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# THE SUCCESSFUL DENTIST



ENGAGE

## Marketing in Dentistry



Any business that sells goods or services needs clients in order to survive, and the goal of marketing is to create new clients. It's also a good idea to make sure all existing clients continue to make purchases.

So, marketing actions can be synthesized into two main groups:

1. Initial marketing to get new clients
2. Further marketing actions to keep them.

In dentistry, as in most professions, new clients are typically acquired through word-of-mouth. In our case, word-of-mouth is created by providing a high-quality service and valuable experience, which is further enhanced by developing an empathic relationship with the patient.

We could say that word-of-mouth is actually the most powerful marketing action in dentistry. Through research conducted in my office between 2011 and 2012, I was able to verify that 87% of my new patients arrived through word-of-mouth, confirming that this most traditional technique remains the main method of recruiting new patients even today.

The part that requires a bit more thinking though, is how to draw in the 13% of patients who are not influenced by word-of-mouth and instead require specific marketing actions.

Things are changing very quickly and it's likely that, as we have already seen in the United States, the percentage of patients who choose their dentist as a result of advertising will increase rapidly.

This book won't attempt to teach in-depth marketing principles, methods, or techniques (which require advanced study), but I still think it is useful to describe some of the actions that have had the greatest effect on my own professional practice.

### **Patient loyalty**

Before doing anything to attract new patients, you should first concentrate on not losing the ones you are already treating.

These patients are a fundamental resource because each and every person requires a variety of dental treatment cycles throughout his or her life. Even if they follow the strictest rules of personal hygiene and abstain from unhealthy food, they still won't be able to completely avoid all dental pathologies unless they are blessed with an exceptional constitution.

**Patient loyalty** is a value in itself when we consider human relationships among people, but it also has an economic value. *Taking special care of loyal patients contributes to a significant amount of an office's revenue.*

There are various reasons why patient loyalty is so precious, and why its loss is so costly:

- In the services sector, research has unequivocally demonstrated that it is 5 to 7 times less expensive to simply keep an already existing client than it is to win a new one, and there are indicators that this ratio is even higher in dentistry (even greater than one to ten). This means it is terribly expensive to replace a loyal client who has decided to change dentists.

- Certain patients contribute greatly to our total sales (if you take a close look, you will see that 20% of your patients generate about 80% of your profit) and losing just one of those patients can be catastrophic.

- When a patient leaves us, perhaps even a patient we were fond of, it leaves a bitter taste in the mouth of the dentist, assistants, secretaries, and everyone else who cared for them. If, as is increasingly the case, the number of patients leaving the office rises, then it can have negative psychological effects on the team, resulting in demotivation. The dentist will have to work harder to raise the tone of the team and, above all, ensure that they themselves do not become demotivated.

- A patient who leaves without any kind of explanation causes even greater emotional cost.

It is important to make this connection:



Whenever a patient leaves unsatisfied, filling the vacuum they leave behind them is very complicated.

*Avoiding dissatisfaction in the first place is much easier.*

### **Dissatisfaction**

Complaints are only expressed by a fraction of all unsatisfied patients, and far too often we simply don't know why a long-term patient has suddenly decided to abandon us. If we knew the reason, we could then take steps to correct the problem and rebuild loyalty.



Research shows that good complaint management helps offices to retain up to 90% of their unsatisfied patients.

It is human nature to avoid change, whether it's changing banks, car brands, or dentists. We generally prefer what is habitual or familiar and require very specific conditions to justify change, such as:

- when the level of satisfaction has dropped too low
- when we are offered a much better alternative.

It is, therefore, crucial to keep a close eye on client satisfaction to ensure that it doesn't drop too low. If we don't, then the patient will likely change offices as soon as they are presented with a more attractive opportunity.

Something to keep in mind though: the invasiveness and exaggeration of modern marketing has made all consumers rather skeptical and jaded, thanks to years of being promised one thing and then getting something entirely different. People are therefore wary of illusions that just lead to later disappointment. It's much easier for them to avoid the whole thing by simply changing services.

There are many offices that are based on the concept of "one-shot" performance. Zero client loyalty and high turnover. A lot of advertising, huge numbers, and little interest in performance quality or human relationships.

In times of economic difficulty, this is an expanding phenomenon. Some companies aim to offer the lowest possible price while neglecting everything else.

In dentistry, these so-called "low cost" centers create competition that undermines the trust of the most loyal patients.

*During periods of economic difficulty, consumers are confused and the scarcity of resources makes them more vulnerable to offers characterized by obvious economic convenience.*

We need to be able to manage this confusion if we don't want our patients to be distracted by other offices.

A precise indicator of an office's efficiency in knowing how to generate a loyal relationship is the ratio of new patients compared to the number of lost patients, a true "*retention index*". A number that should be constantly monitored and which absolutely must have a positive trend over time.

The important part isn't so much the value of actual retention, which may vary from office to office and depends on many variables, but the fact that it tends to deteriorate or improve over time.

In my study, over the last five years, the retention trend is modest but steadily growing, meaning that the so-called "economic crisis" has not negatively affected the number of patients who remain loyal to me.

The table below demonstrates the number of new patients acquired by my office over the past five years (pediatric, gnathological, and orthodontic patients excluded).

	2009	2010	2011	2012	2013
New patients	336	421	431	438	449
Patients lost	82	76	47	85	44
Retention Index	4.1	5,5	9.2	5.2	10.2

The table shows that, despite the "crisis", the number of new patients has slowly (but steadily) grown from 336 patients in 2009 to 449 in 2013.

As can be seen, the retention index has generally improved, excluding 2012. Understanding the retention index is very simple; for example: in 2013 the index is 10.2 meaning that the study lost only one patient for every 10.2 new patients acquired. An excellent result.

Actions that induce patient loyalty can be divided into three interrelated activities: a guarantee system, good complaint management, and targeted loyalty actions.

## 1. The guarantee system

Since it's impossible to honestly guarantee a certain result in the field of medicine, it is best to provide the patient with clear information on what would happen if a treatment fails or only partially succeeds. Completely failed treatments are very rare, whereas those that are simply unsatisfactory are more frequent.

These are likely to have a serious impact on your relationship of trust with the patient. There is only one way to avoid crippling a relationship in the face of a treatment that did not yield the expected results: provide guarantees.

Be careful not to confuse this with the management of side effects and complications, which is part of the basic information you should give when proposing a treatment plan.

The purpose of the guarantee system is to ensure that you keep your patient even if things don't go as hoped.

The purpose of a guarantee is also internal because there's no such thing as a perfect treatment. Mistakes and failures are to be expected. An unsuccessful treatment plan can be very frustrating for a doctor. Knowing that there is a guarantee system that protects the patient can greatly relieve this frustration.

The possibilities are infinite: fillings or implants that fall out, cracked crowns, and many other unpleasant situations.

*Having a guarantee limits how much a patient can complain.*

When a failure occurs, the office immediately guarantees a solution.

The filling is redone, the crown is replaced, and the implant is corrected. At no additional charge to the patient, of course.

However, there are certain procedures where, if unsuccessful, it is impossible to reproduce the same type of treatment. In this case, the guarantee consists of immediate reimbursement of the patient's expenses and a proposal for an alternative treatment plan with a cost-effective economic benefit for the patient, even if this means working at a loss.

The effectiveness of the system is further enhanced the longer it is extended.

I started twenty-five years ago by giving yearlong guarantees on treatment plans. Then I extended it to two, then three, and finally five years.

There are even cases where I found it convenient for both the patient and myself to guarantee a treatment for eight years.

Obviously, providing this level of assurance is extremely calming for everyone, physician and patient, as long as the treatment is performed optimally.

If we know that the treatment we are proposing will never succeed as promised, then it is better not to do it at all because it will only lead to expensive corrections and eventual bankruptcy. Meanwhile, establishing a proper guarantee system is great at compelling you to give your best and to grow as a professional.

If you also add the condition that the patient must stick to a meticulous cleaning maintenance program, under penalty of losing the guarantee, you greatly increase the potential for patient loyalty in future years. Additionally, though indirectly, it also improves the general health of the population, which has great ethical value.

Yet another powerful form of guarantee to encourage patient loyalty: *guaranteeing the work done by other dentists.*

Sometimes you will find yourself with a new patient who literally just escaped from another office and is enormously dissatisfied with their recent treatments.

Or other patients who haven't yet received a complete solution to their problem, and thus contact us for a consultation.

After a careful diagnosis, you may discover that the treatment was simply insufficient to resolve the patient's discomfort. This can happen for the most varied reasons and even with the most sincere good faith of the first practitioner.

The point though is that the trust between the patient and that dentist has been broken. If, when they then turn to us, we say that those treatments are incorrect, then we risk reinforcing the poor impression the patient has of dentists in general.

*The right answer must include three steps: solving the patient's problem, protecting the good credit of the dental profession, and guaranteeing the result.*

Then we recommend the correct treatment with all the previously mentioned guarantees, with one more added bonus: discounting *the total treatment plan according to what the patient has already spent up to that point.* If the treatment costs less than what the patient has already spent, then it's free.

The strength of this guarantee is enormous and also has the advantage of protecting the good name of dentists.

## 2. Complaint management



The only way to get the best of an argument is to avoid it (Dale Carnegie).

No matter how careful you are or how much effort you make on each procedure, it is impossible to have zero mistakes, side effects, or complications. Much can be done to prevent this and inform the patient, but there is always a chance that something will go wrong.

Most often things come down to some administrative misunderstanding: payments, discounts, and confirmation of appointments.

Patients who experience an incongruity between what they expected and what they receive then behave as if they have been wronged.

Their reaction to being wronged immediately manifests in one of two (completely different) ways: some protest, actively seeking satisfaction, while the majority say nothing and simply change offices.



The ratio of those who express their dissatisfaction and those who simply leave is about one to twenty. This is a tremendously unfavorable ratio.

In practice, most of the patients we lose are due to a low level of satisfaction and they leave without ever expressing the reasons behind their disappointment.

As if that wasn't bad enough, those few complaints that are actually voiced are usually made to the office staff instead of directly to the dentist.



If there is no established response plan specifically formed to manage patient complaints, it will simply fall through the cracks and the patient will be lost.

In a company that supplies services, such as a dental office, the people placed at the end of the production line (those closest to the client) are also the ones that would have the most useful information for management, i.e. the office owner.



Lost information and unexpressed dissatisfaction are what cause us to lose clients.

However, the greatest danger isn't losing the patient but rather the terrible damage they may inflict upon us when they tell others about their experience.

Unfortunately, they rarely suffer in silence.

Whatever the cause of a complaint or protest, we must recognize that these patients are a precious source of information, a chance to better identify the shortcomings in our service.

We should all pay close attention to complaints and use them to create a culture of continuous improvement.

People usually make complaints in a way that matches their general behavior, so there are patients who go out of their way to quarrel and others who express their displeasure with an embarrassed smile.

Be careful not to assume that the second case is any less valid or important: every complaint is important, regardless of how it is presented.

In order to take advantage of the complaint and turn it into a source of useful information for improvement, it is necessary to organize a specific procedure. First of all, you have to keep in mind that, as a dentist, you are offering a service: our product is the service.



An assistant chewing gum, a dirty coat, and an overly chatty secretary are things that irritate most patients. A credit card machine that glitches, a dusty operating room, or a bathroom without toilet paper are all disadvantages that weigh on the client just as negatively as insufficient anesthesia would.

Anyone who is in front of a patient and looks awkwardly dressed, sloppy, introverted, or simply unmotivated will give the patient a negative impression and, therefore, the treatment will also be judged negatively.

Just yesterday, I visited a patient who had completed a treatment with a well-known professional in my area, and whom I personally know very well thanks to the time I spent in his office while studying implantology. He is a wonderful person: kind and helpful, as well as having a great office. However, he is also an extraordinarily disorganized person (a common phenomenon with geniuses).

The new patient had noticed that every single surface in the operating room was cluttered with surgical instruments and tools, and this gave a bad impression. An impression that further degraded into disappointment when the secretary forgot to set up an appointment to remove a suture, which ended up being removed three months later when they were preparing the dental mold.

The colleague, seeing that the suture still needed to be removed, thoughtlessly exclaimed: "Didn't you have an appointment to remove the suture?" This simple

phrase, combined with the discomfort of that thread for three months, the environmental disorder, and the secretary's forgetfulness, was enough to convince the patient that he was in the wrong place.

Yet the crown and implant themselves were absolutely perfect.

We must always remember that a patient judges us *in the moment*, in the time in which they find themselves in our study and experience our service.

This fact is very important: *every single patient in the office is living a personal and unique experience at that precise time.*

Even if we have a great office with many patients simultaneously, they are all still *each having their own experience.*

It can be difficult to make all of your staff understand how important it is to behave as if each patient were the only one of the day, to devote an equal and personalized level of attention to every single one.



Each person should be treated for what they are: unique.

With these considerations as my foundation, I have developed a complaint management system that is broken down into three different and integrated actions: *monitoring*, the *patient cycle*, and *countermeasures*.

*If you go hunting for complaints, you will find them.*

Monitoring complaints is the most important activity of all.

Since only a small minority of patients actually express their displeasure, it is crucial that you look for it actively. Anonymous questionnaires and targeted interviews delivered in various ways are instrumental in finding out what is happening.

Anonymous questionnaires are organized with two different types of questions: those that investigate the results of treatment, side effects, and complications (i.e. predominately clinical aspects), and those that investigate the service at all stages (from the reception to the operating room, the office environment, and feeling of relationship with the doctor).

When a patient hasn't yet started treatment, *we investigate their expectations; what they think about us and expect from us.* Naturally, all this makes sense only if the questionnaires are used at all times and become a normal part of the office image and routine.

Over a few months, you will start to get a very specific picture. Every month you should check the results of the previous month and create new questions based on the critical points highlighted.

*You can be absolutely certain that the overwhelming majority of answers will be positive. However, we must be sure to focus on the few criticisms being made.* A critique means something went wrong in delivering the service.

You might be tempted to think that one critical response out of two hundred positive ones is statistically insignificant. However, we must push ourselves to ensure that each and every patient feels they are treated as a unique individual. Behind that one criticism is a real person, flesh and bone, with a life, joys and sufferings, personal experiences; a person who was expecting something special from us and was disappointed.



Statistics, when it comes to human services, are not enough to determine the failure of a relationship.

In the appendix, you will find a brief list of the kinds of questions you should ask patients regularly:

- Questionnaires investigating how diagnostics and treatments are performed.
- Questionnaires investigating service and attention to the patient.

This list is just a suggestion, but it is also sufficient to investigate all aspects of our service. I do not expect every colleague to constantly measure all of these, but the list can surely give some direction on where to look for complaints.

I also suggest the technique of handing out questionnaires when you happen to be running behind schedule.

Unfortunately, some sessions prove to be more complicated than expected and start to invade the time allotted for the next patient. A patient tends to tolerate a small delay of 5 or 10 minutes, but if this time is exceeded, they start to get seriously irritated. After half an hour, they may simply walk out.

If the secretary is informed in advance that things are running behind schedule, they can give the patient a questionnaire with enough questions to occupy the patient in the waiting room so they don't even notice the delay for the first quarter of an hour.

Anonymous questionnaires exist in order to identify people who have been disappointed but would never dream of speaking openly about it, but we should also be prepared to manage criticisms that are more openly shared.

It can be incredibly difficult for a person to find the courage to express their disappointment in something that differed from their expectations. For example, someone left in the waiting room for twenty minutes may simply express their disappointment with a malevolent glance and never actually say a word about it. Or a reluctance to pull out their credit card may reveal that the patient doesn't fully agree with the payment plan.



Knowing the indirect signals that people send when they are dissatisfied is an art you must acquire.

All of your staff should develop these skills of detection and intuition. *When disappointment is perceived, they should stop what they're doing and ask the patient what is wrong, giving them the opportunity to express their discomfort.*

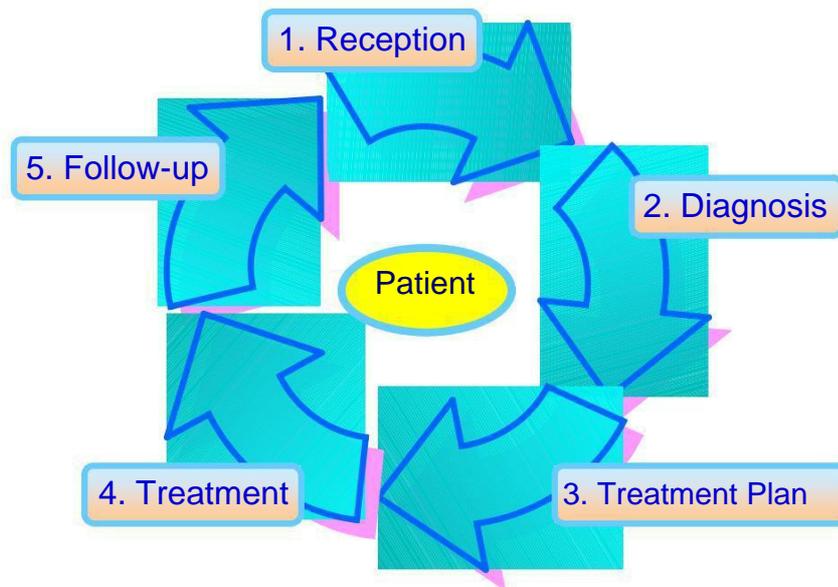
Patients rarely make a **direct complaint**. Even in this case, you must devote as much time as it takes to understand what has happened. Listen carefully without interrupting, ask for specifics, and, above all, don't try to justify or make excuses. These are the prerequisites to soothing a patient's irritation and gaining valuable information.

A patient passes through many different contacts - reception, phone calls, the secretary, the assistant, the hygienist, the doctor... - so it can help to have a model representing the path they make through the office, which I call "the *patient cycle*".

We can imagine this cycle as a five-step path: reception, visit, presentation of the treatment plan, treatment, and maintenance.

Once a cycle is concluded with a maintenance appointment, it can start from the beginning with a new set of treatments.

In the life of a single person, this cycle can be repeated many times.



This *patient cycle* allows you to isolate the five different moments that make the difference in creating a relationship of trust. All it takes is one step to be underestimated or improperly implemented for the patient's confidence to be compromised.

**TAKE NOTE!**

The speed at which trust is destroyed is inversely proportional to the time it takes to create it.

We have no way of creating a relationship of unconditional trust, nor unconditional loyalty to the office for life, if even just one of the five phases is less than perfect.

Each of the steps just described is actually subdivided into individual patient-office contacts. For example, the treatment phase is performed through individual appointments, each of which brings the patient into contact with the secretary, assistant, and dentist.



Each appointment represents a test.

Each appointment represents an experience that the patient will have *in just that moment* with us, and with all aspects of our service, and which will determine the relationship as a whole.

The whole cycle of diagnosis and treatment becomes a long necklace where each pearl represents individual human contact between the patient and the various team members. What happens if some of the pearls are defective or even missing? It makes the whole necklace look ugly.

The five-step model allows us to monitor and individually improve each aspect of our service by isolating the salient moments. Every interaction between the office and patient is a decisive moment that builds or destroys the image of the office itself. It's all about the details.

For example, the first contact with the office should be a perfect experience. What would a potential patient think if they call for a first-time appointment and the phone is left to ring five or six times before anyone answers? At the very least, their first concerned thought would be, "Does anyone even work there?" If the secretary then replies in a bored or irritated voice, this bad impression will only be reinforced.

If you don't care about these details, it won't matter if you are the best dentist in the country. You will still find yourself struggling to win patients.

*You'll be losing them before you even get to meet them yourself.*

So is it really worth it to perform a thorough analysis of complaints and study the procedures that are the essence of the service? Yes, it's worth plenty. Indeed, the success of a dental office is directly proportional to the perceived service.



*Dental practices don't fail because of a recession, but because they explain away the dissatisfaction of their patients.*

Once we have identified a point of unsatisfactory service, we can finally *implement countermeasures.*

*An explicit complaint must be dealt with immediately.*

Let me point out some important aspects. A patient who has finally decided to complain is like a pot that is boiling over: you need to take the lid off. Removing the lid is a delicate task though because you can get burned. The moment the patient chooses to complain is completely unpredictable and only common sense can help us react properly.

I remember the case of a patient who was following a very complex and long-term treatment plan. She was offered a specific discount due to the extensive work that needed to be done.

Shortly after though, the secretary went on holiday and forgot to report the discount to his colleague who, in honest ignorance, billed the contract at full price.

At the next appointment, I immediately noticed that the patient was very agitated. She was a generally anxious person, but this was even more than usual. Until then, I had always been able to calm her down, but that day I seemed destined to be

unsuccessful. I asked her several times if there was anything wrong and she repeatedly told me no. As the work was to be done on her maxillary teeth, I had her in the reclined position. After injecting anesthesia and applying the dam, the patient suddenly decided to make her complaint, at precisely the most unexpected and inconvenient moment.

She was very angry, but she was anesthetized and had a dam in her mouth. Obviously, we couldn't understand a word of what she was saying. I tried to explain that she needed to be quiet just one moment so I could take out the dam, but for five minutes she wouldn't even allow me to do that.

This scene is humorous in hindsight, but it is also a good example of how a complaint can occur at the most unpredictable time.

The important thing to remember is that whenever they decide to speak up, you must immediately stop what you are doing. All your attention must be given to the angry person.

It is a very serious mistake to let too much time pass between the moment the patient decides to complain and when someone actually listens to them. Depending on the situation, their anger or resentment may grow, making it even more difficult to recover.

If the complaint occurs in the presence of other patients, immediately propose a secluded place for discussion, such as an office.

There are three steps for managing a complaint:

1. *Let the person vent*, without interrupting but also demonstrating your understanding and interest. If needed, ask for more details. At this stage, the patient is relieved emotionally, and their aggression tends to deflate. If you take notes, the patient will understand that their grievances are being given the proper weight.

2. Anyone who receives a complaint, when revising the notes or summarizing the facts, must attempt to *replicate the event* so that the patient can correct or enrich the details. When everything is clear you must try to *describe the patient's state of mind*: "so you felt offended", "so you were angry", "you didn't expect that kind of treatment" and similar phrases. This is crucial to convey to the patient that we have understood their emotional discomfort.

3. At this point, we say the magic phrase: "How can we correct this incident?" Or: "What can we do to make you forgive us?" Or even: "What should we do now?" These phrases are powerful because they make it clear to the patient that we have understood our mistake and are eager to correct it.

This sequence, in nine cases out of ten, prevents the loss of the patient. A loss that almost certainly would have occurred if these steps hadn't been taken. Of course, at this point, it would be unforgivable to make the same mistake again with the same patient.

This is an activity that is vitally important for the office, but one that must also be "democratic" in its management: everyone should be able to receive and manage complaints.

But what do you do when faced with someone who is overly critical by nature? This kind of person can be identified through some distinguishing features:

- They represent a small percentage of patients. We can say that "10% of your patients generate 90% of your problems".
- Complaining is the preferred method of communication for these people.
- They have no sense of responsibility, and what little they may have is just a facade. They simply love to blame others.

- They can twist a perfectly successful cure and make it seem like a complete failure.
- Their relationship with anyone in the office is seen through a negative filter. For example, if a secretary welcomes a supercritical patient with a smile, the patient will immediately think, "What's the catch?" or "She's just smiling so I won't notice that she forgot to make a confirmation call with me yesterday." Or "What does she have to be so happy about?"
- Even if we show them before and after pictures that prove the success of the treatment, they can still detect imperceptible details to make their point.
- They blatantly refuse any suggestions for alternative solutions.
- When an assistant apologizes for an imagined slight, the patient only pretends to accept the apology. Instead, they make a point of bringing it up again as they prepare to leave.
- If we ask them if they want to propose a solution themselves, the typical answer is "you're the doctor". Because it's not up to them to find solutions. Whenever they face a problem, it's always up to someone else to find a solution.
- In truth, these people lead extraordinarily unhappy lives.

The management of supercritical patients does not differ substantially from that of the classic complaint, except for two aspects:

1. At the first visit, it is always necessary to investigate the character of the person in depth. A lot of time should be devoted to psychologically classifying patients, and the only way to do that is to let them talk as much as possible, leading them with open questions.

Those who are tightlipped should be viewed with suspicion. Those who let themselves go and complain about the whole world (climate, government, children, doctors, pre-treatment, etc.), end up revealing their supercritical nature.

*If you identify a supercritical person, the best thing to do is simply not take them on as a client.* They will only end up wasting the time and effort of the entire team without any gratification.

I used to offer treatment to these people at a higher price and tell myself, "I can use the extra money to pay a psychologist to get me through it." However, these days I simply prefer never to take them on. The most I offer them are minimal, essential, and localized treatments. If they require more complex treatments, I make sure to point out all the possible side effects and the most overwhelming complications. I make sure the cost is always very high.

2. When a complaint is made about a specific treatment and a treatment is proposed to resolve it, it would be wise - and I would say even necessary - to receive unconditional assent, or it will become another failure. Otherwise, simply give them back their money and end the relationship.

I have plenty of stories I could tell you about my supercritical patients. The most recent one is particularly interesting and deserves to be told.

A supercritical and suffocating patient, who I "tolerated" for at least twenty years, had been coming in for cleanings for the past six years with one of our dental hygienists. Fortunately, he was not suffering from any particular dental pathologies and he required nothing more than routine maintenance.

Previously his constant complaints about our dental hygienists had forced me to "move him" from one hygienist to another. Things seemed to be going well enough with the latest match, but then this hygienist left the office for other career

opportunities, so I decided to recommend the patient to a "gentle" and conservative colleague.

Naturally, the patient was politely informed that his usual hygienist was no longer with us and that he would be entrusted to another, very good, dentist instead.

Knowing the delicacy of the case, I spoke to the dentist, preparing her to be particularly kind and gentle (which was really quite superfluous, because this dentist is already very good).

After the session, I "just happened" (i.e. intentionally planned) to meet the patient in reception while he reserved his next appointment. I said hello with a smile and he smiled back with a friendly greeting: all okay. I took this to mean he was satisfied. When he left, I immediately went to my colleague, congratulating her on such a successful first meeting. Things had never gone so well with this patient before.

My joy was short-lived, however.

Once the patient got home, he picked up the phone and berated our secretary for over 25 minutes about how terrible everything had been.

For the umpteenth time, we had to recover the relationship and, in order to remain faithful to the spirit of service that is the cornerstone of our success; we got in touch and ensured that the patient would have the opportunity to explain his dissatisfaction to me directly. After which, he was assigned to another hygienist and we will continue to handle him in the coming years as if he were the finest and most delicate piece of china.

Some very concerned colleagues ask me what they should do about the dangerous word-of-mouth spread by supercritical patients: "how do I handle it"?

The truth is that negative word-of-mouth of a supercritical person is mostly harmless. Anyone who knows them will also know that no one is safe from their scalding criticism, not even themselves.

From a certain point of view, negative word-of-mouth from a supercritical person can become a positive message when the listener takes into consideration who is doing the complaining.

#### **Past experiences.**

Over the years, I have collected interesting statistics on new clients. In my records, I have a section devoted to their previous experiences. Among the questions asked is "What was your worst experience at the dentist?" An extraordinarily efficient way to convince them to tell us the stories that dentists never hear.

It's amazing how many bad experiences our patients have experienced in their lives. So many offices complain about the falling volume of business, and yet there are *thousands and thousands* of patients who constantly find themselves having to turn elsewhere.



Four out of ten patients change dentists due to a complaint that was never corrected.

As far as I'm concerned, anyone who provides poor service to a patient is indirectly giving me more clients.

Between one dental experience and another, patient expectations will be based on their *best* previous experience. We should make sure that ours is not only better, but practically a dream come true.

Prosperity is not a divine right; it must be earned.

When a complaint is collected through an anonymous questionnaire, it is impossible to trace it back to the disappointed patient. But it still gives us the opportunity to intervene in the procedures or behaviors that triggered the complaint.

It is necessary to involve the entire team in these actions. There can't be any weak links.



The policy of patient service is a religion, and the whole staff must be indoctrinated.

Continuous training on procedures, communication, organization, and people skills is absolutely crucial to create an incomparable service. When a complaint is expressed, the presence of adequate procedures, communication, and people skills, as well as perfect organization, will limit the loss of patients.

### 3. Loyalty Actions

*Clear, fresh, and sweet water.*

Petrarch understood the feelings of someone searching to quench their thirst. From afar, a man sees a waterfall and approaches anxiously to satisfy his thirst. Then he immerses his hands, and the cool freshness thrills him. Then, finally, he drinks the sweet and fulfilling water.

Whenever you are thirsty, you want that same experience again.

If you go to the dentist and what you see, what you perceive, and what you experience is totally satisfying, then you will seek that dentist again and again.

Every effort must be made to give the patient the opportunity to return, to have still more satisfying experiences, to enjoy the clear, fresh, and sweet waters that you offer.

In the *patient cycle* we previously described, loyalty actions are included in the maintenance phase, but before going into detail it is appropriate to clarify how a treatment cycle is structured and, above all, what effect the various sessions have upon the patient and how they perceive them.

In my own office, I have found that a treatment cycle is completed over an average of seven appointments, the first for diagnosis and the last one for verification (however, there are treatment cycles that require over twenty sessions and others that can be resolved in just two or three sessions).

Years ago, I did some research with the collaboration of a number of patients. I gave them a heart rate monitor, which they used for eleven hours. I left the appliance with the patient and asked them to put it on five hours before their treatment appointment. Then they removed it three hours after the end of the treatment when the anesthetic had completely worn off.

Analyzing the heart rate data, which is closely related to emotional state (anxiety and fear cause a rise in heart rate), I could see that the most anxious period was during the first few minutes of an appointment.

Interviewing the patients later and showing them the connection between anxiety perception and increased heart rate, they admitted that the most emotionally challenging appointment was the very first one. The subsequent appointments caused progressively less anxiety unless they had to undergo a surgical procedure (which is always dreadful for a patient).

From this research (which I did not publish), I was able to draw up guidelines to handle the appointment sequence.

- The first visit becomes the most important moment of all because it conditions the acceptance of the treatment plan and their perception of subsequent appointments. If you create a strong feeling of empathy with the patient, anxiety is reduced to the minimum.

- The other appointments for treatment can easily be delegated to other members of staff, but only if they know how to handle those first few crucial minutes of a session.

- Use the end-of-treatment verification session to gather information on their overall impressions.

If everything is done properly after the first visit, it creates a climate of confidence that gives the rest of the treatment a very low level of anxiety and minimizes the innate phobia people have of dentists.

When we finish the treatment plan, we enter an ad hoc appointment, which we call "end-of-care", where we aim to recreate a strong empathic emotion just as we did in the first visit.

The verification session is made up of three different parts. First, it's an opportunity for a thorough examination of the completed treatment and to finish any details. This part is crucial to show the patient how much we care that everything has been done perfectly. If a treatment was performed by another colleague, this is the time to check it out.

If the standard requirements for a treatment were not met, this is the time to decide whether the treatment needs to be redone.

The patient greatly appreciates this verification (which often finishes with some before-and-after photos).

The second part of the session is used for specific recommendations on diet and maintenance. They are given compliance information about any prosthetics, brochures with home cleaning suggestions, and any other useful or specific information regarding the provided treatment. If the treatment has high aesthetic value, a couple of before-and-after photos should be provided.

At this time, we also remind them about the main points in the guarantee we described earlier and we give the patient a business card, reminding them that we will always be available for any problems that may occur.

The third and final part is a true loyalty marketing action. We propose a maintenance cleaning plan and check-ups at predefined deadlines.

Except for rare specific situations, patients greatly appreciate the opportunity to let you take charge of periodic checks and cleanings so that they don't have to worry about it themselves. The prevention of oral disease, especially the organizational part of it, is no longer the sole responsibility of the person but is instead delegated to the office.

The session ends with an inevitable anonymous patient-satisfaction questionnaire and a personal send-off from the dentist, assistant, and secretary. All done with a friendly smile.

This is the time to offer the patient an unexpected gift, such as a flower for the ladies or a toy for the children.

The end-of-care session, therefore, has a high relational value that is meant as the cherry on top.

### **Health Maintenance Service**

Therefore, no patient may leave after a completed a treatment unless they have also set an appointment for their next cleaning and maintenance check. This way, all patients who don't refuse the appointment will remain connected to the office.

This service is ethically unobtrusive because you are doing no more than encouraging a culture of health and prevention.

It is worth spending some time on the organizational aspects of this service.

First, a few questions: is it better to call the patient near the check-up deadline to agree on a date for the appointment, or to fix the appointment directly six months in advance? Is it best to send a letter to remind them, or is it better to call? Is it better to send an SMS or an e-mail?

After experimenting with the many options, I have found that I prefer to schedule the appointment months in advance. Then it is best to verify with a confirmation call one week before the agreed date.

My experimentation with SMS has been disappointing. What, for example, happens if a patient reminded by SMS can no longer come to the appointment due to other commitments? They themselves must remember to call the office and reschedule. In terms of service quality, it is better that we be the ones to call.

Through our complaint questionnaires, we have further confirmed that letters, email, SMS, and other app functions are less welcome than direct contact with secretaries.

The agenda should be filled up several months in advance, which forces us to plan well.

What would happen if we decided to close the office at the last moment for a vacation? We would need to reschedule hundreds of appointments, causing a huge disservice. Instead, if you plan all office activities a year in advance, there will be no such problems.

On the same organizational level, you must ensure that one or more of your dental hygienists also have excellent people skills.

If we consider one hour on average for each cleaning appointment, we can plan for 8 sessions per day for each hygienist. That's 40 appointments in one 5-day workweek and around 1700 in one year.

If patients do two cleanings a year, it means that the number of treatable patients is around 800.

Looking at these numbers, and the potential of such a huge resource, I am very surprised that this kind of preventative service isn't promoted more.

Even with more advanced services, you still need to develop specific calibration protocols on the different clinical conditions of each patient, taking into account specific risk factors such as quality of daily professional hygiene, nutrition, familiarity, etc.

Therefore, the content of each session can be varied: the proportion spent on the motivational vs mechanical aspects of the actual cleaning, duration in minutes, the tools used, and, finally, the intervals between one session and another.

For example, when deciding on the interval between maintenance sessions, you first need to assess the quality of home hygiene by assigning a value from 1 to 10. If you would grade them with a 4, then the interval between sessions should be 4 months. If the grade is 6 the interval should be 6 months, and if it's a 10 the interval between one session and another would be 1 year.

This part, exquisitely clinical, will reinforce the patient's perception of being considered for what they are: a unique person.

### **Client recovery**

If you are sure you have done all the necessary actions to reinforce your product, you will find that a cycle of positive word-of-mouth will automatically be established. With this powerful mechanism activated over the long term, you can start recovering former clients more quickly.

This means sorting through your records of old patients and trying to contact all those who previously visited your office but are no longer in your appointment agenda.

If you've been in business for several years, we could be talking about thousands of people.

Ideally, you will have kept medical records for every patient who has ever gone through your office, thus building an archive database.

It is surprising how many offices have been treating millions of people for years and have lost many of them simply because they didn't bother inviting them back for a cleaning or check-up visit. This is how thousands of dental offices have foolishly lost their greatest asset: repeat patients.

The mechanism that generates such waste is twofold. First, there's the technical aspect: absence of maintenance procedures.

Once upon a time, patients were self-motivated enough to contact the office on their own to schedule simple maintenance cleanings. This is no longer the case.

The second reason is much more serious and it's difficult to define it properly. *Prevention is the best cure*; this is the keystone upon which medicine is built.

Every serious dental practice should make prevention an important part of its activity.

Instead, far too many offices (due to ethical, scientific, or procedural shortcomings) have deliberately overlooked this very important component of health. And now they are paying the price for it.

However incredible it may sound, we forget about our patients for a variety of reasons, and patients then tend to forget the positive experience they had with us.

As said in the so-called Sköföf law: "*Strange as it may seem, we tend to forget our best clients*".

This phenomenon has a simple explanation: while we never forget unpleasant patients, the patients who are kind, understanding, make punctual payments, and never cause any difficulties during treatments, tend to slip our minds without a trace.

If the office doesn't have any software that alerts you when you have lost contact with a patient, or some procedure that allows the secretary to keep tabs on all the patients who have come through the office, sooner or later someone will forget to schedule a cleaning or remind the patient about an appointment. They will slip through the cracks and be lost.

Patient recovery actions, implemented through various formulas such as letters, phone calls, or a combination of both, allow you to keep patients in touch with the office.

Just as in the confirmation of cleaning appointments, I have found that phone calls are the best method for contacting former patients.

Patient recovery actions are a very powerful way to quickly increase traffic to your office. In particular, those who already had a good experience with you in the past will be excited to see how your service has improved. Those who have had a bad experience may not return, but they will still be able to provide you with a lot of useful information about why they weren't satisfied, which will help you to improve your service even more.

Patient recovery actions should be planned to the smallest detail. It requires a secretary with extraordinary empathy and communication skills. Each day, ensure

that two hours are devoted to building the database of lost patients and making phone calls.

It begins with digging through all the old paper and digital folders to hunt down any useful information about the patient: address, phone number, when they started the first treatment cycle, and the date of the last contact. If available, any notes about their character or any complaints they may have made. All of this info is entered into a database.

Then you reach out to the contacts by phone. The secretary identifies him/herself and names the office. Then politely and kindly says something like: "It's been a few years since your last checkup. If you like, Dr. Beretta will be happy to meet with you for a visit." The secretary should have a variety of prepared sentences they can use for different situations to persuade the patient into making an appointment.

The doctor must also prepare for the visit by studying all the data stored in any old folders and notes. When the patient arrives in the office, the doctor should approach with a smile and immediately ask, "How are you doing?" Very often, even after many years, it is still possible to resume the interrupted relationship.

It is wise to allocate part of each patients' clinical record to notes on the human relationship they have with the office. In these notes, I write the essential facts of the relationship and, most importantly, everything that has been discussed.

One episode in my experience was particularly striking. A very nice patient, an experienced salesperson for high-quality cooking pots and pans, came in for a simple treatment on two of his teeth. That day we talked about the technical characteristics of pots and how to recognize their quality. He was very passionate about his work. We also talked about the various aspects of steam cooking, and then we had to say goodbye because the next patient had arrived.

A few days later, the patient moved to Milan where he took charge of a sales team. I didn't see him again for fifteen years. He returned home when he retired though, and at around that time he was contacted by my secretary who was working on patient recovery.

He accepted a checkup appointment, and shortly before entering the room for the visit, I read the fifteen-year-old folder where I had written about our conversation on pots and steaming.

I went in, said hello, and then picked up our conversation with exactly the last words we had exchanged. As if no time had passed, he too jumped into the conversation right where we had left off. After a couple minutes of this, we looked at each other and burst out laughing.

What mysterious force made that empathetic relationship so powerful even after fifteen years of separation? Nothing more than a note in his patient folder!

Another important task for the secretary is to carefully monitor whether or not the contact is successful. They should also measure the number of appointments they manage to schedule and how many of those patients accept a treatment cycle. This way we have enough data to evaluate the progress of patient recovery.

When I started experimenting with this recovery cycle, I had no idea whether it would be profitable or not.

Not only that, I had concerns about using up the secretary's valuable time for this project. So I decided to hire an intern for a few months and give them the job. Despite their inexperience and poor communication skills, the experiment went so well that I decided to make patient recovery a regular part of the secretary's activity.

### **Presenting Treatment Plans**

A patient who has come in for a visit and been presented with a treatment plan can accept the treatment in one of two ways. The most common case is where they immediately accept the plan and move on to discussing payment methods.

Other patients prefer to take a few days to decide.

I've studied this second group for a long time because it represents a huge resource that shouldn't be lost. In my office, about 35% of patients ask for a few days to decide. This means that there is a risk that 35% of my presented treatment plans will be lost. This is why the management of this group of patients is very delicate.

A patient who does not immediately decide to accept a treatment plan often has a good reason. For example, they need to consider the cost of treatment in relation to their family budget. Or consider the time required relative to work commitments or vacation plans.

The important fact is that, caught up in the frenzy of life, due to lack of time, or the calculation of various priorities, they forget to evaluate their dental situation. This is why you shouldn't let too much time pass from when you first present the plan to when you hear from them again.

Therefore, if within two weeks the patient hasn't called of their own volition, the secretary should contact them. To ensure the phone call doesn't come across as rude or pushy, the operation must be prepared beforehand: when the patient expresses the desire to further meditate on the decision, the secretary needs to be sure to say something like: "Take all the time you need to decide. I'll check in with you again in another two weeks". Patients rarely refuse this offer.

When the patient is contacted again, with the utmost kindness, the secretary asks if they are ready to make an appointment or if they still need more time.

Generally, most patients have already decided whether or not they will do the treatment, and the secretary will know how to behave accordingly.

More rarely, the patient still hasn't decided yet and we need to wait a bit more. In the protocol I have refined, I give them a period of three months before reaching out to indecisive patients again. We can be pretty sure that over three months they must have found time to think about the decision. Very few patients need more time to decide at this point. In any case, the protocol still allows for a check-in call in another six months, and then a year.

All of these contacts may seem overwhelming, but I have never received any complaints. Indeed, more often than not, the secretary is thanked for showing such dedication and interest.

When a patient decides to go elsewhere, they usually say so. They generally also let us know if they've decided to put it off for a few years.



This protocol is so powerful that over 90% of treatment plans are accepted.

It is therefore also very important to include in the previously mentioned database any patients who only came in for the first visit and treatment plan presentation. There's always a chance that one day they may be persuaded to return if urged by our invitation. However, there is also just as much of a chance that the treatment will be refused.

There have been patients who enthusiastically agree to a treatment plan, only to call the next day to cancel their appointments. What happened? The answer is simple: it clearly wasn't an autonomous decision, since the previous day the patient was so anxious to begin treatment. This is due to a third-party decision: a parent, a companion, or anyone else who influences the patient.

A recent case: a sixty-year-old lady had been visiting me for a number of chewing and aesthetic discomforts. We decided on a rather complex plan, but one that was perfectly suited to solving all of her problems. We also managed to quickly find a mutually agreeable financial plan, and immediately reserved the first two appointments.

The next day the lady called to cancel both sessions.

A couple of months later, I happened to run into her at the supermarket. She tried to avoid me, but I was curious to know why I never saw her in the office again, so I walked up and greeted her as kindly as possible. The lady, a widow, lives with her son who has taken over the responsibility of making family decisions. In his interpretation of the role, his mother could not make decisions about dental treatment on her own. Moreover, it was difficult for him to believe that Mom could "afford" such an economically demanding treatment.

In other words, the child decided that the mother should simply not have any dental care. Not with us nor any other office.

When situations like this occur, it is absolutely useless to insist they see things differently, as you are not in their decision-making sphere.

*In order for things change, the patient needs to realize that their health is their own and that the decision to accept treatment is strictly personal.*

### Newsletters

There are various loyalty actions that can help stimulate a culture of prevention. Among these, the one that I have found most effective is the sending of a newsletter through the postal service, which is sent to each of our patients.

It consists of four sides (a folded sheet of A3 paper) and contains information about mouth diseases and their prevention. The subject matter is so vast that we can easily come up with new material for every edition, and if you use simple language that everyone can understand, it always has a great effect.

**Cheese!** Notiziario di informazioni, curiosità e consigli pratici per la cura dei denti e per un sorriso pieno di luce.

**CDS**  
Clinica  
del Sorriso

n. 06 - Marzo 2014  
A cura dello staff  
di Clinica del Sorriso.

**Sorrisi e Salute**

**Come si sviluppa la parodontite, comunemente detta piorrea?**

Le gengive funzionano come una vera e propria guarnizione meccanica attorno ai nostri denti.

**Impariamo a riconoscerla.**

La parodontite porta le persone a perdere progressivamente tutti i denti...

**Curarla può essere semplice e veloce.**

Ogni situazione richiede un trattamento specifico e mirato.

**Evitarla, però, è meglio.**

It is one thing to warn patients not to smoke, but it is an entirely different thing to let them read, in detail, the devastating effects of cigarettes on their health.

The dominant feature of these informative newsletters must be content that is scientifically sound and expressed in a light, sympathetic, and comprehensible way. It should be full of readily available information and advice so that it often ends up being collected and saved. I have patients who call me up if they don't get their newsletter at the expected time, asking when it will arrive, and others who come to the office to get an extra copy of one that was lost.

I have also dabbled in e-mailing the newsletter, but the feedback has been better with the printed edition. In fact, assuming you manage to avoid being sent straight to the spam folder, not everyone likes reading on the screen or bothers to print out the text. In addition, there are still large groups of people who do not have, or regularly use, a PC.

From an ethical point of view, disseminating the culture of prevention has great value. Every modern and evolved office should build a prevention policy that includes specific activities such as maintenance cleaning services, reading material, and dissemination activities in the community where they work. The reading material must be available in the waiting room, in the operating rooms, as well as sent home with patients.

### **SMS and apps**

This is the easiest way to inform patients about office activities. A mass SMS is very easy to send (with the help of certain programs) and, if limited to a few essential words, is not bulky or bothersome. Messages should be limited to greetings for various holidays (New Year's, Birthdays, etc.) and to remind patients about office activities (prevention month, pediatric month, oral cancer prevention month, etc.).

The message creates continuity in the recurrence of our presence and isn't seen as intrusive because it is easy to delete. It is also useful in reminding patients about the next appointment.

Due to my enthusiasm for this simple technology, I have also experimented with more advanced interactions, but with unexpected and unpredictable results. For example, for a period of time we sent an SMS that reminded patients about their next appointment, asking that they confirm by replying with the number "1". This is a great idea from the organizational point of view, allowing us to make appointment confirmations automatic with a digital agenda.

After just three months though, we were overwhelmed by criticism and had to suspend what we had thought would be a great service. There were many mistakes and misunderstandings caused by those who couldn't send confirmation, claiming they had never received the message or could not read it, not to mention all of those who missed hearing the real voice of a secretary calling for confirmation and prefer speaking directly with a person.

In other words, I have found that the more technologically advanced a market is, the more effort it takes to immunize it from bugs and breakdowns. *And you still always need a human being close by.* We should always remember that, no matter how advanced the technology, everything must still be reported in human terms and conditions.

In this duality of technology/human relationships, many apps have been successfully launched. In dentistry, we use them as part of (or integrated with) our management software. In this case, interaction with office updates goes far beyond the simple communication of appointments or activities.

Some apps allow the patient to see the data they personally care about (after entering a private password). Progress or advances in treatment for example. Connecting to the app can provide the most varied "technological services" ranging from estimated times to games for kids. These extra bells and whistles aren't for

everyone though. Personally, I don't find these features particularly interesting apart from the possibility of posting suggestions on proper eating habits and hygiene.

In addition to the basic and personal data just described, you can also include access to all the office links: from the office website to any social media where you post opinions or office news.

#### 4 – MARKETING ACTIONS

The most powerful dental marketing action is word-of-mouth. To create positive word-of-mouth you have to set up the whole office in a way that is aimed at this purpose. It goes without saying, that our quality of work should always be impeccable, so this in itself is not enough to generate good word-of-mouth. After all, that is what the patient is paying for, and is the bare minimum that they expect.

However, their personal experience within the office, the quality of communication, human relationships, and mutual understanding, have a much greater impact.

Each of these last factors is fundamental to human nature, and they are experienced to the max when you live a full life. In practice, a healthy and rewarding life is only possible if you have great relationships with other people. That is why a patient who has had a significant human experience feels the need to share it with others.

If I had to recommend one activity to start immediately in every dental office, it would be to concentrate on creating an extraordinarily positive climate among the people of the team. A climate where human relationships can flourish and where patients feel comfortable. A huge factor in creating this kind of environment is making sure you hire the right people.

Working towards positive word-of-mouth is an attitude that should be adopted by the entire office and everyone should be dedicated to creating good relationships with patients.



You know that *positive word-of-mouth is working if the word "dentist" makes your patient automatically think of you.*

Back when everyone had a "family dentist", this was not a problem. Patient loyalty was built entirely upon human relationships and words like "competition", "marketing", or "positioning" were meaningless.

Today, patients are bombarded by advertising from dentists, clinics, and dental chains all around the world, and the concept of a family dentist is slowly fading. The way people choose their dentist is now much closer to the same mental mechanism they use to choose one brand name over another. It is not my place to say whether this is right or wrong, but it is certainly happening and it would be foolish to ignore it.

Studies have definitely made it clear that less than 10% of advertising actually results in potential clients, and therefore about 90% of new products on the market result in failure, i.e. products that will disappear from shelves within a single year. Conversely, a properly prepared advertisement that hits all the right buttons can result in an impressive sales peak.

Just browsing a newspaper we can find hundreds of advertising messages and images. As soon as we've reached the end of the paper though, we hardly remember more than two or three of them. This simple example clarifies how rare truly effective advertising is.

*The facts indicate that consumers have an automatic defense mechanism that enables them to ignore any excessive information they don't need. Their brains automatically discard unnecessary data and are only attracted to truly original messages that are capable of sneaking past this defensive filter.*

When we start marketing, we need to remember some general principles:

- **The human mind craves original images, sounds, and messages.** One advertisement is often similar to another, making it difficult to remember which product they are linked to.

As for dentists, words like "quality", "value", "convenience", "professional", etc. are all so overused that they are now useless and hold no appeal. The same problem applies to images of young smiling dentists and assistants wearing surgical masks.

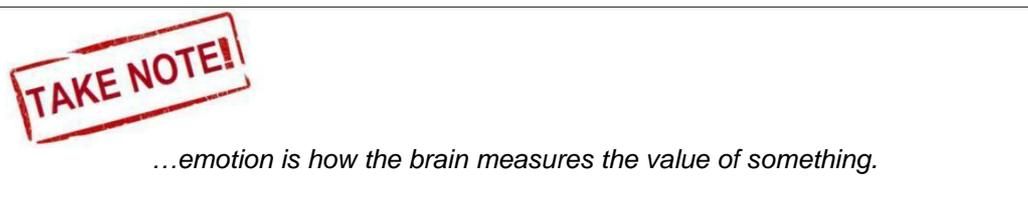
- **The mind seeks positive emotions and avoids anything less.** A message that is too serious and full of technical information is the furthest thing from emotion, and will thus be ignored.

Certain messages go so far as to have the opposite effect and repulse people with a negative emotion, such as cross-sections of a tooth or pictures of implant procedures. Just by browsing the websites of many dental offices, it is obvious why they aren't getting any new patients from internet searches.

- **The mind only remembers those facts that are connected to emotion and forgets the rest.** If I have a positive or negative emotion associated with a memory, it will be difficult to erase and easy to recall.

Positive word-of-mouth is an example of this general principle: a great experience and a positive emotion are what bind me to the dentist and the office I visit. When someone mentions the word "dentist", I can't help but feel that emotion again and want to share it with others.

Essentially...



- With just **one good emotion**, everything that is associated with that experience is remembered.

We forget the dozens of restaurants we've visited over the years except those few that are connected to a strong emotion. A wedding or a special birthday party, any meaningful and emotional event, becomes closely tied to the things and people who are part of it. These are restaurants that it will be very difficult to forget.

- In the same line, it is much easier to **remember a product if the advertising is emotionally engaging and repeated many times.** Repeating the message frequently makes it more likely to stick with the client.

Dentists are not immune to the law of repetition and, therefore, *it is pointless to pour all your resources into a single advertising action.*

However emotionally gratifying, it will be overwhelmed by all the other messages out there. The others may not be as engaging as yours, but they have the benefit of being repeated many times. This aspect of marketing involves a very important correlation based on operation cost: *better to publish several cheap ads instead of just one very expensive ad.*

- **An effective ad that is repeated** not only promotes a product but also **takes attention away from similar products**. It's as if the brain only has a limited amount of space for each kind of product. If one product is remembered, then it needs to take up the space that was formerly used for other products.

In practice, if my advertising message is strong, repeated, and effective, in the mind of my potential patients there will be no space for any other dental practice.

- **Fear of a bad experience is also a great marketing element**. This method is often used in politics, where one side lists everything that will go wrong if their adversary should win.

This is a great opportunity for us because the things that could go wrong if a patient doesn't have the right dentist are numerous and traumatic: loss of teeth, unspeakable physical and psychological suffering, and even premature aging.

- **Emulation is another powerful advertising tool**. If your best friend greatly influences you and is very happy with his/her dentist, sooner or later you'll end up visiting that same dentist too. If the most beautiful girl in the neighborhood goes to a particular dentist, sooner or later her friends will go to the same office. This rule is very important because it activates marketing mechanisms that we have little control over and whose results can be unpredictable.

I personally experienced just such a situation several years ago. I was dealing with a lady who, for religious reasons, could not receive blood transfusions.

At that time, bone grafts were preferably performed with the iliac crest in a hospital. The issue of informed consent was raised and the lady asked my surgical contact what would happen in case of hemorrhage during surgery. My colleague's answer was unacceptable to her, and the patient decided against the operation.

For me, this was a very dangerous situation because it could have affected our relationship of trust (I had been the one to suggest she contact my surgical colleague). I dedicated myself to finding an alternative solution and found it in another hospital that was experienced with treating patients of that religion.

Everything went well and in the following months, I found myself to be the default dentist for practically that entire religious community. This is just one example of how, by practically applying some of the general principles I've just described, I have established a series of actions for my office that have produced interesting results.

### **"Being there" and background "noise".**

Keeping the memory of my office alive with repeated messages has a number of powerful effects. First of all, "being there".

This means reminding our patients that dental chains, cooperatives, and networks aren't the only option. It is possible to find something other than low-cost centers and complete vacation package deals abroad, though it may seem that those are the only dentists that exist.

First of all, there's the reference dentist who is in charge of informing patients regularly about how to maintain a healthy mouth and keeping them up-to-date on office activities. By "being there", you're ensuring that anyone who wants to take your patient away has to find a way around you first.

Secondly, the background "noise" works as interference against advertisements that attempt to influence your patient. Additionally, if the message enhances the positive emotion experienced in the office, it further stimulates word-of-mouth.

This background "noise" must have two characteristics:

- It must be constant. Continuous and without excessive time gaps between each message.
- The other feature is the volume: the intensity of the message should be strong enough to tarnish that of your competition, but without becoming too aggressive or unpleasant.

All activities for creating background noise should be scheduled during your annual planning.

In my experience, the most effective combination uses paper mailings (for immediate, concrete, useful content) and SMS messages (to remind patients about our activities). However, in 2013 we also performed many other tasks:

- Mailings: 4 newsletters on a quarterly basis.
- SMS greetings at Christmas and Easter.
- SMS to remind them about dental awareness month (which we do in September).
- SMS to remind them about oral cancer awareness month (which we do in November).
- SMS to let them know that the pediatric dentist is also available in the morning during the summer months.
- SMS to remind them about the month dedicated to prevention of periodontal disease (which we hold in the summer)
- Mimosas on Women's Day
- Primroses in early March
- Hyacinths in early April
- Flowers for the ladies the second week of may
- A Basil plant in the first week of July
- A giant balloon for children during Carnival
- Treats for children during the week of Halloween
- Gadgets for children leading up to Christmas
- Gadgets for adults in the weeks before Christmas.
- A magnet with our colorful logo and a set of guidelines on home hygiene
- A gift for anyone who has a birthday appointment
- Etc.

I imagine that many of these activities may elicit a derogatory smile from some of my more conservative colleagues but... they work.

Patients love to get information from sources they trust, and unexpected, useful gadgets are always welcome. I have never, truly never, received any criticism or opposition from patients on these activities.

These activities have two immediate, and powerful, effects: they remind the patient that you are the top dentist, and they stimulate word-of-mouth. I, therefore, consider them a specific contribution to my marketing campaigns in all respects.

### **Participation in community life**

Another powerful way to be remembered by patients, while also making yourself known to new potential clients, is to gradually integrate yourself into the community life where you operate.

The easiest way I have found to do this is to hold, every year, a couple of free lectures on oral disease prevention that target the elderly and children in the community. These cultural activities, done without promoting any products, are needed to make yourself known and appreciated as a person. Those who listen will bring home useful information on different topics related to their oral health and own personal welfare.

Leaving room for the public to express their needs and their doubts in an open interaction has helped me to better understand people's thoughts on certain subjects, such as daily hygiene and the inconvenience of removable dentures. All of this has enriched me as a man and as a professional.

By performing these simple tasks on a regular basis, you will make yourself known in the community as a reliable professional. Inevitably, over time, this will result in a constant influx of patients.

Even the staff and colleagues within your office can help with health promotion activities. Our hygienist, for example, has held several conferences on the prevention

and management of periodontitis in elderly patients. She also created a non-profit association to promote oral health and to treat poor children free of charge.

Another example involves our secretary who, in his spare time, coordinates activities for the Veterans' Association and has become a reference point for seniors in our community. This has triggered a positive word-of-mouth that reinforces our office activities. In this specific case, his participation in organized trips with the Veterans' Association has brought a number of patients to our office.

Yet another example involves one of my clients. I am fortunate enough to have a patient who works with famous artists nationwide. With their help, I get to display a permanent exhibition of artwork in the studio. Artists have the opportunity to become known among patients who visit the office, and there are visitors who specifically come to see the art. An office furnished by wonderful works of art is always a pleasant surprise for visitors who aren't expecting such an unusual venue. Some even pause to make an appointment on their way out.

In our office, approximately 10% of initial contacts are in response to the activities that we carry out in the community, thus constituting a significant part of our new clients.

### **Managing negative word-of-mouth**

Stimulating positive word-of-mouth is the key to bringing new patients to the office. However, when discussing the success of a study with a good name, we often forget to consider the flipside of the coin.

While it is true that positive word-of-mouth determines client growth, we must also remember that the number of new patients is always less than what it could be. It's easy enough to monitor the number of new clients because we can physically count them as they cross our threshold. But we can't count the ones we lost before we even met them.

I realize that this concept may sound strange or abstract, but this example will make things clearer.

Years ago, a close friend recommended me to a relative and let me know to expect their call. The relative was unable to call though, because of a busy work schedule.

By coincidence, this relative's daughter worked at a company where she met another woman who I had interviewed as a dental assistant for my office. In the end, I didn't hire her though because I had found a better-qualified candidate, and I phoned to let her know. She apparently didn't express a very flattering opinion of me when talking to her friends, because it was enough to get back to the relative and my friend's recommendation failed. The relative never called, and I had lost a client before I had even met them!

In a nutshell, we can say that our behavior will always have a positive or negative effect upon word-of-mouth, and for every single patient who crosses the threshold of our studio, we can only guess how many others didn't.

Negative word-of-mouth can usually be traced back to side effects or complications after a treatment. The patient tends to complain to others and, even though they experience improvement and continue treatment, their words will still have a negative effect.

Who knows how many people would have come to us if it were possible to cure our patients painlessly and without any side effects!

There are various circumstances that generate negative word-of-mouth, and they all need to be monitored:

- Poor service
- A botched treatment
- Pain during or after a treatment
- Biased or mistaken opinions, be they internal or external, and false rumors

While it is easy to see how painful treatments and inefficiency can generate negative word-of-mouth, it is harder to understand the danger of biased and false rumors. They cause even more damage to the credibility and value of the company.

This is a particularly important subject for us because the profession of dentists is full of fanciful connotations.

Just some that I have gathered from my questionnaires:

- Dentists enjoy causing pain
- Dental treatment is expensive
- Dentistry is full of professional tax evasion
- The dentist is the greatest cause of anxieties and phobias
- Dentists aren't real doctors
- The dentist's chair is just one step below the electric chair

These myths, on their own, aren't much to worry about, but if a rumor is spread with just a minimum of personal detail then it becomes "real". Indeed, it is one thing for a client to say that Dr. Beretta is "expensive, but good", and another to simply say that he is "expensive".

It is amazing how many people are only able to spread the bad parts of a story and forget all the positive aspects. Even among our own friends, there are always those capable of seeing the glass as half-empty, never half-full. These are the people who broadcast news that is able to negatively affect the choices of others.

There is only one thing we can do in the face of such voices: despite the patients who are clearly miserable, antisocial, and mercilessly highlight our every shortcoming, we must always try to remain highly ethical. Caring for them and listening to them with the same attention we give our more balanced and "normal" patients, though it will require even more energy on our part.

In the end, this response will be an asset because it will give us a reputation for dependability, reliability, and professionalism among the larger part of the community. When voices speak out against us, our own fame will work for us by neutralizing them. Indeed, the people that spread negative news may themselves be labeled as "unreliable".

A far worse situation is where the false rumors are generated by a member from within the team. Essentially, a snake in the grass.

It is difficult to understand why a team member would want to spread bad news that damages the company. They're pretty much shooting themselves in the foot.

If it's a dental office with a small team of just three or four people, the effects can be really serious. *Voices from within an office tend to be given very high credibility and can irreparably damage the reputation of a professional.*

Thankfully, I haven't personally suffered this particular experience, but I can testify to its strength in how it affected a colleague of mine. He had noticed a slow but inexorable decline in treatment acceptance and called upon me to have a look and, above all, to offer some advice.

When I visited, I found only good things to say. It was a great dental office with enviable patient relations. Even the team seemed to be made of nice people and I quickly moved on to analyzing the numerical data which, as I had been warned, was quite poor.

I went on to analyze their procedures and soon identify where to focus our attention: estimates were presented by the secretary who had been in the office for about year after returning from maternity leave. The fall in treatment acceptance had begun to manifest itself shortly after her return.

The true story was very simple: after returning from maternity leave, she was assigned a temporary, part-time position, and not a definitive role. For "revenge", she went out of her way to discourage patients from accepting treatment, saying that it

was too expensive, and if a patient asked for time to think about it, she would deliberately avoid contacting them again.

When you encounter situations where patently false information is disseminated from within the team, you must move carefully:

- **Make sure you correctly identify the culprit.** As incredible as it may sound, there are people who are very skilled at placing responsibility for certain actions on others. This is the most difficult stage of all and can take some time. We certainly can't take the chance that we are blaming the wrong people.

You will need to observe what happens and collect data and information. In a small team, it shouldn't be very difficult to locate the responsible person. In large facilities that employ many people, it is somewhat more complicated.

- However, once the responsible party has been identified, they must be called into an **interview** with a positive and constructive tone, during which the false information is presented.

During the interview might be difficult to keep the positive tone, but you must make an effort not to lose your patience: it could be that the person spread the news in good faith.

I recall the case of a colleague who had reduced the size of his office because he was getting on in years and was tired. He halved working hours, the number of appointments, and staff.

An assistant, who didn't understand the reason for the downsizing, assumed it was due to a lack of patients and began spreading the idea that the office would soon close. This was absolutely not true, as can be seen by the fact that eight years have passed since then and the office is still doing fine.

- We must try to understand why this information has been disseminated while explaining how this action has **negatively affected** the company. In doing this, we will understand whether the person did this in good or bad faith.

- Make it clear that this situation **must not be repeated** under penalty of disciplinary action or termination. Spreading biased or false news, in bad faith and aimed at damaging the company, is a case for dismissal.

- Close the meeting demonstrating confidence in the person and the hope that there will be no more regrettable episodes.

- At this point, keep a close eye on the person to ensure they don't continue spreading falsehoods.

If the situation repeats itself, the next meeting should have a completely different tone:

- The meeting will be quite draining for the person in the sense that, unlike the first interview, it is no longer necessary to maintain great self-control to remain calm and proactive.

- The goal of the meeting is to create an association between the spread of false news and the **immediate disciplinary actions** (a warning letter, suspension of all benefits, ...).

- From this moment, the person should be under constant surveillance to verify that they do not insist on dissemination falsehoods. *If they persist in this behavior, you should take decisive steps to fire them.*

Although it is hard to accept, we must exercise strong control over any news circulating in our office, doing our best to catch those that may harm our business.

In the specific case of negative word-of-mouth, the damage is manifested in the form of patients who are offered treatment but then end up going elsewhere.

You must be quite severe with someone who spreads lies. We must always remember that we have a responsibility towards the patients that we treat, the staff working with us, and our families. In the face of so much responsibility, the dismissal of a person is a small price to pay.

Although not strictly related to marketing, it's still worth noting some tips on managing the so-called "water cooler gossip".

- *Information with a high degree of confidentiality should never be given, even by mistake.* For example, if the turnover isn't going well, it is best to keep the information to yourself. How can you be sure an assistant or another member of staff won't take it out of context or blow it out of proportion?

- *Avoid sharing certain decisions with individuals before acting officially.* Too often, those who possess information in advance end up letting it slip, which results in resentment. It's an ugly situation when an assistant knows something about another colleague, whether it's about them getting a warning or simply needing a refresher course.

The best procedure is to share information with total transparency, or not at all. Any information to be shared should be given to everyone and at the same time. You can also use informative notices to be posted on a specified bulletin board.

- Similarly, you should refrain from answering questions asked about the activities of another member of the team. If someone were to ask me such a question, I'd stay vague or steer the conversation to a different topic, at least until the subject has become common knowledge.

- *Any information with negative or neutral content should be presented in a way that makes it seem positive.* For example, instead of saying that there's a 3% implant failure, say that 97% of implants are successful.

Negative information often comes from comparing current data with the past. In this case, rather than emphasize the negative difference, it is better to put things in perspective. For example, if the number of first visits has declined but there has also been an increase in the percentage of accepted treatments, then it is better to focus on this second part when passing on the information.

This has a very positive impact on people without reducing the emotional tone. Besides, you're not hiding anything. You're just saying the same things differently.

- *Accurately identify people who amplify, distort, or exaggerate news and take it into account.*

These people should only be given good news on a daily basis. Don't let them sink their teeth into anything that would damage employee potential in the company.

If you have to make an exception to the rules just given, you can compensate by giving small bits of positive information. For example, did you know that this month we reduced paper waste? Did you hear that Mr. So-and-so was very happy with his treatment? And similar.

- Another strategy to manage "water cooler gossip" is to identify someone on the team who is very loyal and a knack for leadership.

Give this person the positive information about results achieved and successful treatments so that they can transmit it to the rest of the team for you.

This adds more credibility to information because it's coming from someone on their own level of the hierarchy.

Certainly, even "water cooler gossip" contributes to creating a good office climate and they are a powerful marketing action for at least two reasons: *when the workplace is calm and quiet, the service becomes even better.* This will stimulate positive word-of-mouth by patients attending the office. What is more, *those who*

*Speak well of their workplace transmit a positive image of the company that attracts new customers.*

### **Build a reputation**

Another powerful marketing action is to establish a reputation.

There's enough material on the reputation of dentists to fill another whole book, but I will try to confine myself to the essentials.

In professional activities, the concept of reputation is very important when a potential client has to choose among several possibilities. When making the choice between different professionals they compare all the different information available.

Their method of actually making their choice is simple, though illogical.

First of all, they only consider dentists that are spoken well of (see word-of-mouth).

Secondly, they exclude any that are notorious or known for some negative element.

For example, if a community has three dentists but you mention only two, then the excluded one obviously has not created a positive reputation for itself.

And if, in the same community, a dentist "is a very good but a bit grumpy" while another is "good and polite", the potential patient will discard the first and rush off to the second. This happens in spite of the fact that the first one is "very good" while the second is merely "good".

The potential patient who is looking for a dentist will analyze the information by weighing the positive and the negative. However unfair this may be, negative information always weighs more.

For this reason, it is essential to build a reputation made of positive elements and any negative elements should be related to price. Everyone expects dental treatments to be expensive, so this negative element doesn't weigh quite as heavily.

After a lifetime in my community, I have built my reputation in the form of a phrase that sounds something like "If you have any mouth problems, even serious ones, Beretta can solve it."

Reputations are created with phrases like "she is precise and pays attention to detail, she has high prices, but it's worth it". And also, "they're very well organized and clean".

This kind of "fame" is enough to outperform any competition that bases its popularity purely on lower costs.

Reputation is built by working on two factors: consistent results and time.

First, you need to obtain consistent therapeutic successes by working on excellence of care, and then you have to continue doing this until this concept of consistency takes root in the whole population of patients who attend the office.

The consistency of results over time and continuous improvement are crucial to create the most powerful marketing tools.

*Where a dentist talks about reputation or fame, a company talks about branding.*

*Building a brand means keeping a promise: "If you come to me you can be sure that you will get what you expect. Without error and without exception. "*

Dentists have a couple of issues that make it particularly difficult to achieve this: side effects and complications.

If you want to build a reputation, you must have absolute control over side effects and complications. Otherwise, even a technically perfect treatment can have results that are difficult control.

Even if you can't have absolute control over side effects and complications (a physiological fact), you still need to have a perfect protocol for handling them, both the behavioral kinds as well as the medical ones. For example, give the patient your phone number and make it clear that they are to call you if they need anything.

Since time is a determining factor in building your reputation, it is good to have a clear head as soon as you open the office. If over the years your results have been inconsistent or plagued with complications and nasty side effects, the reputation that you've created will be quite negative.

It takes years to correct this, often the same amount of time it took to create this negative impression to begin with. If you are in this situation, it might be best to simply start from scratch in another structure and associating yourself with someone else so as to break cleanly with the past.

One thing you must absolutely do is interview all patients with the standard anonymous questionnaire. The questions should focus on the way people talk about us. For example:

- "Have you ever heard of us?"
- "Was it a good or bad impression?"
- "Can you describe what you've heard about the doctor?"
- "Can you describe what is said about the staff?" and similar.

Obviously, we are much less interested in the positive feedback, which is the minimum that we should expect, but instead need to focus on the negative ones. The next step is to correct anything that is seen as inadequate.

If we receive answers saying that we're too reserved or don't communicate well, then it is essential to study the answers carefully because these problems need to be corrected as soon as possible.

If the unpleasant aspect that undermines our good reputation is linked to your own behavior, you will have to correct it.

In my case, I have previously been judged as too serious, which wasn't at all productive in creating a reputation as an excellent doctor.

I participated in a training course that has helped me to become more optimistic and cheerful. My fame as a "nice guy" spread, which not only improved my personal life but enhanced the positive impression of me as a professional as well.

It can become a delicate situation though if good things are said about us, but not about a member of our team. In this case, you have to thoroughly investigate what is going on: heaven forbid that an assistant or secretary destroy our credibility as professionals.

### **Website**

Your website is the exact equivalent of a hanging a shingle for your office on the web.

The only difference is the amount of information it contains. It should contain obvious information such as who we are, where we are, how to reach us, opening times, and our email address. All things that are typically found on the "contacts" page.

You can also add useful information for patients. For example, tips for staying healthy: aspects of cavity prevention and avoiding periodontal disease, dietary suggestions, recommendations for child nutrition, or how to clean removable dentures.

### **Internet**

It requires captivating images, messages that are simple but also significant from the emotional point of view.

On the other hand, have to banish all cold and traumatic information, such as anatomical cross-sections, tools, and pictures of surgical procedures.

Hanging a shingle certainly isn't the same as proper marketing, and it is absurd to think that a website is more than a license plate: *a website alone does not bring customers*. However, when your website contains information that goes beyond the

essential “contact page” content and provides knowledge, education, and information that can influence people’s quality of life, *it acquires value*.

Now, and only now, we can ask ourselves how to make our website known to people or at least to our patients. This is why website link needs to be present in every document produced by the studio, be it a prescription, an appointment card, or a document folder.

The site should be updated with fresh, new information at least once a week. It would be especially good to have an assistant in charge of posting easy-to-read materials selected by the doctor.

From the perspective of information flow, this method of website organization doesn’t allow for interaction. That is, people can read the information but cannot ask questions or interact directly with the office through the site.

The next step would be to create a blog. This makes it possible for readers to ask questions or to express appreciation for the information received. Here the circle closes and the communication passes from the site to the reader and returns through feedback.

Needless to say, the time required for this task can become significant: several hours a week.

This still can’t be considered actual marketing though. In fact, the vast majority of users of the website are already patients.

If you want the website to bring new clients, it requires other methods.

When someone wants information, they begin by using a search engine, typing what they consider to be keywords to find the information they seek.

In our case, the desired information might be inherent to the dental world. There is thus the probability that among the 20,000 Italian dentists who have a website they might visit yours too.

If you decide to pay for a service that puts your website on the first page of a search engine, the visits to your site will increase. Then, more than ever, it is imperative that your site contains the right words and images to capture attention or the visitor will skip it (website logic is extremely brutal: if you don’t find exactly what you’re looking for, you simply change sites).

That was exactly my experience a few years ago: I spent a lot of money to put my, still mediocre, website on the first page of a search engine. The results were nil.

If you do not pay for a service, you will likely end up on the fourth or fifth page, perhaps even further. This would happen even if your site is beautiful and attractive.

For this reason, it is best to rely on experts to make your site easily accessible among the countless other sites, using very simple and effective methods that can improve your indexing without having to pay for it.

It is also possible to circumvent this by purchasing ad space in one of the many sites dealing with health, taking care to choose the most visited ones. My experience has been more than satisfactory, having resulted in a few, highly motivated, new patients.

### **Social Media**

Social media is the last frontier of web marketing. It appears to be the phenomenon of the moment, having spread widely among young people. Those that are related to work activities and professional life, like LinkedIn, are popular even among more mature audiences.

The mechanism is simple. If a subject is classified under “friends” information is distributed to all the “friends” and, if they find it interesting, it can become even more widespread.

The mechanism makes it possible to easily magnify the spread of information (though social media software has automatic limits that require payment to be removed).

Social media integrates seamlessly with websites because it allows you to receive feedback from patients and their “friends”.

The content to be included in social media differs substantially from that shown on your site.

Your site must contain technical information presented in an appealingly way. We talk about very specific content related to our profession.

Social media, meanwhile, must contain material that is completely unrelated to professional technique. Things that don't necessarily need to be remembered, but are simply pleasant to see or hear: cool pictures, jokes, quotes, pictures of events, newspaper articles, cartoons, and anything else that entertains ourselves as well as our "friends".

Like the website, you can increase your ranking by paying for it.

The most important thing about social media is that it must be constantly nurtured and supervised. This means that you can start by adding new material once a week, but soon you will have to do it more often. From two to three times a week, then to daily updates. Not only that, considering that interactions are most effective when there is an immediate response, you must be "present" through a greater use of social media, i.e. late in the evening and on weekends. Exactly when your office is closed.

In larger organizations, you can avoid dealing with evening and holiday social media by selecting employees to do it on an ad hoc basis.

For smaller offices, it's a little more complicated or completely impossible unless an assistant or secretary is available and interested in helping.

When you exceed a certain "critical mass", there is the very real possibility of generating new patients.

Based on the experience of colleagues who were able to make the most of this opportunity, I can say that the first patients materialize in the office after 800-1,000 virtual visitors and "likes".

I am sure that in the coming years it will become ever easier to understand if dentists using social media will give fruit to flesh-and-blood patients who cross our office threshold.

### **Other marketing efforts**

I must point out that it's very difficult to have complete mastery of every potential marketing tool without turning to specialized agencies or having an internal resource who handles it at least part-time.

For example, you can't be sporadic about updating your site and must avoid having a Facebook account if you're not prepared to follow it closely. The same goes for blogs and other social networks.

I have been lucky enough to experiment with almost everything, but the results were disproportionately poor compared to the time invested.

Today I think many new features and tools still need to be perfected before becoming accessible and fruitful for use in dentistry.

I remember when I first started a blog. It seemed to be the most advanced system for communication with people, and it eventually absorbed my every free moment.

After a few months though, I realized that it had already become obsolete because the main lines of communication had moved to Facebook or Twitter.

So I immediately started Facebook and Twitter accounts, just to waste even more time than before.

We must carefully weigh the consequences of certain choices when we start with internet communication.

Only when you have assessed the costs (essentially the enormous time investment) and benefits (which are still unquantifiable at the moment), only then is it worth pioneering projects on social media.



Social media is still the latest unexplored component in dental marketing: it's worth betting on.

Now let's go over the experiences I have found to be the least successful in terms of marketing.

### **Print advertising**

Newspapers and magazines are cresting the advertising wave.

Their advantage is that they are widespread throughout the country and a high number of printed copies reach thousands or hundreds of thousands of people.

On the other hand, ad space is very costly and you must repeat your ad several times to sufficiently stimulate responses.

The real question is this: can we use that same money for more effective action? The answer is always "YES!" Thanks to the specific characteristics of a dental office: In the vast majority of cases, it is about *productive units with two or three employees working for a clientele that is limited to a radius of a few kilometers*. With the same investment, you could renew the entire office with immediate and tangible results in patient satisfaction and an immediate and powerful word-of-mouth.

I have personally tried very simple advertising (my logo, address, the office motto, and a few pictures of beautiful smiles) in magazines that specialize in health. Good magazines that are full of tips on staying in shape. I carefully monitored the number of patients who came to my office after reading the magazine and then I assessed the outcome.

Over several months, the ads only inspired a few patients (five, to be precise) to visit my office.

I asked them what made them lean towards our office, and the answer was unexpected. It sounded something like this: "I chose your office because I found your advertisement in a magazine I like."

In other words, "if the magazine (which I consider authoritative) runs your ad, then that must mean you're good."

This also means that advertising has worked exactly like word-of-mouth, only it was spread by a magazine rather than a person!

Another advertisement was published in a bimonthly magazine distributed widely to every family in the hot spring area of the Euganean Hills. It took up the entire back page of the magazine in a very showy and elegant style, reporting the same information as the previous one with a roadmap and the motto highlighted.

In this case, we repeated our advertisement for four publications, excluding the summer issue, thus spreading our coverage over nearly a year.

We monitored the results with bewilderment. There were very few new online visits and, unlike the previous case, potential patients were merely attracted to the opportunity to get a discount price.

At the end of the campaign, no new patients had come into treatment. In practice, this experience has only resulted in additional expense rather than the hoped-for return on investment.

## **Sponsorships**

Ever since World War II, sponsorships have represented one of the most efficient ways to do marketing.

In some cases, such a close symbiosis is created among products that it is impossible to identify which is the sponsor. Such as the case of Ferrari and a well-known brand of cigarettes.

There are countless times that various associations, sports clubs, and other organizations have turned to our office asking to be sponsored. Other times we are asked to sponsor an activity, a competition, or a party.

Sometimes our own patients are the ones asking for help with their association.

In return for this help, we receive two benefits: the first is financial because the expense is tax deductible; the second is the opportunity to expose our office advertising at events organized by the sponsored group.

I must honestly say that I subscribed to this practice for years by helping various associations with a tendency towards sports.

But when I analyzed the results (this is easy to do, simply by asking each new patient how they learned about us), I discovered that no one, not a single person, ever came to my office because they had seen my name in the sponsorship space of a company or activity that I had helped.

The final straw occurred last year when I helped sponsor an important local holiday in exchange for a gazebo, like having a stand at the fair. We set up a banner with the logo and placed two secretaries at a table filled with business cards and brochures to present the office. Every person that passed the stand on the way to the party was invited to pick up a business card, and all requests for information could be immediately answered by the secretaries. They were really excited at the idea of such an initiative and had done their utmost to be kind and helpful in answering each question. As if that weren't enough, I hesitantly also prepared invitations for a complete visit at half price (a truly promotional activity).

Unfortunately, as in previous cases, there was no return. No new patient ever came to our office from the event, and not one of the invitations for a half-price visit was ever claimed.

From these experiences, I have come to two conclusions.

First: *if you decide to help an association, don't expect any returns.*

Second: *if you put money in sponsorships, remember that it is more likely to be an expense than an investment.*

## **CO-MARKETING ACTIONS**

Co-marketing means an advertising campaign in which two different companies promote the products of the other so as to receive mutual benefits. For example, a company producing washing machines advertises laundry detergent by a company that manufactures soaps, and the latter promotes the washing machines.

These actions are very interesting because they have two contemporary effects: it halves the cost of marketing while giving the effect of twice the advertising.

I started to go down the path of co-marketing with three different actions that I am considering very carefully because they are beginning to bear fruit.

It started when the President of the local Veterans Association was looking for a sponsorship. Keeping in mind how ineffective sponsorship is in dentistry, I counteroffered with the opportunity for members to receive a specially priced visit, complete with radiographic exams if required.

The co-marketing part comes into effect because the association promotes our studio while we absorb a large part of the costs of their visits.

This doesn't translate into direct financial aid for the association, but members can still take advantage of the opportunity to undergo full screening for oral pathologies at an extremely low rate. This apparent advantage for subscribers can be counted as an investment in advertising.

In fact, some members who made a visit then decided to pursue treatment with us and the net result have been positive for the office.

A similar agreement was reached with a sports association, the one difference being that, in this case, the beneficiaries of the low-cost visit were athletes and their families.

### **Radio and television**

These are powerful marketing tools.

The radio, especially local channels, is widely heard and followed. That is the one ray of sunshine. The disadvantage is that the length of the message must be contained to a few seconds and must, therefore, be pure advertising.

You cannot, in ten or fifteen seconds, share inherently complicated information.

I am not personally fond of this method of demonstrating my professionalism, but I would certainly do it if I found the right words to communicate it.

One widely used formula is the interview during which a broadcaster asks questions (previously agreed upon, of course) on topics related to health. In this case, advertising is indirect because we talk about prevention and therapy in a generic way and listeners have to make the connection themselves that the guest speaker actually performs those services.

Television is even more interesting simply because it is so powerful. Again, time constraints can cause the commercials to appear sloppy and unprofessional.

Longer commercials and interviews are more effective when they allow enough time to express complex concepts.

My experience is very modest and limited to only three interviews in a television broadcast. In one case, the theme was about sports, particularly the relationship between sports performance, occlusion, and gnathology devices such as bites and mouth guards. In another case, there was talk of periodontitis, and then specific dental treatments like myofunctional and posturology therapy in another. The broadcasts were adequately structured to provide simple and comprehensive information. Since it was a local TV channel, I never expected the several patients that telephoned to thank me over the following days.

From this, I infer that specific, medically-themed interviews on commonly watched television channels are definitely an excellent advertising method.

### **Conclusions**

We have only just begun exploring the world of marketing in dentistry. There are no rules or definitive laws apart from the fact that **human relationships have been a dominating factor in doctor-patient interaction for millennia.**

And for even more millennia, word-of-mouth and client loyalty will continue to be the dominant method for creating new patients.

However, large amounts of new patients can be acquired by using many other methods, as seen above, and still more will be explored in the future.

I am of the opinion that periods of economic recession are the best time to promote your business with all the tools that marketing provides.

Those wishing to embark on the path of advertising should do so by scrupulously following, in order, the three steps we have discussed: word-of-mouth, client loyalty, and marketing.

For the last phase, it is good to contact specialized firms and consider their proposals very carefully. Remember, every purchase has two sides: there is the cost of the service versus the tangible benefits on the other.

For example, I have the cost of hiring a sanitation service on one hand, but my waste is being removed on the other hand.

In the case of an advertising firm though, I have the cost of the service on the one hand, and the other ***I may not always get new patients!*** Using advertising companies does not automatically translate into actual patients who come into your office.

My advice is to pay close attention to costs and to evaluate the results of actions in the following sequence: planning, implementation, and, above all, checking the results (plan, do, check).

If an action does not give results, abandon it and confront the consulting firm about whether the project honestly deserves to be paid 100%.

You might possibly get another project for free, or at a heavy discount.

There is a second consideration to take, given the surprising amount of advertising we see in the media. Why are only a few advertisements effective and, therefore, why are the vast majority unable to achieve the desired effect?

Evidently, there are still some factors that have not been investigated and evaluated. Until you identify what these are, it will be very difficult to build effective advertising.

This can be viewed constructively by taking roads never before traveled.

It seems that there are always words or images capable of capturing the attention of certain target groups of potential clients. It could be that in the failures I've experienced in print and on my website, there simply weren't the right words or images.

At least not yet anyway.

## Appendix

### Questionnaires

Questionnaires about diagnostics and treatments should investigate:

- The first visit (expectations, feelings experienced, and the professionalism of the doctor, ...)
- Care sessions (discomforts and irritations, pain, side effects and complications, ...)
- Surgical and implant sessions (discomforts and irritations, pain, side effects and complications, if they experienced anxiety, fear, or terror, ...)
- Oral hygiene sessions (discomforts and irritations, diagnosis of mucosal status, instructions, motivation, ...)
- End of treatment (how things went overall, if they are satisfied, if they received what they expected, ...)

Questionnaires about service and attention to the patient should investigate:

- Interaction with reception (phone calls, information, availability, appointment management, ...)
- Interaction with the secretary (estimates, payments, billing, discount information, ...)
- Interaction with assistants (human relationship, care and attention, attitudes, reassurance, professionalism, ...)
- Interaction with the hygienist (empathic relationship, credibility, climate of trust, motivational skills, ...)
- Interaction with colleagues (empathic relationship, trust, professionalism, ...)
- Interaction with the dentist (trust, professionalism, empathy, ...)
- The layout (furniture, cleanliness, smell, organization, ...)
- The office atmosphere (smiles, people's tone, kindness, availability, ...)
- Efficiency (specific aspects of the service: contents of appointments, how heavy appointments are, intervals between one session and the next, delays, ...)
- The experience in the operating room (relationship with the team, comfort of the session, anxiogenic impact of the layout, ...)

## **TRAINING RESOURCES TO INCREASE REVENUE AND PROFITS FOR A DENTAL OFFICE**

As you well know, running a business is becoming increasingly difficult and the methods used are no longer sufficient to keep customers happy, let alone make new ones. In a rapidly changing world, it is difficult for a professional like you to keep up with all the new trends and changes that are revolutionizing each sector. For this reason, several dentists with successful clinics around the world have joined OSM Medical in order to learn exactly what works in specific sectors such as Medical professions.

Today, when choosing a product or service, modern consumers expect much more than simple technical experience. They want a service that goes beyond tangible value.

OSM Medical stems from the union of Open Source Management techniques, with the experience of some of the best Italian professionals in the field of dental health and dental practice organization.

Although the association between business consulting and dental practices may seem unusual, Open Source Medical Management has shown how proper management can lead to increased sales and profit for a dental practice.

This is because a dental practice is, essentially, a company: the doctor is an entrepreneur who manages coworkers and has to deal with patients/clients every day.

Make the choice to change old habits and take your professional life in exactly the direction you want!

**You will be joined by a group of Doctors, Dentists, Clinical Managers, and Medical Professionals who are ready to share their best strategies and successful actions for the management of a professional activity in this specific sector. Take advantage of this opportunity to discover the world of marketing now, while your competitors are still wasting time on the same old methods, and thus falling into the "price war" trap.**

Download the OSM Medical brochure:

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For info on courses promoted by Open Source Medical Management, write to

info@osmm.it or call 051 8490411  
www.osmm.it

**Daniele Beretta**



Graduated in Medicine and Surgery in 1986, Dentist, Specialist in Sports Medicine, and practicing as an independent dental professional since 1988. He has been interested in ergonomics for about 20 years with particular attention to the psycho-physical well-being of dental workers.

For eight years he was an advisor for ESDE (European Society of Dental Ergonomics) and organized the 21st European Congress in Italy in 2008. He is the Medical Director of Clinica del Sorriso (the Smile Clinic), where he experiments with different clinical and extra clinical management systems.

He is a speaker at the ECM courses for colleagues in the field of ergonomics, work organization, and study management.

#### THE CLINIC

In 2006 he established Clinica del Sorriso. A clinic where all classical and excellence branches of dentistry are practiced with advanced technique.

Great care is given to building a relationship with each patient, as well as to the use of the most sophisticated work management systems.

Oral health is one of the first steps for someone to achieve total well-being, and Clinica del Sorriso is committed to spreading this important principle among colleagues and in the general population.

[www.danieleberetta.com](http://www.danieleberetta.com)

## I-PROFILE ANALYSIS

MAKE SURE YOU HIRE THE RIGHT PEOPLE



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Real time results and turnkey hiring solutions, ensuring that the people you hire will make the difference you need to achieve your company goals



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### **HOW THE I-PROFILE ANALYSIS HELPS YOU HIRE THE RIGHT PEOPLE**

The success of your business is determined to a large extent by the caliber of personnel you recruit. Hire the right staff and you will be supported by quality people who share your goals and provide you with solutions, rather than bringing you problems. On the other hand, hiring mistakes can be costly, in terms of missed sales opportunities, adverse customer relations and unwanted warranty issues. That's not to mention the impact on the morale of other members of your team, the wasted time spent training the wrong person, and the cost of hiring a replacement. That is why it is important to know beforehand the potential of the person you are planning to recruit and have an insight into an applicant's likely productivity and performance before you go ahead and hire them.

## CANDIDATE ANALYSIS

We are offering you a comprehensive personality testing tool, the I-Profile Analysis. In conjunction with your own face-to-face interview techniques, it will help ensure that you recruit the best possible candidates, saving you perhaps thousands in lost revenue, administrative headaches, and management stress. In fact, recruitment managers say that personality tests more accurately predict whether or not a candidate will be successful, rather than relying solely on face-to-face interviews. Such tests help you, the employer, to explore beneath the formalities of a CV, and to predict how potential employees might respond to a range of work-related activities.

OSM provides the subsequent analysis and consultants are available to help interpret the findings and ensure that the “best fit” is achieved according to both the job characteristics and the candidate’s personality profile. As Paolo Ruggeri says:

“Smart business owners make sure they have the best possible business talents on their team: they hire people for character and train them for competence. Struggling entrepreneurs do the opposite: they hire for competence and then, once the person is in the company, they try to fix character traits.”

The I-Profile Analysis can also be used for the internal optimization of already existing personnel. In the internal optimization phase, it helps to understand if each person in the company is occupying the right position and if they have the right characteristics to become a winning collaborator.

<http://osmconsultgroup.com/project/i-profile-analysis/>

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