

A tale of two cities google enquiries

By Carl Burroughs

Due to the increasingly competitive nature of the dental sector and the need for all facets of marketing and communication to work seamlessly, I find more and more that I am taking on management consultancy roles as well as my usual marketing roles. One such case is two small practices in rural Victoria. Both owned by the same dentist and located approximately 40kms from each other and with very similar demographics. The following

is an excerpt from a memo we sent out to the staff that highlights the need for exceptional communication skills within a practice and also the negative impact it can have when a dentist vacates a practice early because the diary is void of another patient for the day.

I have the permission of the practice owner to reprint this, but I am simply calling them 'Practice One and Practice Two' for the sake of privacy.

Memo: Practice Matters – January 2020

To: Practice One
From: Carl Burroughs
CC: Practice Two
Date: 13/01/2020
Re: Understanding the importance of a well managed enquiry

Word of mouth is by far the best form of marketing there is. Firstly, it does not require a financial investment like a newspaper advert or Google Ad Words campaign does, but more importantly, it is a litmus test on how well a practice is performing. If patients are recommending our services to others, then clearly they are leaving the practice happy and we have made a positive impression on them. These days, praise from patients not only comes in the form of them recommending their family members and friends but also in the form of Google and Facebook Reviews.

In December, [Practice One] received 47 new patients, 32 of which came from marketing activities, 6 from word of mouth, 5 from Victoria Oral Health and the rest unaccounted for. For [Practice Two] we gained 40 new patients, 16 from marketing activities, 13 from word of mouth, 7 from Victoria Oral Health, 3 staff members and 1 DVA.

Ten years ago, word of mouth, would have counted for about 80% of all new patients in a good practice. Today, this figure is more like 50%, which is due to shifts in society as well as increased competition. This means the role of marketing is more important than ever before, which is a shame as it is yet another cost a practice has to wear that it did not previously.

How the phone is answered, how e-mails are responded to and how walk-ins are handled has always been a vital part of how successful a practice becomes. We all know that just about all patients are anxious to some degree, so conveying compassion and caring in all our communications is the key. As is providing the service we are advertising.

Over summer we have focused on emergency

dentistry from a marketing point of view as we opened throughout the holiday period at both practices, with the exception of public holidays and Sundays. This has proven to be a successful strategy and one we plan on replicating every year. Because of this focus, we have seen more emergency patients and the hope is that most of these patients become loyal and ultimately refer their family and friends.

In his book, 'Pillars of Dental Success', Dr Mark Costes estimates that most patients in his practices spend about \$10,000 over a 10 year period. His practices are in low socio-economic areas and this \$10,000 is made up of routine hygiene visits plus the need for the odd crown or RCT. I would suggest this figure is about correct for us also.

Mark also says that most of his patients will introduce a friend or family member every 2 to 3 years and these people will spend the same. This means that every new patient will generate about \$50,000 in revenue for a practice through what they spend and the value of the people they introduce.

So, when we cannot accommodate a patient, this is what we are potentially losing – not the revenue made on the day. It is worth keeping this in mind when we handle enquires in all their forms. A missed phone call could cost the practice \$50,000; a poorly handled e-mail could cost the practice \$50,000; an emergency patient turned away could cost the practice \$50,000. Now, I fully understand these figures will not play out in each and every case, but firstly there is no way of knowing if they will or not, and secondly, if we handle every patient as if it would play out this way, we will be focused on providing the very best service we can.

Last week, I saw the following e-mail come into [Practice Two]:-

Please excuse this message but I am dentist phobic and can't ring to have a conversation without crying. I haven't been to a dentist for about 9 years. I have a toothache that's getting worse (can't chew on it, can't stand hot or cold on it). Have also had a "clicky" jaw on same side for weeks and thought initially that was the problem. I take a light sedative before going to dentist and have my husband drive me and pick me up. I gag when the cardboard things go in my mouth before x-rays. Previously I have needed gas even for the initial exam – do you have this available? Thanks for listening. Can you help me? Yours sincerely, Jane

I double-checked with Mary [the receptionist @ Practice Two] that she was 'On It' and reviewed her e-mail response (we did not have Jane's phone number at that time) I was very happy with Mary's e-mail response as it conveyed compassion and our availability to see Jane. Mary subsequently booked Jane in on Saturday, made sure there was a pot of ginger/lemon tea waiting for her to soothe her nerves and Julie has moved into a basic \$1,200 treatment plan.



Carl

The [Practice Two] team need to be congratulated by the way Jane was handled and we should all be proud that this person will be in better oral health because of our service.

Meanwhile, at [Practice One] we had a light day on Saturday, so when we received a call just after midday from a patient responding to our emergency dental web page (that comes up first on the search term after a lot of hard work) we could not accommodate them as we did not have a dentist in the building – even though we advertise that we are open until 2pm.

So, one experience has created goodwill, income, and a good oral health outcome for a patient and if you multiply this over the coming months and years, creates a stable and rewarding place of employment. The other experience creates the opposite as well as wasting valuable marketing dollars.

Please keep this in mind when you choose to leave early because there is a gap in the diary. If we advertise we are open until 2pm, then not only should we be answering the phone until 2pm, but we should be able to provide dentistry up until this time.

Now, I know for many this may be a contentious point, but at a time of heightened competition and the immediacy of social media, I would suggest that matching clinical availability to advertised opening times is a must.

If you have a salaried dentist, that is easy as they are paid for their time no matter what, but I would also suggest that a dentist paid on a commission arrangement should also expect to remain at the practice during the advertised opening hours. If you have committed to building the practice for the overall benefit of all the team and you are spending money on activities such as Google Ad Words, SEO or even traditional media you need every single enquiry to be managed beautifully and the opportunity created maximised.

It takes more effort, more money and more risk than ever before to build a profitable dental practice and it is very damaging when new enquires are missed or handled badly.

If you have any marketing or communication issues in your practice, feel free to contact me at carl@idm.com.au