

Marketing In The Electronic Age

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Chairman and CEO

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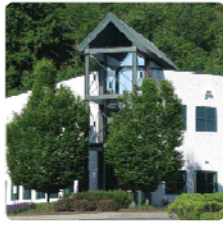
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Phoenix, AZ



Baltimore, MD



Marseilles,
France

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Levin Group Consultants at our corporate headquarters



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Topic Overview – Sections I-V

- I. 3-Step Method for Accelerated Growth
- II. Orthodontic Targets to Increase Production
- III. The Scientific Referral Solution
- IV. Marketing in the Electronic Age
- V. The New Orthodontic Treatment Coordinator

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The Ortho Success Wheel

(You have to do them all!)

Start Here

End Here

Success

1 Targets

2 Leadership Behaviors

3 The Referral Solution

4 Value Creation Scripting

5 Fortune 500 Management

6 Treatment Coordinator

7 The 5 Stages Of Closing

8 Financial Management

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The U.S. Economy

U.S. Economy before 2008 (pre-recession)

U.S. Economy today (post-recession)

U.S. Economy after 2008

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The Ortho Economy

The graph shows two lines starting from the origin. The upper line is red and labeled 'Ortho production before 2008 (pre-recession)'. The lower line is blue and labeled 'Ortho production today (post-recession)'. A double-headed arrow between the two lines is labeled '-12%'.

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Top 5 Concerns of Orthodontists

1. Lower practice production
2. Lower orthodontist compensation
3. Reduced case acceptance (starts)
4. Fewer new patients
5. Increased competition

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Success

Webster:
suc·cess (sək·sēs') *n.* **1.** The achievement of something desired, intended, or attempted.

Levin Group:
suc·cess (sək·sēs') *n.* **1.** Continual improvement of orthodontic practice performance systems and production.

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Success

- Ortho practice success is based on comprehensive up-to-date systems.
- Any ortho practice can achieve success using proven systems and methods.
- First, you have to believe it.
- It's being done every day.

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Success

```

graph TD
    A[Data] --> B[Proof]
    B --> C[Systems Design]
    
```

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Comprehensive

Webster:
com·pre·hen·sive (kŏm'prĭ-hĕn'sĭv) *adj.*
1. Broad in scope or content.

Levin Group:
com·pre·hen·sive (kŏm'prĭ-hĕn'sĭv) *adj.*
1. All management and marketing systems are optimized and function in harmony to accelerate success.

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“Don’t wait. The time will never be just right.”

- Napoleon Hill

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First Secret...

The best ortho practices have the best documented comprehensive systems.

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Second Secret...

The best run orthodontic practices replace comprehensive systems every 5 years.

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Third Secret...

The super question for all advanced ortho leadership decision making:

How will this decision affect my profit at the end of the year?

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Section I

3-Step Method For Accelerated Growth

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3-Step Method for Accelerated Growth

```

    graph TD
      A[Targets] --> B[Systems]
      B --> C[Value Creation Scripting]
  
```

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3-Step Method for Accelerated Growth

- Step 1. Set numerical targets.
- Step 2. Design step-by-step systems to achieve targets.
- Step 3. Use value creation scripting to enhance the systems and staff performance.

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3-Step Method for Accelerated Growth

Webster:
tar·get (tär´gīt) *n.* **1.** A desired goal.

Levin Group:
tar·get (tär´gīt) *v.* **1.** A metric to be achieved.

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3-Step Method for Accelerated Growth

Webster:
sys·tem (sīs´təm) *n.* **1.** A group of elements that interact and function together as a whole.

Levin Group:
sys·tems (sīs´təms) *v.* **1.** Step-by-step documented protocols for all daily operations.

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3-Step Method for Accelerated Growth

Webster:
script (skrīpt) *n.* **1.** The text of a broadcast, play, or motion picture.

Levin Group:
value creation script-ing (vāl'yōō krē-ā'shən skrīpt-ing) *v.* **1.** The ability to influence other people.

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Section II

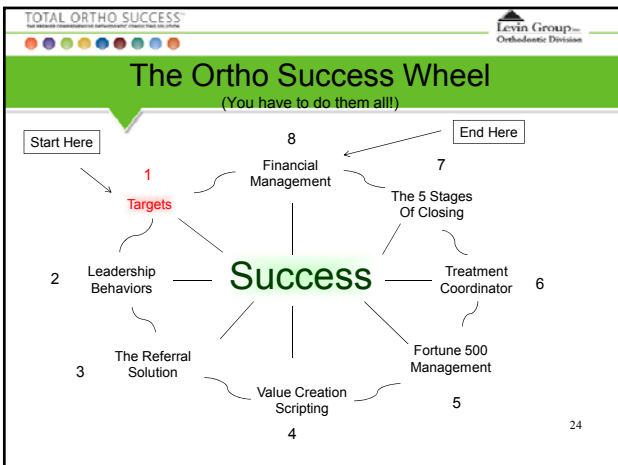
Orthodontic Targets To Increase Production

3-Step Method

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Orthodontic Targets To Increase Production

“Breaking an old business model is always going to require leaders to follow their instinct. There will always be persuasive reasons not to take a risk.

But if you only do what worked in the past, you will wake up one day and find that you’ve been passed by.”

- Clayton Christensen
 Professor, Harvard Business School

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Orthodontic Targets To Increase Production

Target Philosophy – The Big 4

1. Increase production
2. Increase profit
3. Increase referrals
4. Eliminate stress

Success Principle: Focus on what is important and do not be distracted.

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Orthodontic Targets To Increase Production

Levin Group Target Philosophy

- Achieve 30%-50% growth potential.
- Believe it can be done in 1-3 years.
- 92% of orthodontic practices are currently below their production potential.*

* Levin Group Orthodontic Data Center™

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Orthodontic Targets To Increase Production

Achieve 30%-50% Growth Potential

<u>Target</u>	<u>Goal</u>
• Production	Increase 18%
• Patients	98% scheduled at all times
• Collections	Collect 99%

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Orthodontic Targets To Increase Production

Achieve 30%-50% Growth Potential

<u>Target</u>	<u>Goal</u>
• Overhead	49% or below
• No Shows	1% maximum
• New Patients	Schedule 98% of all new patient callers

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Orthodontic Targets To Increase Production

Achieve 30%-50% Growth Potential

<u>Target</u>	<u>Goal</u>
• Case Acceptance	Close 90%
• Referral	40%-60% of patients refer at least one patient per year

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Orthodontic Targets To Increase Production

Achieve 30%-50% Growth Potential

<u>Target</u>	<u>Goal</u>
• Marketing	15 patients and 15 referring doctor strategies
• Debonds	Less than 2%

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Orthodontic Targets To Increase Production

Achieve 30%-50% Growth Potential

<u>Target</u>	<u>Goal</u>
• Scheduling	New patients in 7 days or less
• Starts	7 days or less
• Value Creation Scripting	All scripting documented within 6 months (influence)

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Orthodontic Targets To Increase Production

Targets

- One day rule
 - a) Overdue patients
 - b) Overdue payments
 - c) Unscheduled starts
- 3 – 3 – 3

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Orthodontic Targets To Increase Production

Targets

- Morning Meeting
 - a) 15 point agenda
 - b) Today only
 - c) Focuses on targets

i.e. Who is coming in today that ___?

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Orthodontic Targets To Increase Production

Again...

Levin Group Target Philosophy

- Achieve 30%-50% growth potential.
- Believe it can be done in 1-3 years.
- 92% of orthodontic practices are currently below their production potential.*

* Levin Group Orthodontic Data Center™

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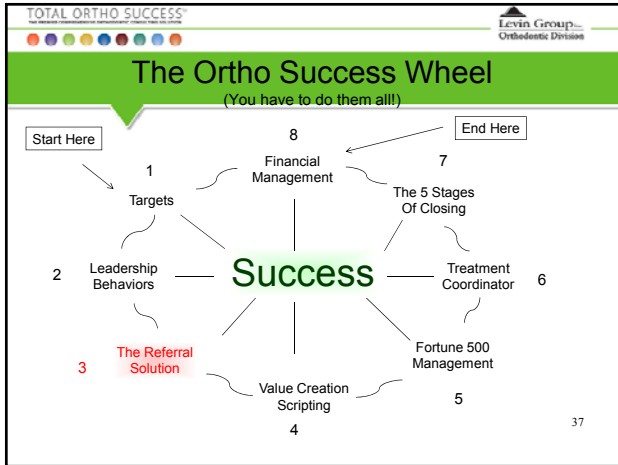
Section III

The Scientific Referral Solution

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The Scientific Referral Solution

Webster:
science (sī'əns) *n.* **1.** A systematic activity requiring study and method.

Levin Group:
science (sī'əns) *n.* **1.** Works almost every time.

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The Scientific Referral Solution

Factoid:
 Levin Group Ortho Data Center™:

99% of ortho practices that properly implement referral marketing programs grow within 6 months.

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The Scientific Referral Solution

“Essentially, developing a competitive strategy is developing a broad formula for how a business is going to compete, what its goals should be, and what policies will be needed to carry out those goals.”

- Michael Porter
Professor, Harvard Business School

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The Referral Analysis

1. Does the practice have a Professional Relations Coordinator (PRC)?

Principles:

1. Pioneered by Levin Group 2005.
2. No PRC = failure.
3. The PRC handles 95% of the scientific referral marketing program.
4. The PRC handles all orthodontist's marketing activities.
5. Orthodontists only do 1:1 referring doctor activities (limited).
6. The PRC will set the strategic marketing plan and manage the orthodontist (no doctor thinking).
7. The PRC is a multi-million dollar return on investment.

Yes No

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The Referral Analysis

PRC Basics:

- 16-20 hours per week
- 4 sources
- Creates a marketing department

↘

Every business that wants success needs a permanent innovative marketing department.

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The Referral Analysis

2. Have referrals increased by 18% in each of the last 3 years?

Principles:

1. Referral growth is critical to practice success.
2. Patient referrals and doctor referrals should each contribute 50% of the total referrals.
3. Do you know when new competition is coming?
4. There are now non-traditional competitors.
5. You never know when a recession or something else will occur.
6. Referral marketing is changing as consumer psychology changes.
7. Every practice needs referrals.

Yes No 43

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The Referral Analysis

3. Does each doctor in the practice produce at least \$1,500,000 annually in 4 days per week? (\$2,000,000 is achievable.)

Principles:

1. Mathematical analysis and data indicate that the only reason not to produce at least \$1,500,000 is either:
 - Not enough new patients.
 - Not enough closes.
 - Bottlenecked management systems.
 - Out of control systems.

Yes No 44

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The Referral Analysis

4. Does the marketing program contain a minimum of 15 custom selected strategies targeted at patients and 15 custom selected strategies targeted at referring doctors?

Principles:

1. 15 strategies is the minimum quantity to achieve the scientific result of increasing referrals.
2. Most ortho patient marketing is unsophisticated to increase referrals.
3. Most ortho doctor marketing is too diluted to increase referrals.
4. Quantity of strategies is critical to increase referrals.
5. Quantity + Quality = Increased Referrals

Yes No 45

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The Referral Analysis

5. Does the practice have a detailed and documented annual strategic marketing plan?

Principles:

1. Marketing uses current relevant strategies to motivate others to refer.
2. Referral marketing is poorly understood by most marketing experts.
3. Gimmicks do not work.
4. The motivation to market - a plan that keeps the marketing program on track - is always in danger of running out.
5. You can measure against a written marketing plan that has deadlines.
6. You need a P.R.C.
7. Limited knowledge and data available.

Yes No

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The Referral Analysis

6. Do marketing strategies vary for A, B, C, D referring doctors?

Principles:

1. Not all referral sources are equal.
2. Treat your best referrers best.
3. Never lose an A.
4. Upgrade more B's to A's than ever before.
5. Convert C's to A's and B's (you need everyone).
6. Use 15% of marketing time to identify, cultivate and initiate D's.

Yes No

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The Referral Analysis

7. Have you added at least 5 new referral sources in the last 12 months?

Principles:

1. Every orthodontist needs new referral sources.
 - Disability
 - Death
 - New relationship
 - Out marketed
 - Hire Orthodontist
 - Problem
 - Slow down in GP office
 - Mood swings
 - Starting to do ortho
 - Associate does ortho
2. New referral sources can add \$80,000-\$200,000 plus per year.
3. The 15% factor.

Yes No

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 THE STRATEGIC IMPLEMENTATION OF MARKETING FOR SUCCESS

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The Referral Analysis

8. Do 40% of patients refer at least one patient per year?
 (60% is better.)

Principles:

1. Patients will refer if the marketing program is relevant, exciting and fun.
2. Patients who are referred have a 28% higher close rate than those attracted by some form of advertising (Levin Group Ortho Data Center™).
3. Patients have to be motivated to refer using multiple internal marketing techniques – they do not all respond to the same things.

Yes No

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 THE STRATEGIC IMPLEMENTATION OF MARKETING FOR SUCCESS

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The Referral Analysis

9. Does the practice perform a monthly referral analysis (4 hours of time) to analyze ratios, performance patterns and referral trends?

Principles:

1. It is critical to assess the referral base monthly to determine positive or negative changes.
2. Response must be by:
 - Category – Doctor, patient, community, etc.
 - A, B, C, D
 - % changes
 - Parent
 - Ratios
 - Production
 - Units
 - Case Acceptance
 - Starts
 - Other

Yes No

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 THE STRATEGIC IMPLEMENTATION OF MARKETING FOR SUCCESS

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The Referral Analysis

10. Does every marketing strategy have a weighted value score to determine the impact and true value?

Principles:

1. All strategies are not equal.
2. There needs to be balance between different strategies with varying levels of impact.
3. Some strategies have 5 times the impact of others.
4. The marketing plan will create a balance of 5, 4, 3, 2, 1 strategy scores for referring doctors.

Yes No

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The Referral Analysis

Yes Score: _____

- 0-3: Non-existent marketing.
- 4-6: Ineffective marketing.
- 7-9: Room for improvement.
- 10: In the game.

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Case Study #1

Economy

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Case Study #1 - Economy

Situation

- Dr. Richard V., western United States.
- Gross revenue dropped from \$1,400,000 to \$1,115,000 due to economic conditions and new competition.
- His primary goal is to restore production back to his previous high of \$1.4 million and increase revenue to \$2 million.

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Case Study #1 - Economy

Situation

- 11 years in practice.
- Works 4 days per week.

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Case Study #1 - Economy

Practice Analysis

- Dr. V had virtually no marketing strategy in place. He had four internal patient marketing “gimmicks”.
- He had ceased activity with referring doctors for more than five years.
- He had been in a good area with a good economy.

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Case Study #1 - Economy

Practice Analysis

- He stated, “I just simply got out of the habit of pursuing marketing as I was comfortable at \$1.4 million. I was not saving enough, but I was funding my lifestyle very well. I thought it would just continue indefinitely. I got complacent.”

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Case Study #1 - Economy

Practice Analysis

- His staff was stable, but they had not received new training despite changes to the economy.
- Although three new competitors had moved into his area within the last five years, (all within five miles of Dr. V's practice) no new marketing activities or strategies had been put into place.

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Case Study #1 - Economy

Practice Analysis

- No one was responsible for implementing and maintaining a marketing program (no PRC).
- New patient numbers had declined.
- Case acceptance had declined.

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Case Study #1 - Economy

Practice Analysis

- Dr. V had allowed his management systems to become outdated because he did not think it was necessary to improve them while his practice production was declining.
- The practice had become increasingly inefficient and the systems were not capable of supporting continual growth.

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Case Study #1 - Economy

Practice Analysis

- Dr. V explained that his attitude had certainly deteriorated and he felt like a victim of the economy and his competitors. To date he had not taken any action to improve his situation, but decided that it was time to take action.

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Case Study #1 - Economy

Implementation

- He was concerned that the further decline of income would begin to affect his family's lifestyle.
- Dr. V enrolled in one year of Management and Marketing consulting programs.

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Case Study #1 - Economy

Implementation

- He understood that the marketing program would make an impact on his practice within a few months by increasing referrals and referral sources, but he did not fully understand that management systems played a major role in practice growth and profitability, as well.

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Case Study #1 - Economy

Implementation

- Once he understood this, he agreed that the management systems should be updated or replaced and knew that would create immediate increases in profitability and support further growth through the marketing program.

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Case Study #1 - Economy

Implementation

- A PRC was hired within four weeks to work a 20-hour per week schedule. Her main job was to implement 15 custom selected strategies for patient marketing and 15 custom selected strategies for referring doctor marketing.
- Then, in Phase II to start building relationships with the staff of referring offices.

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Case Study #1 - Economy

Implementation

- 15 custom selected strategies for internal patient marketing were put in place.
- As a fun research project, Dr. V personally spoke to numerous children of various ages (in the practice) and used the Levin Group question, "What do you think is cool?"

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Case Study #1 - Economy

Implementation

- After a 15 strategy internal patient marketing program was put in place, many parents began commenting about how the energy, attitude and fun of the practice had changed.
- A set of 15 custom selected strategies were implemented and a time-line was created for referring doctors and referring doctor practices.

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Case Study #1 - Economy

Implementation

- These strategies range from one to one meetings with referring doctors to staff activities, and addressed categories such as professional relationships, personal relationships, education, social relationships and hobbies.

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Case Study #1 - Economy

Implementation

- Revisions to management systems began almost immediately. The doctor created a clear vision statement and a set of goals that was shared with staff.
- Everyone was excited to be committed to their achievement.

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Case Study #1 - Economy

Implementation

- The old orthodontic scheduling system was replaced with an orthodontic Power Cell Schedule™ which increased the capacity of the practice to handle \$1,800,000 of production per year.

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Case Study #1 - Economy

Implementation

- New strategies for management systems would allow the practice to take full advantage of all opportunities such as:
 - Closing a higher percentage of patients who present to the practice.
 - Managing and monitoring the observation program more effectively.
 - Using Value Creation Scripting for each financial option.

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Case Study #1 - Economy

Implementation

- The doctor worked with each team member to re-define their job descriptions and to re-energize and motivate the team.
- The energy and enthusiasm of the team members sky-rocketed.

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Case Study #1 - Economy

Results

	<i>Production</i>	<i>Increase</i>
Start	\$1,115,000	N/A
Year One	\$1,420,100	27.4%
Year Two	\$1,600,000	12.7%

Total two-year growth = 43.5%

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Case Study #1 - Economy

Doctor Quote at 12 Months

"I have been acting like a victim of the economy and competition and allowing it to affect my practice without taking any steps to combat it. I was surprised how easy it was to implement a comprehensive marketing system and had always felt that marketing would be a burden. With the use of a PRC it has been easier than I would have ever anticipated. Changing out management systems energized the entire team and created a new level of fun and satisfaction in the practice. Stress is almost non-existent." - *Dr. Richard V.*

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Patient Marketing The Kool Factor

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Patient Marketing – The Kool Factor

“Horses don’t like strawberry ice cream.”
 - Dale Carnegie
 How to Win Friends and Influence People

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Patient Marketing – The Kool Factor

The Kool Factor

- What’s kool?
- What’s happening?
- What’s relevant?

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Patient Marketing – The Kool Factor

<u>Are You Kool Test</u>	<u>Yes</u>	<u>No</u>
1. I wear this season’s fashions?	___	___
2. I use current slang language?	___	___
3. I listen to cool music?	___	___
4. I wear earphones all the time when not at work?	___	___

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Patient Marketing – The Kool Factor

Are You Kool Test	Yes	No
5. I spend a lot of time at the mall?	___	___
6. I tweet daily?	___	___
7. I am on Facebook throughout the day?	___	___
8. I prefer texting?	___	___

Less than 7 yes's and you are not kool!

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Patient Marketing – The Kool Factor

The Kool Factor

Principles:

1. Most patient marketing is not kool.
2. Most patient marketing is not sophisticated.
3. Minimum of 15 strategies is essential.
4. There is no 1 GR8 strategy.

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Patient Marketing – The Kool Factor

The Kool Factor

Principles:

5. The real power of the 15 strategies is in the way they are combined.
 - Fun
 - Education
 - Content
 - Social Media
 - Giveaways
 - Free Exams
 - Siblings

➤ All Kool

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Patient Marketing – The Kool Factor

The Kool Factor
 Ideas: (only good for 12-36 months – kool changes).

- Apple is kool
- Beach trips are kool
- Essays are kool if you win a prize
- Birthdays and pizza are kool
- Doing well on SAT's is kool

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Patient Marketing – The Kool Factor

The Kool Factor
 Ideas: (only good for 12-36 months – kool changes).

- Basketball, football and soccer balls are kool.
- Tickets are kool (maybe).
- Giveaways of CDs, DVDs, video games are kool.
- Prizes for referrals are kool.

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Patient Marketing – The Kool Factor

Social media is kool – but only with value.

Facebook Twitter Google Plus

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Patient Marketing – The Kool Factor

The Kool Factor

- Communicate with patients more often.
- Have something of value to say.
- Be relevant → Be Kool

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Patient Marketing – The Kool Factor

The Kool Factor

- 15 strategies minimum.
- Change the strategies.
- Stay relevant → Be Kool

Be Kool → Increase Referrals → Close 90%

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The Scientific Referral Solution Referring Doctor Marketing

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors

Failure:

1. Don't have 1:1 time with GPs.
2. Don't call GPs.
3. Don't engage in referral marketing until competition arrives.

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors

Failure:

4. Don't have 15 doctor target strategies.
5. Not consistent in marketing.
6. Not an orchestrator.

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors

3 Types of Orthodontists for Referring Doctors:

- A. Passive Orthodontist
 - They will find me.
 - I want to build my practice on patient referrals only.
 - Leads to early plateau.

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors
3 Types of Orthodontists for Referring Doctors:

B. Reactive Orthodontist

- I got a referral.
- I will send a clinical report.
- That will make them want to refer more

(Are you kidding?)

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors
3 Types of Orthodontists for Referring Doctors:

C. Orchestrative Orthodontist

- It's a great world.
- We can go get referrals.
- Our PRC will make that happen.
- I am learning a science that works 99% of the time.

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors
Making Referring Doctor Marketing Work:

Principles

1. 15 strategies – focused on referring doctors
2. Consistently applied
3. Budget 4-6% of revenue
4. P.R.C.

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors
Making Referring Doctor Marketing Work:

Principles

5. 6 months to ROI.
6. Annual strategic marketing plan.
7. Regular strategy modification.
8. Pretend you enjoy it – for your PRC.

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors

Competition

1. New orthodontic practice opens.
2. Satellites open.
3. GPs in ortho
4. Young new GP associate.
5. Part-time ortho in GP practice.
6. National corporate practices.
7. Economy

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors

PRC Principles

1. Handle 95% of all marketing.
2. Manage the orthodontist for all marketing.
3. Self-motivated.
4. Excellent communicator.

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors

PRC Principles

5. Proper appearance.
6. Friendly.
7. Excellent interpersonal skills.
8. Organized
9. Carries out the marketing plan.

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors

Keys to PRC Success Checklist

- Develop annual referring doctor marketing plan.
- Analyze the referral base monthly.
- Writing skills.

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Referring Doctor Marketing

Increasing Referrals From Referring Doctors

Keys to PRC Success

- Graphic design skills.
- Modify strategies as needed.
- Develop new strategies.
- Continual training.

↙

“You don’t know what you don’t know.”

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Section IV

Marketing In The Electronic Age

Social Media and Electronic Patient Communication

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Social Media

The Medium Is Not The Message

“Social media” is not the top priority for a ortho practice...

Communicating your core message to your patients is! (current and prospective)

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Social Media

ORTHO MKTG 101:

Develop a Strong Core Message

Answer these three questions:

1. Why do you do what you do?
2. What makes you different and better?
3. How does/will it help your patients?

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Social Media

The Medium
 Is Not
 The Message...

**The Message
 Should Effectively Use
 The Medium!**

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Social Media

Social media and electronic
 patient communication is
 rapidly becoming a
 powerful medium

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Social Media

Snapshot – United States – June 2011

US Population	313,323,044	Market Penetration
Internet Users	245,000,000	78.2%
Mobile Phone Users	300,000,000	95.8%
Smart Phone Users	150,000,000	47.9%
Facebook Users	151,350,260	48.4%

Sources: US Census Bureau, Nielson Online, Internet World Stats

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Social Media

Current conditions affecting implementation of social media and electronic communications

- 50% of orthodontists are personally taking on the marketing responsibilities of their practice.
- 75% of staff responsible for practice marketing have no qualifications or experience in the field.

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The 7 Golden Rules of Social Media for Ortho Practices

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1. Fluff is not enough.

The activity must add real value for the patient.

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2. Don't go off "half-cocked".

The practice must be fully committed to implementing and maintaining any social media activity it initiates. *If you aren't, wait until you can be.*

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3. It is not "one-and-done"...

There is no *single* social media platform or campaign that will "change the game" for your ortho practice.

The Science of Referral Marketing™ requires that multiple marketing strategies be in place at any given time.

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4. ...Nor is it "the shotgun approach".

The best results come from a manageable number (4-6) of social media activities, selected and focused to accomplish specific goals from your practice's marketing plan.

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The 7 Golden Rules

5. You will lose control. Be prepared.

There will always be bumps in the road and social media makes it much easier for the whole world to know about your successes *and your challenges*. See Golden Rule #2 - "You must be fully committed".

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The 7 Golden Rules

6. Do it. There really is no choice.

Orthodontics is the one dental specialty where the practice *must* engage in social media and electronic communication with the patient base if it seeks to avoid significant decline.

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The 7 Golden Rules

7. Always remember that the practice is a professional business entity.

Social media activity is subject to the same business, legal and ethics rules that apply to other patient communication. If improperly managed, social media activity can have unintended consequences for the practice.

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Ortho Social Media Needs Assessment


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Ortho Social Media Needs Assessment

- ✓ Who do you want to converse with?
 - Parents?
 - Patients?
 - Friends of Patients?
 - Referring doctors?
- ✓ Who do you want to promote through?
- ✓ How advanced is your current online presence?
- ✓ How frequent and consistent are existing patient communications?
 - Daily?
 - Twice per week?
 - Weekly?
 - We don't have a set schedule.

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Ortho Social Media Needs Assessment

- ✓ What has been effective and what hasn't?
- ✓ Does the practice have adequate resources to manage a social media program?
- ✓ Who will manage this project?
- ✓ What specific social media activities do you plan to include?
 - Share blog and web site content
 - Reward active fans
 - Hold contests
 - Conduct surveys
 - Unite the community around a cause
 - Share education and news
 - Send appointment reminders

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Ortho Social Media Needs Assessment

For practices that already have active social media programs

- ✓ Do you have a written Employee Social Media Policy?
- ✓ What proportion of your patients converse with you online?
- ✓ Have you determined protocol for handling concerns & criticism?
- ✓ Have you picked tools for managing and monitoring?

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Social Media

Webster:
mul-ti-plier (mə-tə-plī-ər) *n.* 1. An instrument or device for intensifying some effect.

Levin Group:
mul-ti-plier (mə-tə-plī-ər) *n.* 1. A marketing or customer service activity that generates exponentially higher new referrals, or existing patient loyalty.

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Social Media

<p>Previous technique:</p> <ul style="list-style-type: none"> • Yellow Pages <p>Today's Electronic Multipliers:</p> <ul style="list-style-type: none"> ✓ Google/Bing/etc. ✓ Google places ✓ LinkedIn ✓ Wikipedia ✓ Practice websites/SEO 	<p>Minimum "must-do's":</p> <ol style="list-style-type: none"> 1. Set up practice profiles 2. Set up doctor profiles 3. Build a website that is search engine optimized <p>You must make it easy for patients/parents to find your practice on the web.</p>
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Social Media

Previous technique:
 • **Yellow Pages**

Today's Electronic Multipliers:

- ✓ Google/Bing/etc.
- ✓ Google places
- ✓ LinkedIn
- ✓ Wikipedia
- ✓ Practice websites/SEO

"When-ready" strategies:

1. Participate in forums and groups to network with patients and other doctors
2. Contribute to LinkedIn Answers
3. Maximize SEO using tags and links and pertinent content posts

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Social Media

Previous technique:
 • **Penny Saver or Money Mailer**

Today's Electronic Multipliers:

- ✓ Groupon
- ✓ LivingSocial
- ✓ GroupPrice
- ✓ BuyWithMe
- ✓ Tippr

Minimum "must-do's":

1. Evaluate as part of overall marketing program
2. Establish a patient loyalty program (non-electronic) to prepare for effective online promotions

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Social Media

Previous technique:
 • **Penny Saver or Money Mailer**

Today's Electronic Multipliers:

- ✓ Groupon
- ✓ LivingSocial
- ✓ GroupPrice
- ✓ BuyWithMe
- ✓ Tippr

"When ready" strategies:

1. Offer deals *specifically designed* to generate new patients BUT...
2. Have a strong, existing patient loyalty program that they **MUST** join as part of the offer.

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Social Media

Previous technique:
 • **Word-of-mouth**

Today's Electronic Multipliers:
 ✓ Facebook
 ✓ Twitter
 ✓ Google+
 ✓ Quora
 ✓ Blog sites

Minimum "must-do's":
 1. **Establish a page/account to establish your presence**
 2. **Monitor activity on each, using tools such as HootSuite or TweetDeck**

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Social Media

Previous technique:
 • **Word-of-mouth**

Today's Electronic Multipliers:
 ✓ Facebook
 ✓ Twitter
 ✓ Google+
 ✓ Quora
 ✓ Blog sites

"When ready" strategies:
 1. **Active wall posts and tweets on practice happenings**
 2. **Solicit participation from all patients – promotions and campaigns to "Like" your practice and post to your page**
 3. **Participate as a subject matter expert on "Answers" sites and Blogs**

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Social Media

Previous technique:
 • **Telephone or paper appointment reminders**

Today's Electronic Multipliers:
 ✓ SMS Texting
 ✓ Contact Us on website
 ✓ Practice email
 ✓ TeleVox T.Link

Minimum "must-do's":
 1. **Ask every parent/patient how they prefer to be contacted and document their response**
 2. **Evaluate solution for your practice to enable text, cell phone and email appointment reminders**

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Social Media

Previous technique:

- Telephone or paper appointment reminders

Today's Electronic Multipliers:

- ✓ SMS Texting
- ✓ Contact Us on website
- ✓ Practice email
- ✓ TeleVox T.Link

"When ready" strategies:

1. Fully implemented electronic communication with patients (online payments, automated appt reminders, etc)
2. Age-appropriate surveys, contests and promotions geared to keep the teenage patient involved in keeping appointments

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Social Media Top 5 Mistakes To Avoid

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Top 5 Mistakes to Avoid

1. Starting to use social media and then abandoning it
2. Failing to allot the necessary time and resources to use social media effectively
3. Failing to monitor online reputation of the practice
4. Broadcasting, rather than Conversing (one-way vs. two-way communication)
5. Expecting to control the conversation

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Social Media

All ortho practice social media should:

- Be integrated into the practice's overall marketing communications
- Strengthen the positive image of the practice, the doctor and the treatment
- Ensure consistency in promoting the practice brand
- Protect the identity and privacy of the practice, its patients, and its staff
- Make it easy (and fun) for patients to interact with the practice

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Social Media

Benefits of social media and electronic patient communications

- Increased on-time appointments
- Increased patient loyalty
- Maintain connection with observation patients
- More compliant patients, following treatment paths
- Better patient referrals
- Lower practice overhead

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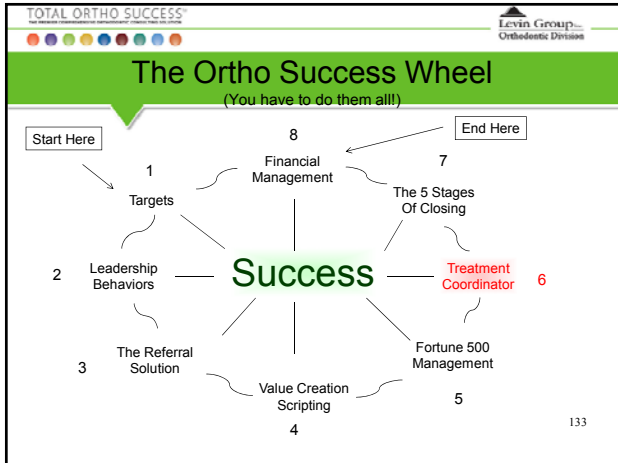
Section V

The New Orthodontic Treatment Coordinator

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The New Orthodontic Treatment Coordinator

“The product the company thinks it is selling is rarely what the customer is buying.”

- Clayton Christensen
Professor, Harvard Business School

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The New Orthodontic Treatment Coordinator

Philosophy

1. The effective TC of the pre-recession economic era is not qualified for the job in the post-recession era.
 - All that is needed is new training.
2. Sales people handle rejection by getting angry.
3. Doctors get depressed.

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Philosophy

4. Sales people have an innate desire to improve.
5. Sales people get rejected regularly.
6. Sales are black and white.
7. "Maybe" is still no until it becomes yes.
8. The new treatment coordinator process is all about value.

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Philosophy

9. Parents don't buy ortho – they buy...
 - Beautiful smiles
 - Fun experiences
 - Price

- Anything else is a distraction.

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Philosophy

10. 80% of parent visits are mothers.
11. The mother is the on site customer.
 The father is the off site customer.
 - - or vice versa
12. You may need to speak with both.
 - One consult may no longer be enough.


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Ortho Economics

- Pre-recession - people purchased impulsively.
- Post-recession – 3 questions asked regardless of income.
 - Do I really want it?
 - Do I want it now?
 - Do I want to buy it here?

 Huge Shift

Wall Street Journal – July, 2011 139

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Ortho Economics

- Consumer buying behavior has changed.
 - Longer decision making process (Fortune 500 Study 2011).
 - More factors in decision making.
 - More validation needed in decision making.
 - More internet search for information.
 - More second guessing after purchasing.
 - More dropout after committing.

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The New Orthodontic Treatment Coordinator

Treatment Coordinator Essentials

1. All new patients must be seen within 7 days.
 - Schedule 98%.
2. TC appointment – 60 minutes – minute by minute, script by script.
 - Follow the process – close 90%.

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The New Orthodontic Treatment Coordinator

Treatment Coordinator Essentials

- Starts within 7 days or as fast as possible – decrease second guessing.
- Create so much value that the parent/patient does not want to go anywhere else.

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Treatment Coordinator Essentials

- If not closed – follow-up.
 - Evening spouse conference.
 - Call the day after.
 - Call following second opinion.
 - Second consult.
- Start on time – finish on time – or lose the focus.

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The New Orthodontic Treatment Coordinator

The First Phone Call (accelerated growth)

- All selling begins on the phone.
- All consults begin on the phone.
- All case presentation begins on the phone.
- Everything is packaged with value creation scripting.

↓ ↓ ↓ ↓

The first phone call is the start of the selling process.

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The New Orthodontic Treatment Coordinator

Live Role Play

The New Patient Phone Call

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Treatment Coordinator

- First phone call
- Confirmation call by TC (introduction)
- Patient/parent arrival
- 3 minute rule
- Tour
- Radiographs – parent in consult room

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The New Orthodontic Treatment Coordinator

Treatment Coordinator

- Socialization – Golden 10
- Description of fun office activities
- Clinical exam by TC
- Transfer trust to orthodontist
- Report of findings = “excellent candidate”
- Models, powered brushes, water flossers
- 10-minute meeting with orthodontist

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The New Orthodontic Treatment Coordinator

Treatment Coordinator

- 10 minute orthodontist protocol
 - 2 minute drill
 - Clinical exam
 - Explanation
 - Q & A (FAQ's)
 - Division
 - Good byes
 - Exit

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Treatment Coordinator

- TC reinforces trust of orthodontist
- Q & A (FAQ's)
- Financial arrangements
- Scheduling
- Follow-up as necessary
- Pre-start confirmation call by TC

(Not back to front desk.)

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Minutes

60
40
30
0

Orthodontist
TC
Closed

- Never go back to the front desk.
- Target close 90%.

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Accelerated Practice Growth

- The TC is the patient/parent advocate
- Famous Aikido question:
 - How do I make this happen for you?
- The TC must quickly become a friend – people like to buy from friends and do not want to disappoint their friends.

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Accelerated Practice Growth

Principles:

	<u>Goal</u>
1. Siblings	All
2. Referrals	All
3. Courtesies	10% for parent/child 10% for siblings at same time 10% for mornings only

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Accelerated Practice Growth

Principles:

4. Follow-up on all patients
 - 1 month – waiting
 - 1 week – second/third opinions
 - 1 day – scheduling
 - Evening – spouse follow-up
 - ASAP – insurance information


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Accelerated Practice Growth

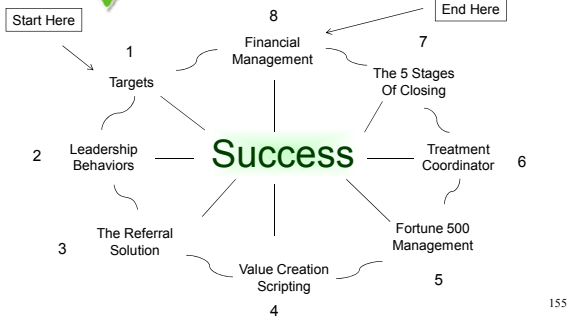
- People need to be moved toward the close differently in the post-recession than in the pre-recession.
- So we introduce a brand new breakthrough concept.



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The Ortho Success Wheel
(You have to do them all!)



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“The best way to predict your future is to create it.”

- Unknown

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THE SUCCESS OF THE PATIENT IS OUR SUCCESS

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Thank you for the opportunity
to share this education.

You are appreciated!

Roger

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