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Misleading myths of dental marketing

How to avoid “conventional wisdom” myths,
preserve resources, and boost your ROI

by Stewart Gandolf and Lonnie Hirsch

Let's put the bottom line right here at the top — Return-on-Investment (ROI) is your primary measuring stick for evaluating marketing efforts. Now, hold that thought.

Although ROI is marketing's gold-standard score card, we are often surprised (and a bit disappointed) when we consult with a practice that has been pulled way off course by one or more of the many easy-to-swallow myths of dental marketing.

The thing about myths, especially the ones described here, is that they are very believable. They are trapdoors disguised as familiar sounding truths. They are deceptively attractive and often sound like just the right thing to do.

But these myths are not harmless or forgiving. It's easy to get sucked in and run your marketing ship on to the rocks. So keep your ROI yardstick close at hand and watch out for these major misdirecting myths.

Myth: *My dentist buddies will tell me “what works.”*

Reality: There are at least three reasons why this is not true:

❶ You never want to make judgments on the basis of second-hand, anecdotal information. Such assumptions are faulty right from the start.

❷ Your friends may not really know what works, and you might hear more well-intended and authoritative-sounding opinion than fact. Then you'll have a case of the blind leading the blind.

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③ Most importantly, marketing savvy dentists seldom want to give away the store. They like to keep the successful ideas, strategies, and tactics to themselves while they quietly continue to bring home the big cases. Call it simple modesty, or maybe the big winners don't talk much about their achievements. Would you hand out the combination to the safe?

Myth: *I would never respond to that ad (on the radio or TV or in the newspaper).*

Reality: It's a bad idea to use yourself as a barometer for a creative message or media selection. The fact is that you are not the audience, and it is very difficult to step outside of your own value system. Maybe you would not respond. What's important to the intended target audience is what counts—and *you are not them*.

As a dentist, you are well-educated, have advanced training and experience, and know a ton about dentistry that your patients simply do not know (because they are not dentists). And despite the fact that you live and work in the same town, you are not the same as your patients. Effective marketing deliberately communicates to the bias, tastes, and values of the buyer (them), not the seller (you). Values are at the heart of the following myth as well.

Myth: *I need to promote my new office technology.*

Reality: Falling in love with technology may inspire you to come into the office, but it's not usually inspirational for new patients. Consumers will not drop into the office purely because you have the latest techno-widget, unless they clearly understand the direct benefits *to them*.

We recently encountered a dentist who proudly listed 10 of the "latest dental technologies" on his Web site, naming each by manufacturer and model number, and even providing a few specs. This may have impressed professional colleagues, but there was not a single word of how or why this stuff delivers benefits to the patient such as "whiter teeth," "more gentle procedure," "faster/less time out of your schedule," "lower cost," "pain relief," or "more natural appearance."

Remember, in marketing, features of your new techno gizmos by themselves mean zero to patients. You must translate the features of your technology or name-brand products into *patient benefits*.

For example, for many years Procter & Gamble promoted the fact that Crest® toothpaste has fluoride (feature), which fights cavities (benefit). Fluoride, in and of itself, meant nothing to consumers. Fighting cavities did!

That's not to say you can never market technologies or products. Some savvy manufacturers are developing their own brands these days, especially with the advent of reality TV shows and infomercials. Sometimes patients actually ask about a given treatment or device.

Marketing planning, testing, tracking, and adjusting are empowering and scientific ways to address most marketing decisions ... and avoid the mistakes of listening to myths no matter how good they sound!

The key questions you need to answer for yourself are:

- ① *Does the technology deliver direct benefits to the patient?*
And if so,
- ② *How can I clearly communicate those benefits?*

Myth: *Yellow Pages advertising doesn't work.*

Reality: Yellow Pages advertising is a mainstay for many dental practices, and it works just fine. But a word of caution—YP advertising is a zero-sum game where few know how to play and there are only a handful of winners.

We'll reserve the strategies, tips, and techniques of winning big in the Yellow Pages advertising for another article. But you should know that while it's not easy (to be a big winner, you'll need to be aggressive), it's highly rewarding when you know exactly how to play to win.

The truth is that some people have begun to use the Internet instead of the Yellow Pages, thus eroding the once uncontested dominance of the Yellow Pages. Although YP has lost market share to the Web in some locations more than others, the Yellow Pages remain a viable and effective marketing tool for now and can even become an ongoing annuity for your practice.

Myth: *Marketing is expensive.*

Reality: *Bad marketing* is expensive. *Good marketing* that effectively attracts new patients and cases is great. Consider this: If you invest \$1 in a message that produces \$4, that's a 4 to 1 ROI. Even when you allow for overhead and the cost per sale, you will not find that sort of payback at your bank, stock market, or the race track. And it's an investment in you, your practice, and your business.

What's most costly is doing "spaghetti" marketing. You know ... throwing stuff against the wall to see if it sticks. Or worse, not doing anything and quietly losing opportunity and new revenue. A solid, well-considered marketing plan is the starting point to fix both.

Myth: *We know what's working without a tracking system.*

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Reality: Nope ... and double nope. If you don't have a tracking system to identify the source of new patients, it's not possible to know anything with certainty. Intuitive assumptions may "feel right," but are often wrong. Perhaps you think you have a tracking system, but it's not getting done in the office. Or perhaps it is getting done, but no one is looking at the data.

The truth is that a regular, new-patient source-tracking system need not be elaborate or difficult ... but it must be done correctly (from the first phone call) and consistently (every time).

The "one-page rule": the mother ship of marketing myths

Another thing about myths is that when you hear them repeatedly, they sound just like the truth because you've heard them so often. The following myth is probably the most common and often-repeated nontruth in the book.

Myth: Direct mail letters can never exceed one page ... never, never, never!

Reality: The "one-page rule" is not only wrong, it is *100 percent dead wrong*. For nearly 100 years, direct mail marketers have tested to the penny every possible variation of their messages — type font, font size, paper stock, color, word choice, illustrations, page length, and more. Literally billions of letters are mailed profitably each year. While the "one-page rule" has been proven false countless times, amateur marketing gurus (who have never tested their theories) still espouse it.

The correct number of pages for a direct mail letter is as many pages as it takes to present a compelling message. Sometimes a one-page letter is right for the job, but in many other instances, it is not. The bigger the commitment you are asking people for usually translates into a longer letter to get your message across.

Don't confuse the form (one page) with the message (relevant to the consumer's needs!). It's been measured and proven repeatedly that a well-crafted longer letter will outperform a short, one-page, noncompelling letter every time! In fact, smart marketers have their own proven rule: *"The more you tell, the more you sell."*

As a corollary, you may have heard that people don't read long copy because they don't have the time to do so or that long copy will not keep their attention. This is also wrong for much the same reason. *People read whatever interests them!* Studies demonstrate that if they don't read past the first 50 words, they were not a prospect in the first place. And if they are interested (a prospect), they want a lot more information!

Bear in mind that some readers are skimmers and others read every word. Frankly, you shouldn't care which group a given reader falls into. Your objective is not to get them to read every word, but to *get them to respond!*

How? The following techniques are well proven and documented. Use:

- ▶ **Short words, short sentences, and short paragraphs**
- ▶ **Easy-to-understand language**
- ▶ **Active voice**
- ▶ **Techniques like bullet points, italics, bold, and underlining**
- ▶ **Large type (12 point and up)**
- ▶ **A call to action**
- ▶ **An offer or incentive**

So, focus more on targeting the right people with the right message, rather than following an arbitrary (and incorrect) rule.

Return-on-investment: The myth neutralizer

Return-on-Investment (ROI) is a simple calculation you can use to evaluate the success of your marketing tactics. You simply divide the dollars you receive from each individual tactic by the dollars you invested.

For example, let's say a given tactic (newspaper, Yellow Pages, etc.) brought in 50 new patients and cost you \$10,000. Furthermore, let's assume that you know from experience that, on average, each of those patients will result in first-year collections of about \$1,000 each. (Some patients will only need a prophylaxis, but others will need much more work.)

The math then becomes simple:

$$\frac{50 \text{ new patients} \times \$1,000 \text{ average case size}}{\$10,000 \text{ invested}} =$$

$$\frac{\$50,000}{\$10,000} = 5:1 \text{ ROI}$$

Of course, once the patients have been fully integrated into your practice, you can go back and check to see if your average case-size assumptions held up.

As we hinted at before, even after you factor in overhead and variable costs of services, any ROI above a 3 to 1 is a good thing.

ROI alone will tell you what's working and how well it's working. ROI powers the spotlight for the big winners ... and it identifies the dogs of marketing.

Marketing planning, testing, tracking, and adjusting are empowering and scientific ways to address most marketing decisions ... and to avoid the mistakes of listening to myths no matter how good they sound! **DE**

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