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Topics in Orthodontics Audio Series

CDE ENDURING MATERIAL

Casko's Corner

By John S. Casko, DDS, MS, PhD

When I listened to Charlene White's presentation the first thing that came to mind is wow the times are changing. I thought Mark Yanosky's reference to the AAO Leadership Conference where the speaker had everyone turn around and look at the last two rows in the room which were filled with residents using their computers and touchscreen phones made a great point. I have the privilege of working with a wonderful group of residents every week, and I am constantly amazed at how much they rely on their computers and touch-tone phones for information. I recently heard a program that suggested that no woman under 40 years of age has ever had a newspaper delivered to their home. I thought to myself this cannot be true. How could they have breakfast without a newspaper? When I surveyed our residents the next day I found out that not a single one of them had a newspaper delivered to their door because they felt it was so much easier to get whatever information that they needed off the internet. They also never use a phonebook, dictionary, or paper calendar, and many of them do not have watches.

If you have been in practice for a number of years and have not updated your office to keep up with these changes, you are probably in trouble. If you are in trouble it seems to me that you have two choices. The first is to immediately identify a plan to get yourself up-to-date or bring a recent graduate into your office. In my experience, the latter option often works out into a win-win situation. This is because the recent graduate is up-to-date technologically but lacking the treatment experience that can be provided by the senior practitioner.

I was glad to hear Charlene emphasize the importance of creating a great first impression for your office which can only be done by hiring

and training an excellent staff. In a recent guest lecture in *Practice Reviews in Orthodontics*, Dr. Robert Hurst discussed the significance of birth order and how it related to different staff positions in an orthodontic practice. More recently, I talked with an orthodontic supply sales representative who told me that his company tended to hire primarily the youngest sibling in a family because they felt that they had to learn to get along with other people to survive. The other point that Charlene made that I thought was excellent was the need to look at your office the same way that someone would see it on their first visit. It is so easy to get comfortable with the surroundings that we work in everyday and fail to see them from a patient's view.

I was especially impressed by Mark Yanosky's comment that if he got an emergency call from a patient at his home he could immediately look up that patient's treatment history on the laptop in his den and let the patient know that he was looking at their chart while they were talking. In fact, Mark does not even need to be home because these same records can be brought up on a Smartphone. I cannot help but think that this would impress any patient.

In the past, I think that marketing was a bad word in orthodontics and was associated with orthodontists who had to put ads in newspapers and phonebooks because they could not develop a quality practice based on their treatment results. Today this is definitely not the case. This is not to say that providing quality treatment is not important because it is very definitely is. I think Charlene put it best when she said "image brings patients to your door and quality is what keeps them there." If you are not keeping your practice up-to-date, Charlene White's presentation should be a wake-up call for you.

Marketing the Orthodontic Practice

By Charlene White, BS

As the external factors in the practice of orthodontics change, we have to be ready to shift gears internally. In the last three years, we have gone from the golden years in orthodontics to a recession. I have found that it has impacted many of the offices that I have visited in that it is harder to get the case acceptance. That means the treatment coordinators are observing, and they are telling me that it is just not as easy as it used to be, and we really have to sharpen our skills. We have to offer more flexible financing. That seems to be a top priority. Not only flexible financing, but I also think of orthodontists as having to position themselves fee-wise. Do they want to treat the average family in

their area? They are having to think about how they are positioning themselves with their fees. We have also seen that fewer orthodontists are retiring, so that has also impacted how many orthodontists we have in the country. Unfortunately, when orthodontists have been in practice 30 to 35 years, many times it is very difficult for them to market their practice unless they bring a young doctor in. I hope we see that trend turn around, where young doctors are partnering with others who are close to retirement, because I do think it is a win-win. I also note that the economy has affected the general dental practices, which has impacted the referrals into the orthodontic practice. It is very geography-specific.

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After completing each issue's activity, the participant is expected to have a working familiarity with the most clinically important information gleaned from the specialty's foremost authorities.

Charlene White reports Consultant/Advisory Board - Progressive Concepts. Drs John S. Casko, David McKendree Sarver, and Mark R. Yanosky have no financial interest to disclose.

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Some areas have taken a harder hit than others. I have been fortunate that many of my clients have been able to maintain or even increase a little. Some who really have not kept up with the changing times have dropped significantly.

I did a program at Boston AAO for orthodontists who have been in practice seven years or less, and in addition to the GORP meeting, I have also recently had contact with them in which we had a great session. I feel like they are better prepared in their residency. They have top-notch technology, computers, digital x-rays, they are very Internet-savvy, and they do obviously have a lot of energy. I think that they are more comfortable, because they know that they are going to have to market from the beginning.

Elements of a Successful Practice

There are some key elements to a successful practice. When you set up any system in your practice, whether it is your template, your collection system, or the marketing system, I like to approach it as a system. First, when I work with a client on marketing, I have various forms for them to fill out so we can target the areas that are going well and what areas need focus. Once we determine that, then we can start to develop the plan. Then what I like to do is to write an annual plan where we focus on patients, parents, referring teams, school and community, and your team, your staff. From there we write the plan, and I like to set it up on a written calendar, and many of my clients are now shifting to the Google calendar, which is free and anybody on the team has access to it. Then we write out the entire plan with all of these elements in mind. I have recently completed what I call a complete marketing tool kit, and I have a formula in there. For example, you should visit your top referring offices every other month, your moderates every four months. You should send something to the doctor's home twice a year. You should have one or two annual events, for example, like an open house luncheon for the referring teams. Next you have to have someone to implement that plan. These are the kinds of things that many orthodontists are not used to. Number one, they need to budget for the marketing plan, and number two, they have to have someone help them, a marketing coordinator to actually implement it.

You have to market to the doctor and to the entire team. I do think they like goodies, obviously, but it is not the doughnuts. The answer is in the relationships. To be in relationship with people is the key. I know that when I am working with a marketing coordinator and they start to express to me that they are now building relationships with the team members, with the doctor, and the team members of the offices they are visiting, that is music to my ears because I know we are going in the right direction. So many times, with this whole doughnut concept, each month or each week someone else on the team is just running out to make these deliveries. I find some doctors really resist that. Each person, each practice, and each doctor is very different. If you know that that doctor is really into continuing education or they are really into treatment planning, then you can build your relationship on that. I think the team members enjoy the perks. One of the things I always tell teams, if you get a complaint, that means that is good news because if someone tells you the truth and they make a complaint, that means they are in a relationship with you. When you are in a relationship with these practices, they will tell you what they are hearing, and then you have the opportunity to correct that. Otherwise it is just one of those things where you look at the end of the year referral list and someone dropped totally off the map. Something happened, but you do not know what happened, because you really were not in a relationship.

The staff should be people whom other people naturally like. They just have to have that kind of personality. They have to be the type that can talk to the wall. They are comfortable with people, they smile, they are easy to be with, and they know how to chitchat. There is tremendous power in chitchat. Staff members love it. Obviously, we cannot chitchat the day away, but chitchat is a powerful tool. Appearance is important. They have to have an attractive smile and look the part. At one office I visited, they have these really nice-looking scrubs with the office logo and their name embroidered on the scrub. When they go out in the community, it creates a lot of conversations. What you wear needs to be professional and crisp. It could be street clothes, or it could certainly be scrubs. When this person is making deliveries with your top referring offices, several times a year you need to take an individual gift versus the plate of cookies or the basket of gifts. You can get things for \$3 or \$4. It is easy to do the math on that kind of a project.

Marketing strategies differ in various areas, but they also differ with the philosophy of the doctor and how they want to portray their practice. However, there are some elements, for example, like what you take and how often you go, and you may adjust that according to your area, but I do believe that having that friendly nice person who builds a relationship is going to be all across the country. That aspect I do not think would change. What you do and to what extent certainly can change area to area.

We are finding that someone who can work eight to 10 hours a week as a separate person that you hire to join the team is an excellent choice. Sometimes offices are able to divvy it up between the staff, especially if they have non-patient days a half a day or a day a week, in order to focus on the marketing. It really can be done either way. If it is someone on your team who has a percentage of their time dedicated to marketing, make sure it does not get eaten up with other duties; the next thing you know, marketing goes to the back burner.

Internal Marketing

Internal marketing has really been a strong element for many years, and obviously it is the time that we have to constantly look at how it is changing and how do we adapt. I think the social networks and the Internet are some of the big changes that I have seen in the past three to five years. One thing in

terms of internal marketing that has not changed is the doctor has to have the ability to lead and to communicate his vision and goals. The doctor is the one who makes the decision to reinvest in the practice and to be willing to change with the times. That is a huge responsibility, because if we do not have the doctor on board with both aspects of the marketing plan, the staff can be frustrated. They may want to do it, but we have to have the doctor's permission, the vision, the goals, and the investment. One of the different things I have seen in the past few years with internal marketing is the image of the practice and what the people see and hear when they come in. I love the concept of going paperless, the digital x-ray, the sophisticated treatment planning, the computers in the clinic. Treatment planning has gone way beyond B&B U&L (band and bond upper and lower) that is written on the chart. When you are using these sophisticated tools like, for example, in the new patient analysis, the office I was in this week used Ortho Cast. The doctors go through Ortho Cast in an initial exam, and they said they really love second and third opinions, because they really do not go anywhere else, because they are so impressed with their entire initial exam process in their practice. They are impressed how thorough they are and all of the high technology that they have in their practice.

When I go into an office to do an in-office consultation, I walk around taking notes. I walk in the front door. I go in the patient bathroom. I assess everything and make a list of items, because we do get comfortable with our environment. I expect a cordial greeting at the front desk. Of course, we know the huge importance of the telephone and the greeting at the front desk. When I do the new-patient coordinator training, I talk to them specifically about how it is so important to have these elements in your new-patient greeting. You smile, you anticipate their arrival, you stand up, you introduce yourself, you compliment them, and you engage them. When people go to doctors' offices, all too often the first thing they hear is, "Did you bring your insurance card?" You can set yourself apart and be in the top 5% if you will start greeting your new patients like this. People just do not have that kind of reception 95% of the time. You set yourself apart. One of the things I have been working on offices recently is trying to get rid of any paperwork. No clipboard, no hand memos. A lot of it we have entered into the computer over the phone, and then additional things the treatment coordinators can actually gather, and then you can have a signature pad, because people do not like these long, difficult forms to fill out when they arrive at the office.

Community Engagement

I am really big on that soccer-field talk. That mom went back to the soccer field probably that weekend and told the other parents at the soccer field about the experience: "Wow, you're not gonna believe this!" A powerful internal marketing tool for a practice is, what are they saying about you at the soccer field and ball field? We know that can really work in your favor. Unfortunately, especially in the financial realm, the experience can really work against the practice.

The first thing you have to look at is what is allowed in the schools in your area. In some areas you can do a lot in the schools, and they encourage it. Other areas are very strict, and it is almost impossible to get into the schools. That is the first thing you have to determine; what can you do in the schools? If you are shut out of the school situation, you are going to have to take a different approach to the community. Sometimes you can work with private schools, even if you cannot work with the public schools. I also look for what are the things that are really popular in your community? When you look at your patient base, what kind of things are they into? Are there any annual walks or running events that are popular in your community? Some have a parade once a

year. I have a client that is able to make donations throughout the year to the band, for example, for a dance, and then they put a banner up in his name. He donates a lot of things to the school. Now he is kind of viewed as this philanthropist in the community, and it has been a win-win because they perceive him as a very caring, generous orthodontist, very supportive of the community. I have other clients who have done a fabulous job with field trips, where they have 5,000 kids come through their office in a year doing in-office field trips. Others go to the schools. There are all kinds of things that you can do. I think it is just a matter of asking questions and finding out what are the hot buttons in your community.

I like to put the events on the calendar so that you are going to target October, Orthodontic Health Month, and February as Dental Health Month, if you are going to be going into the schools or you are going to be participating in a community event. One of the most successful in-the-school projects I have experienced with an office is you can buy these costumes that, for example, a mascot wears at a football game or something like that, and they had Donna the Dinosaur. She went to the schools in this purple dinosaur outfit for years and was so popular. They had this person working literally part-time during the school year doing this Donna the Dinosaur and showing up at community events and so forth. It is a little different twist to things because it is fun, it is humorous, and it is a really good image for the practice.

Staff Empowerment

What I call that in the marketing strategy and I like to have it on the calendar, I call it the staff empowerment calendar. Things like romancing the staff. Many people are too busy to romance their own spouse, much less thinking about romancing the team. How we make this happen is, your marketing coordinator, or it can be someone else on the team who is really good at warm and fuzzy things, sets up a calendar, and you put everybody's anniversary date when they joined the practice and their birth date. They keep track of, for example, if someone is going to have a baby. They usually coordinate two parties a year, one in the summer and one during the holidays. You put it on the calendar, and then I like for the doctor to give this person a budget. I usually start with 0.05% of collections. Obviously that is just a starting point. What happens is if you empower that person to have the calendar and to be in charge of that, obviously you sign the cards and so forth, but you do not have to think about it again. They are taking care of all that for you.

As far as bonus systems, that is a separate item. Some offices have used bonus systems, and it is a real plus, and in some it has been a negative. There are really pros and cons. When I do bonus systems, I really talk with the client individually to talk about, do they need a bonus system first of all, and second, what kind of bonus system are they going to use? I certainly do not feel like there is a blanket formula for everybody for bonus systems.

In addition to those staff empowerment calendars, I think you need to have written goals as far as starting new patients. Some doctors certainly do not want to give their collection production numbers to the entire team; you do not need to. You can have goals for a percentage of how much you spent on supplies to help you control your inventory, so there is a lot of things you can do. You have to hire people that have a similar value system to you. For example, if you hired someone who was not friendly to patients, you are going to have a conflict. That is not who you are, and you do not want to sit there in your clinic and turn around and see someone ignoring patients or not smiling and not being friendly. You need to surround yourself with people who have a similar value system. We do need to take time in the marketing plan to dedicate some time to our team because if they can see the

marketing coordinator doing all these things and perks for every other team in their community and your team is left out, it is going to be a morale problem.

I think in many offices we are seeing the different generations. You do need to have office functions and office tradition that bring everybody together so they are having a good time together. They may not be at the same place in their life, but they are certainly in the same place in the practice in terms of how they interact in the office, do their jobs, and interact with the patients.

Re-Evaluation of Marketing Performance

In the re-evaluation of marketing performance, I feel like they should look at their overall plan and write that plan once a year. Then quarterly you need to look at where are your referrals coming from this year, and how do those numbers compare to the previous year? You would run your report on doctor referrals in, compare the doctor referrals from each doctor, and compare to the previous year. Are you losing or are you gaining patient referrals? Then, of course, the staff need to be trained to enter this information accurately in the computer software, so that we can track the various things. I like for the treatment coordinator to have a real simple checklist like "how did you hear about our office," and then to check up did they hear about it from a friend, from a dentist, maybe both, over the Internet, so that we can enter these data in your computer system and calculate where the referrals are coming from.

The Web site is more and more important because, not just the parent, but the adolescent or child patient or the teenage patient are probably going to go the Web site before they come to your office. Some will go to the Web site, obviously, even before they call your office. They are comparing Web sites as they are comparing their experiences in the office. I really like for my clients to invest heavily in their Web site, and that can be somewhat geographic specific. However, I feel like young people all across the country are using the Internet.

The budget should range anywhere from 2% to 6%. The more you are going to budget, the more aggressive typically your marketing plan is. You also have to consider if you have an eight to 10 hour a week marketing coordinator, you may make that part of your budget, looking at what you are spending. If you are going to do external advertising—radio, mail-outs, etc—you really need to be prepared to track your return on investment so that you are not losing ground. In some areas, doctors have been successful with mail-outs; many others have done them and they really have not made any gains, other than if they are trying to get name recognition in a particular area. An average budget is going to be about 2%, and an aggressive budget is going to be closer to the 4% to 6% range. Starting out in practice a doctor may start out at 6%, and then as they gain momentum, they may back down to 2% or 3% for the marketing budget.

One of the things you want to have your financial coordinator do, or the person doing your accounts payable, is to make sure that you categorize well what you are spending on marketing. If you are looking at how much you are spending on, for example, let us say 50% of your referrals are coming from referring dentists, and then a percentage are coming from patients and family. If you look at your marketing plan, you may find it to be heavily weighted; 70% of your budget may be going to internal marketing for patients. You are really not spending as much as you probably should be spending and investing for the referring doctor in teams, for example.

When you make your investment and decide on your new plan and you kick that budget up a notch, then you are calculating how many new patients are coming in from referrals, and are they increasing? You can even get as technical

as you would like to with the amount of production that came from those increases, and then calculate your return on investment. Your return on investment is a little easier to calculate. For example, if you invest in some kind of a party or event for patients who come and bring a friend, and then if they put on that little checklist we talked about that they heard about you at that movie party, you can certainly look at how many people said that and how many starts did you get from that and how much did you spend on that? A mail-out is pretty easy if you ask the right questions. Then there are other things like giving away a T-shirt at the banding or starting some kind of a wooden nickle program. Those things are harder to determine the exact return of investment for that item. In the past year, I have had several offices increase their case acceptance overnight 25% to 30% by focusing on the new-patient process and the flexible financing.

As far as tracking is concerned, patient surveys are a great way to analyze how well you are doing. Listening for compliments: Are you getting compliments in the office each week about various things, and if you are not hearing compliments, you need to kick it up a notch for sure. You can do secret shopper calls and secret shopper visits. I really like to tell the staff that these calls are going to come in, and that way they are not surprised when you tell them the results. At any rate, I think these are also very good ways to evaluate.

No marketing plan can overcome a poor location. You have to locate your office in an area where you have families who are going to desire and can put orthodontic treatment into their budget. I know that sometimes that is one of the most difficult things, when an orthodontist realizes that they actually need to move their office. Sometimes in order to gain the market share that they want, they may have to open an additional office. Location is very much key. I also feel like that the team is going to play a big role in the experience in the office, but I find that even when we have this friendly, happy staff, many offices are also lacking office atmosphere: lighting, music, energy. People today want to go to an office where they feel good. People make buying decisions based upon how they feel, and if they do not feel good, they are maybe not going to connect exactly what it is, but they are going to walk out and say, "Well, I need to go home and talk with my husband." We need to be investing in the energy and the décor and all of the office because image brings them to the door, and quality is what keeps them there. I am a huge fan of and have the opportunity to work with so many orthodontists who spend so much time continuing their education, and really they are on the cutting edge of the best treatment planning and orthodontic treatment available to patients. I personally feel that in today's market, that is a bigger marketing tool than it has ever been before because we have a more sophisticated consumer than we have ever had before.