call-back patients, they must be followed up upon. Having a sophisticated reporting/control system that gives you accurate insightful monthly reports can help you do this. For an example of such a system, refer to the article "Goal Oriented Management", which describes a reporting system that allows you to control your well-managed marketing systems and your practice in general.

In Conclusion

There are many ways to market your practice, both internally and externally. If you prefer to do it mainly externally, either totally go the referral route or totally go the advertising route going halfway with either costs much and gives little in return. If you prefer to do it mostly internally, organize your practice to be a fun place to give and receive exceptional service. Give exceptional service through every staff member, based on their personality, abilities, and belief systems using effective management systems. Install these systems manually, although once installed, computerization helps to keep you on your toes and to continue providing your exceptional service.