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Strict New Patient Protocols:

We see this one constantly. We don't know who started it. Likely, it was a dentist selling something to other dentists. Here is the scenario: New patient calls, just moved to the area and asks specifically for a cleaning. The business administrator immediately goes into a (supposed) value-building script of how you cannot clean her teeth until she has a full set of x-rays, a comprehensive examination, full mouth probing and a sit down conversation with the dentist. By the way, this first visit will consume an hour-and-a-half. Then, after that visit, the doctor will have her back into the practice to go over everything she might need (another hour) and at that time, we "might" be able to schedule your cleaning (in the future).

Huh?

The consumer is now thinking... "Hmm, my old dentist just cleaned my teeth! These guys sound way too fancy for me," or "These guys are trying to sell me more than a cleaning," or "OMG - 3 hours over two visits and my teeth still aren't going to be cleaned?"

Click.

We understand there are some odd states with odd state board regulations. We get it. But you can't clean her teeth on the first visit? You can't do a limited exam and clean her teeth, then have her back in for a comprehensive exam? We are not attorneys, nor pretend to be, but we seriously doubt that the intent of a state board regulation is/was to stop the masses from getting their teeth cleaned.

"We are open 9am to 4pm Monday through Thursday":

If you polled 1 million females on earth, and asked them to give you the least convenient hours within their lifestyle, the answer would be - 9 am to 4 pm Monday through Thursday.

Don't believe us? Go look at your own schedule! If you have hours outside of 9 am to 4 pm Monday through Thursday, those hours are booked out the farthest in your schedule. If you see patients from 11 am to noon and 1 pm to 2pm - those hours are likely booked out quite far as well.

Your own schedule is telling you that the local consumer market is demanding more convenience from your practice. You just happened to find the consumers that are willing to put up with you being inconvenient.

Many of you can take the same operational hours (30 per week) and simply start and end earlier one day, then open later and end later on another day. Promote that you have convenient early morning and early evening appointments available for new patients and pre-block those days/times for your newest patients. If you are in or near a business district, promoting that you have convenient lunchtime hours is also beneficial.

Convenience is tied for second among what matters most to dental consumers. Within the category of convenience, hours of operation is #1. It even trumps distance (travel time to and from the dentist). That means mom is willing to drive further to find a dental practice with convenient hours (for her).

We understand you may have the threat of staff mutiny on your hands if you even bring up the subject of altering your operational hours. But the truth is the truth. Dental consumers demand convenience.

Avoiding the cost question or promoting primarily base on price:

These are two extremes. Some dentists completely ignore the cost of dentistry within their promotion, fearing it will scare potential new patients away. Other dentists, lead with some kind of price incentive, build big starbursts in their designs to highlight how inexpensive they are and even promote in media (like ValPak to use an example) that is really nothing more than an envelope filled with nothing but deals.

Well, the dentists who say nothing about price aren't promoting as effectively as they could.

The dentists who are promoting primarily on price are alienating half of the dental market instantly (half the females in the world would never choose a health care provider based on price).

Two extremes - neither works well consistently.

Price (or the perception of price) is the #1 consumer concern when they initially learn about any dentist. Avoid (like the plague) either extreme. Part of the reason (we believe anyway) that dentists use extremes rather than communicating down the middle (so to speak) is because they don't know what to say. OK. We can help with that.

1. If you participate with any insurance plans, put them in your promotion.
2. If you do not participate with insurance plans, communicate that you "process all of their necessary insurance paperwork" for them.
3. If you have technology that saves them time and money (Cad/Cam, Diagnodent, Lasers, etc.) - tell them that they will save them money.
4. If you offer CareCredit or another alternative - tell them.

Avoiding price communication (or building the proper perception of your pricing) is not the answer. Neither is being all about price, where the dominant visual or audio image is some kind of a deal. Both are bad. Addressing price properly is good.

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When Your Marketing Has No PULSE

by Dr. Mike Abernathy²

If you are like most practices, you shouldn't spend another dime on marketing. In fact, if you do, you will probably have fewer patients next year than you have today.

Ever try to diet? Statistically you will weigh 3-6 pounds more after finishing the diet than you did before. Why? Diets, by themselves, do not work. You need one more thing to make a diet work. If you add exercise, you can literally change your metabolic set point so that as your muscles grow, you are more likely to burn all of the calories (or more) than you eat. Diet and exercise along with the consistency and persistence to work your plan always works.

Marketing works much the same way. Marketing alone will not fix your ills. A lack of patients is a symptom, not the problem. The problem is that you are failing to inspire your clients to come in and refer everyone they know. If you are not growing, you are not giving patients what they want. Failure to give patients what they want means you no longer have a viable business. The problem is that many of us look externally (marketing) for an internal problem. When we do this, we contact a marketing firm that is ill equipped to really diagnose the true problems. They deal with the symptoms.

When was the last time you contacted the newest greatest wannabe marketing guru for the "never before heard of, never existed before, marketing what-cha-ma-call-it" to turn your practice around by adding multi-millions to your private war chest? I bet when you did, they were willing to let you attend their secret marketing seminar by lowering the price from thousands of dollars to just \$165 by extending to you the never before offered scholarship so that you can attend.

They will even let you meet with the founder of the group for 15 minutes (translation = the guy who gets all of your money) and number one consultant for as long as it takes to sell you something (translation = their number one closer who could sell popsicles to Eskimos) to make sure you are well taken care of (translation = where they get a commitment and a credit card to drain your already marginal accounts).

Once you're under the thumb of their organization they will want you to go from just a member to the "silver, gold, or platinum" level of participation in which you receive all of these value added newsletters and phone calls as you sit at the feet of your personal swami.

When it comes to marketing, Good (recipient) practices don't need to market, but they should, and Poor (donor) practices need to market but they shouldn't.



Bet you never heard that from a company that wanted to sell you some marketing that they have Beta site tested, done marketing samplings to fine tune the message, and custom designed a brochure or direct response marketing piece just for you - even though hundreds of other doctors were told the same thing and sold the same design.

Bet they never took the time to sit down and explain the demographics of the population and competition while comparing the relative wisdom of trying to expand your particular type of outreach to a public that will never buy what you're selling. They never take their eyes off the symptom. You need someone to fix the problem and then all of the symptoms will go away.

Good practices are doing everything right. They have "consumerized" everything: their outreach, systems, hours, service, and staff. They give patients what they want while helping them to understand what they need. They listen and come off as caring, compassionate, competent and consumer-oriented. Their best referral source after their own patients are the two or three dentists down the street who are donor practices.

These doctors down the street do have 100% case acceptance, problem is, this Good practice is actually doing the work they diagnosed. If this Good practice did market, it would keep every new patient. Their front door is wide open and their back door is solidly closed. Every day they continue to deliver the goods by giving patients what they want and embracing change so that they will be in the same position next year.

The Bad practice is just the opposite. Their back door is wide open by not recognizing what patients want. They fail to listen to their patients and their perceived needs. If they marketed, they would only run off more patients who would tell everybody they know not to go there. Marketing for them would only speed up their predictable demise.

Since space for articles is limited, I have created an expanded recording on this topic called: Has Your Marketing Got A Pulse? I want you to have it. Email me and I will forward it to you so that you can become a Master Marketer and a "Good" practice. Contact Dr. Milre Abernathy at 972-523-4660 or at abernathy2004@yahoo.com.



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You and Your Team are Invited To Join
Us for Our 10th Anniversary Celebration!

10 YEAR
CELEBRATION EVENT

DATE: 9.29.16 at 5:30pm

LOCATION: Old Glory Distilling Co.
451 Alfred Thun Rd, Clarksville, TN 37040

CATERED BY: The Choppin' Block

Come when you can and go when you please!

Live Entertainment provided by Nashville musician Mitchell Austin.



Promoting Dentistry:
**Breaking Down
the Barriers**

by Howie Horrocks & Mark Dilatush¹

**Dentistry's Seemingly Endless Quest,
To Get In Its Own Way:**

Whenever we write or speak on this topic, we typically get boos, sneers, rolled eyes and various forms of head shakes. That's ok. We understand. Certainly, if someone came into our business and pointed out how we were getting in our own way - we would likely have the same initial reaction.

What we are going to ask you to do as you read this, is to be conscious of your initial reaction but then be honest, logical and realistic once the initial shock to your ego wears off. Sometimes it is really good to get an outside perspective. We all work so closely within our own operations that many times it is difficult to see the forest through the trees. Specifically, in this article, we are going to talk about barriers.

Barriers = Anything you do (or do not do) that stops the consumer from choosing you.

There are literally hundreds of barriers. We don't have space here to list them all. So we will discuss the barriers that we see as the most common. We work directly with hundreds of dental offices and have spoken or communicated electronically with thousands of dental offices. During that interaction, the most popular barriers come into focus.

Children:

We understand. They squirm. The parents have to be in the treatment room (or really want to be). Many times,

the parents are more stressed out and unreasonable than their children! For many of you, treating children is likely not the highlight of your day. We get it. But, if mom is the gatekeeper among consumers, their children (and the way they react in your practice) are the keys to building a very healthy, younger, higher-end family practice. Promoting that children love coming to your practice is an extremely powerful promotion tool. By not seeing children and not promoting that you do see children, you are basically saying the following to the gatekeeper (mom).

1. You will have to select a different provider to see your children...
2. You will have to have a different dental practice to learn and get used to...
3. You will have to manage another relationship with a different dentist, a different assistant, a different hygienist and a different business administrator...
4. You will have to remember their office days/hours, their payment policies, whether they accept your insurance or not, their phone number, etc.

Today's mom is busier than ever. She knows, before she ever calls your office for the first time, that she is looking for a practice that can treat her whole family. For some moms it is a conscious criteria within their selection process. For other moms it is subconscious. But for all moms it exists. Want to add a boost to your current promotion? In your advertising, tell mom that her whole family is welcome in your practice.

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