

Dental marketing: The art of attracting new clients and increasing case acceptance

Derry Rogers explains how to use internal advertising as it relates to the modern day cosmetic dental practice

Marketing dental services has been a frowned upon term within the traditional dental environment until the new millennium. With the impact of visual advertising on the Gen X & Y, dental marketing has redefined itself into the following areas (Figure 1).

Marketing experts define marketing and advertising as:

Marketing: The art or process of selling a product in a marketplace

Advertising: The activity of attracting public attention to a product or service

This article will centre around internal marketing using internal advertising as it relates to the modern day cosmetic dental practice. As with all successful businesses, there needs to be a system that defines the delivery of professional services. Cosmetic dentistry requires a congruous system (Figure 2) to consistently provide high levels of service. Any deviation from the system, (especially in treating the 'pain patient') will lead to lost opportunities in terms of assisting the patient to understand all their needs and address their wants. The author recommends the 'pain management visit' to precede the full examination as a precursor to 'total treatment planning' and a full and thorough case presentation.

The new patient phone call

Your reception staff need to be trained in personality profiling (Figure 3) in order to

better liaise with the new patient and to provide them with the best appointment times to facilitate ideal communication between doctor and patient.

The author has previously delivered lectures and presented articles on the delineation of personality styles (Figures 4-7) and as a brief overview has included a summary of the different styles.

The receptionist evaluates and notes the patient style, then schedules the appointment



Figure 1



Figure 2



Figure 3



Dr Derry Rogers is the clinical director of C.D. Seminars, an international company that assists dentists in the marketing of their clinical skills. He presents a lecture series encompassing marketing

the modern day dental practice, leadership as it underpins the growth of dental practices, developments and updates in bleaching and porcelain preparation and design as it relates to long-term success. His lectures and marketing developments can be reviewed on the company website: www.cdseminars.com.au

Personality	E/A ratio	Appointment Time
Director	Low E High A	First appt of the day
Socialiser	High E High A	Last appt of am or pm
Relator	High E Low A	Mid session to fit patient needs
Thinker	Low E Low A	Up to doctor to decide Minimum feedback

Key: E: Emotive levels, A: Assertive levels

accordingly. The doctor at the new patient exam has a heads up on patient style at the morning huddle and directs his staff and his commitment accordingly.

The reception team having scheduled an examination visit, sends a 'New Patient Package' that includes the following:

- Welcome to the practice letter
- Address card with map and parking options and times
- Appointment card with appointment written on it
- Medical history questionnaire
- Smile Booklet (Figure 8) to provide the new patient with information on the procedures that the doctor delivers in order to provide some pre-qualifying of the patient

The new patient examination

The new patient examination is a 'clarification process' (Figure 9). It is the time that we as clinicians decide if we can assist the patient with their expectation or if there will be excessive stress on the team and clinician that may lead to referral to another practitioner

rather than stress the team that then affects the practice and other patients.

It is important to inform the patient of the 'Practice Philosophy' including sewing the seeds of the next two appointments to be scheduled:

- The hygiene appointment
- The case presentation

The clinician needs to develop skills in intra oral photography to a standard that they can communicate easily with the new patient what is the visual state of their mouth. This way the clinician is able to build the Hygiene Department flow as well as take time out to run Treatment Planning systems and present the treatment that the clinician wants to deliver, rather than what the patient wants to have done at the first visit. The systems that the reception team use to support the patient communication at the new patient examination include (Figures 10 and 11).

The case presentation

The case presentation (Figure 12) is the opportunity to create the practice that you



Figure 8



Figure 9

Figure 4

Figure 5

Figure 6

Figure 7

maintenance program. It is paramount at the morning huddle for the hygienist to give the dentist a heads up on the status of the patient and have the clinician visit with the patient in the appointment.

The hygienist and patient will be looking for guidance on the patient's next visit including the treatment to be carried out. It is ideal to have the patient's digital photographs on the computer monitor in the hygiene room when the clinician visits.

The success of the hygiene department relates to the hygienist advising their patient of the maintenance program required as dictated by the amount of biofilm buildup and the patient's commitment to their home care program.

The recall maintenance card (Figure 16) allows the hygienist to make the appointment, the patient writes the card in their own handwriting and the cards are then placed in a 'tickler file' and mailed one month prior to the scheduled appointment. The patients are more likely to respond to a reminder in their own handwriting.

The restorative visit

The clinical delivery of restorative dentistry involves a strong bond between all members of the team, reception confirming appointments, hygienists preparing tissue health and the clinician and nurses delivering the icing on the cake.

The team needs to train in the seamless delivery of all aspects of the restorative phase; they all need to be aware of how to manage all materials, chairside suction and preparation all the way to the maintenance of equipment. As Ray Kroc of McDonald's fame learnt over 50 years ago, the development of systems (Figure 17) and training the staff in their delivery

ensures congruency in the clinical delivery of restorative dentistry.

Recall maintenance

The three, four and six monthly recall maintenance appointment provides the hygienist/clinician the opportunity to:

- review the status of completed treatment
- review and discuss with patients their outstanding treatment
- follow up specialist referrals for multi-disciplinary treatment

The hygiene department is the holding pattern for the clinician's business (Figure 18). As long as the clinician visits with the patient

in the recall maintenance visit, they will ensure their books will always be full.

Overview

The clinical and reception team needs to develop and systematise the delivery of care in all areas of the modern day dental practice.

A commitment to the systems, to the exclusion of all else, will ensure congruity in the standards and delivery of service in the eyes of patients. Understanding how marketing impacts on all areas of dental practice, will allow the clinician and their team to build their systems and ensure that case acceptance is a natural progression. **I**



Figure 16

Restorative Treatment

Re-establish communication with "Personality Profiling"

Overview of treatment to be carried out

Treat with empathy




Post treatment care:

- Written post-ops
- warm, scented towel
- mirror access
- reception handover

Figure 17

Recall Maintenance

Hygienists reviews:

- soft tissue
- outstanding treatment



Clinician visits to reinforce treatment needs

- photographic review for reinforcement of treatment

Hygienist hands over to reception with treatment needs

Hygienists are the "gatekeepers of restorative"

Figure 18