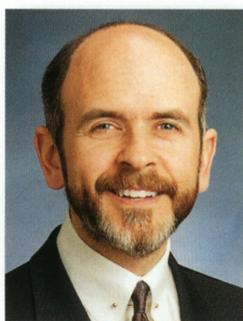


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by
Tom Orent, D.M.D.

Dr. Tom Orent, a management consultant and practicing dentist, was a founding member and has served as the President of the New England Chapter of the American Academy of Cosmetic Dentistry. Dr. Orent has been a guest lecturer at Tufts University School of Dental Medicine, University of Nevada, Las Vegas, Brigham Young University, Illinois State University, New York University, New Jersey Dental School, and has been a member of the faculty at Boston University Graduate School of Dentistry.

Accredited by the AACD in 1990, Dr. Orent has served on the Ethics Committee and currently serves as an Accreditation Examiner. Dr. Orent also served as the Editor of the *Journal of the AACD*. Dr. Orent serves a member of the editorial advisory boards for *The Profitable Dentist Newsletter*, and *The Practice Builder*. He is also a frequent contributor to *Success On-line Magazine*.

Dr. Orent lectures internationally with "1000 Gems Seminars™." He created "1000 Gems™" in 1988, and has authored four books and numerous articles ranging from *Esthetic Dentistry and Practice Management* to *TMJ and Extreme Customer Service*. He has lectured in 46 of the 50 United States, and his publications have been sold in 20 countries. Dr. Orent practices esthetic dentistry in Framingham, Massachusetts.

PERCEIVED ADVANTAGES—AND MARKETING YOUR NETWORK

Among direct response marketing (DRM) experts, there's a well-known story of a brewing company that gained the lion's share of their market by ingeniously marketing a *perceived* advantage. What's a "perceived advantage"? The majority of brewing companies used an industry-wide standard process of manufacture, a "seven-step cold brewing process." One of the companies was savvy enough to boast to the world that *they* used this process. The public bought into the notion that *this* company's beer was better due to the "seven-step cold brewing process," not realizing that it was the same way that all brewing companies made beer! Did the others jump on the bandwagon and mention this in *their* ads? No—nobody wanted to play "second fiddle." So for more than a decade, the market-savvy company was the unchallenged leader based entirely upon the public's perception of their "proprietary" (not!) system.

Take the time to sit with your team and brainstorm some of the incredible services and techniques *you* offer. Remember, it doesn't matter if every other doctor does it the exact same way. What *does* matter is that the *public* may not be familiar with the process. Though I always caution doctors *not* to use dental jargon, this is one time when the use of a key dental phrase or two *may* be an advantage.

WHERE AND WHEN CAN WE GAIN THIS ADVANTAGE?

Marketing doesn't necessarily require *external* advertising. Although advertising can be a huge practice builder, marketing can be

entirely *internal*, as well. Internal marketing can be defined simply as increasing your patients' awareness of services and products you have to offer. Staying with internal marketing, there are *many* opportunities for us to enlighten our patients—chances to “seed” ideas for their future consumption. Here are some examples of opportunities we could use to consistently employ internal marketing:

THE HYGIENE RECALL VISIT

Your hygienist is in the perfect position to increase your patients' awareness of various services/procedures available in your practice. Every 3 months, select a new service or procedure you'd like to promote. Have your hygienist use the time during scaling to casually mention the procedure. Here are a few examples of how it might go:

- “You know, Mrs. Johnson, the doctor is *always* taking the latest continuing education courses...keeping ahead of the ever-growing mass of knowledge out there. Few patients are aware that *every* time he fixes a cavity, he does an extra, but *critically important* step. He uses a specially formulated solution that he paints down deep into the tooth, to be absolutely certain that there is *no* remaining decay. Sure, Mrs. J., you might say to yourself, ‘Well, I’ve been seeing the doctor now for almost 20 years, and I trust that he’s getting all the decay out.’ But it’s really *not* always the case. In fact, Mrs. Johnson, one of the leading research scientists in dentistry says that without this extra step, doctors routinely miss decay 42% of the time!”

The amazing thing about using the technique of the perceived advantage, is that *you* are now ever more firmly in the driver's seat. Sure, Mrs. Johnson has been with you for 20 years and will

likely not go anywhere else soon. But what about all the patients who've been with you for only a short time, and *don't* yet have that same sense of commitment? *These* are the patients who need lots of reasons to feel confident they've made the right decision in choosing *you* as their dentist!

Take the time to sit with your team and brainstorm some of the incredible services and techniques you offer.

Each time you give them another piece of the puzzle, you've added another reason it would be *far* more difficult for them to *ever* see anyone else! Consider the patient on recall for just 3 years. Think of 3 years of 6-month recall as six chances for your hygienist to create a patient for life!

- “Mr. Worthington, I've got to tell you... I'm so proud to work for Dr. Stuart. He's always researching *the* best way to offer the leading dental advantages to his patients. I don't know if you've already heard about this, but he's using the Diagnodent diagnostic laser. The FDA recently completed rigorous clinical trials and found it to be *extremely* precise and accurate. It detects decay in areas *routinely* missed by visual *and* x-ray examination.

The more reasons they have never to leave your skilled care, the more likely you are to retain patients for life.

“The scary thing is that a research project in the Netherlands helped us all realize just how poorly equipped we used to be to detect cavities! In fact, they proved that when dentists use the pick or explorer, they miss biting surface

cavities more than 76% of the time! I know that shocked *us!*”

This is yet another piece of the “patients-for-life” puzzle. The more reasons they have *never* to leave your skilled care, the more likely you are to retain patients for life. Remember the “seven-step cold brewing process”? Well, over a period of recall visits, *you* could easily build your own proprietary series of how incredibly well you do what you do. The funny thing is, you don't have to be the only doctor doing it that way!

- “Betty, did I ever tell you about the “liquid gold” the doctor uses when he rebuilds patients' teeth? It's incredible. A Japanese researcher, Dr. Fusayama, developed the original system back in the '70s. Of course, it's been refined and improved 10 times since then. One of the tiny bottles of special adhesive chemicals is so special, the doctor jokes that it's “liquid gold.” This stuff costs over \$60 for a 1/2 ounce bottle! Per gallon, it would cost \$7,580! He ought to keep that stuff in the office *safe!*”

There are so many possibilities—think of just about any specific step or product about which most patients know nothing, and make that your topic of the month for patient internal marketing/education. Be sure to announce only *one* topic of the month. Then every 3 months, come up with something *new*.

THE “NEW PATIENT EXPERIENCE”

I've mentioned the “new patient experience” occasionally in seminars. It is one of *the* most important techniques available to you to differentiate your practice—this is your chance to make an incredible first impression! (The moment that Tom Peters calls the “Wow!” experience.) You have

but one opportunity to make a first impression. Less than 1% of your colleagues vary off the “norm” on this one. What a *great* place for *you* to take advantage.

What is “the new patient experience”? It is a carefully orchestrated production, intended to *continue* to reassure patients they’ve made the very *best* decision by choosing *your* office. In most offices, the new patient is greeted, and then asked to have a seat and complete the paperwork. This *never* happens in *my* office!

By the time your new patient completes their first visit, they should have the feeling they’ve finally found the right dentist.

Our “corporate culture” is that of a team of concierges at a five-star resort—each and every patient is an honored guest, and will be treated as such! The very last thing we’d say to a new patient is, “Hi, nice to meet you, please fill this out and have a seat.” It would take the next several pages to describe each and every carefully orchestrated step of the new patient experience. I’ve done that elsewhere (and would be happy to forward it to you if requested by e-mail). Suffice it to say that the new patient experience is yet *another* time during which savvy staff will seize the chance to make patients aware of the multitude of “perceived advantages” of your office.

One of my mentors in DRM, Jay Abraham, speaks about “redefining the buying criteria of your marketplace.” Currently, you have little competition when it comes to creating buying criteria. Dentists are largely unaware of the existence of a set of criteria by which patients make their dental decisions. How can *we* redefine the buying

criteria of our market? Next time you meet a new patient who asks only for a “consultation,” consider trying the following: Tell them that you *welcome* their seeking another opinion and that you are most willing to help them with copies of x-rays, their chart, or anything else that would facilitate their ability to get a comparison opinion. However, be sure that you have first shown them *many* advantages that could be unique to your practice. If this has been done properly, they should feel that it would be pretty tough for them to find another place where each of these criteria could be fulfilled. And some advantages *are* real, not just perceived. For example, if you have the Diagnodent, you’re one of only a *very* small minority; *that* is a true marketable advantage.

Dr. Peter Dawson was a master at defining the standards by which patients could measure all other dentists. He *encouraged* his patients to seek another opinion elsewhere... why? Because he was confident that his care, skill and judgment would present *so* different from the rest, that the patient would *have* to come back to him. And they did. By the time your new patient completes their first visit, they should have the feeling they’ve *finally* found the right dentist.

MESSAGING ON-HOLD SYSTEMS

There is no single way to be certain that every patient absorbs each and every important message you have to offer. Gum disease, whitening, Diagnodent, AACD affiliation (or Accreditation), air abrasion... the list is long. Rather than choosing just *one* mode to educate, use *multiple simultaneous media*. One of my favorite definitions of marketing came from Dr. Roger Levin many years ago:

“Marketing isn’t a new logo, or great business card. It’s not a message they hear, nor a pamphlet they read... It’s *all* of those things and more. Marketing is 40 simultaneous consistent positive messages.”

Rather than stopping at just the new patient experience, or having your hygienist relate important information, consider using multiple consistent, simultaneous sources. Messaging on-hold is another *tremendous* opportunity. One of the nice things about using messaging on-hold is that it is consistent in a manner no human being could ever match. Like clockwork, every time a patient is put on hold, the system does its job, updating patients about interesting, useful things to make them healthier, happier, or more attractive.

It’s not at all uncommon for us to pick up a line and be asked a question based upon something on our message on-hold system! In fact, I remember a funny thing that happened to *me* years ago: I was on hold during a call to Walter Hailey’s Planned Marketing Associates. There was a *great* audio clip of Walter spinning one of his tremendous stories. I was absolutely 100% into the moment, listening intently to his story, almost at the punch line... when they took me *off* hold and asked if they could help me! “Sure,” I said abruptly, “please put me back on hold, *now!*” Though I can’t remember the story or the punch line, I’ll *never* forget the only time I’ve ever asked to be returned to on-hold!

What would *you* like your patients to ask *you* about more often? There are many on-hold systems to choose from. The *very first* time a patient uses information from your on-hold to initiate a buying decision, you’ll have paid for the system, *forever*.

PATIENT NEWSLETTERS

You can write your own newsletters, or hire someone to “turnkey” the entire monthly project; I do the latter. Regardless, there’s no better way to maintain contact with the lifeblood of your practice. Done properly, a good newsletter will be a source of new patient referrals and will also encourage existing patients to utilize varied services. Our monthly newsletter includes special referral cards, which mention many of the techniques we’d like patients to ask us about...with an incentive for the new patient presenting the card.

DRM experts tell us that you can lose as much as 10% of your existing customer base each month that you don’t correspond with them. Of course, those who return on regular recall wouldn’t be included in that statistic. *However*, there certainly are a good number of patients we’d love to see regularly, who for one reason or another, just don’t maintain a consistent schedule. *This* is the segment we’re at risk of losing...10% per month. Wait a year without mailing or calling, and see just how many truly still consider *you* their dentist.

Your monthly newsletter can *solve* that problem, by giving patients a sense of “belonging.” Even without returning to the office for a while, they know who their dentist is, and will be even more likely to refer patients to you—even if they don’t come in regularly.

MARKETING YOUR NETWORK

There is still *another* advantage I’ve not yet mentioned. This one is not just perception, it’s very real. As an AACD

member, *you* are part of an enormous network of skilled cosmetic dentists from more than 30 countries.

So, just how does that help *you*?

If you’ve been a member of the Academy more than a couple years, there’s a strong likelihood that you’ve reached out through the AACD for help from a fellow AACD member. Maybe your recent 10-veneer patient was traveling to the opposite U.S. coast and one of her veneers just *popped* off. While she was on the phone with your office, you found her help through your AACD referral network.

Done properly, a good newsletter will be a source of new patient referrals and will also encourage existing patients to utilize varied services.

You can either go online at www.aacd.com, or you can use your most recent membership directory. AACD membership is like an enormous fraternity. I have helped, and been helped by, dozens of AACD members from all over the world (often, at *no* charge to the patient). Most recently, I was in Phoenix for a 2-day in-office practice consultation. My staff called telling me about one of our favorite patients, who had an emergency—she’d just checked into her hotel in Austria, when one of her veneers popped off.

I’ve been able to get great referrals to nearby AACD dentists virtually 99% of the time. However, there were no members in Austria. So, I e-mailed a couple of AACD friends...and within 2 hours I’d received the name and contact information for one of the

finest dentists in Vienna! We have an unmatched resource to benefit our patients—huge piece of mind. But *don’t keep it a secret!* If you don’t market what you have to offer, the only ones who’ll know are those who seldom *need* the service.

We let *every* patient know what we can do for them. Not just through our dental care, but through the AACD world-wide network. It’s *wonderful* that your emergency patients learn how you can help them out, just about *anywhere*.

CONCLUSION

Let your *entire* patient population know what great advantages *you* have to offer. That’s the key. Choose multiple simultaneous methods of spreading the word. A well-educated patient is more likely to ask you intelligent questions, *and* follow through with treatment. An advantage perceived by your patient is an advantage, whether proprietary to your office or not. You offer an incredible array of services and products. *Tell* your world about the advantages—you’ll *all* benefit immensely. *Ad*

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