
Marketing Directly to Patients

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In the present difficult economic environment, branding, marketing, and visibility in one's community is every bit as important as excellent diagnosis and orthodontic treatment. The practice that can consistently attract new patients without heavily relying on referrals from other dental professionals has a distinct advantage. In this article, the authors outline several attributes found in successful practices that are growing despite the recent economic downturn. Practices that are able to internalize and implement these strategies will see increased new patient flow, be less susceptible to the vagaries of the economy, and have the peace of mind that comes from proactively creating new patient flow rather than leaving it to chance. (Semin Orthod 2011;17:297-303.) © 2011 Elsevier Inc. All rights reserved.

In the present economy, the most successful practices are, quite often, those not overly dependent on patients referred from dentists. As in previous economic downturns, referrals from general dentists and pediatric dentists tend to decrease and even stop as those practitioners focus on their own practices to the detriment of orthodontists. It is most important to have a direct-to-consumer marketing campaign.

For clarity, the authors would like to explain that the terms "marketing" and "direct-to-consumer" do not necessarily refer to traditional mass media outlets, such as radio, television, billboards, and direct mail. In fact, most of the authors do not participate in any of these forms of marketing, even though it can be very successful when properly used. Marketing and/or direct marketing as described in this article entails most aspects of running a service-oriented orthodontic practice, as well as extensions of the practice and the service mindset into the community (not

including marketing to dentists or dental specialists).

The purpose of this article is to list several tried-and-true methods of marketing directly to potential patients. The techniques will be listed from large to small (in scope of audience) and grouped appropriately by genre. A brief explanation of each method will be described and should more clarification be necessary, contact the authors directly.

Branding

Branding is an often used and misunderstood word when applied to orthodontic practices. Branding is the act of creating a feeling, promoting a positive image, and fostering a positive perception in the orthodontist's community and/or pool of potential patients. One of the best examples of branding from the packaged goods sector is embodied in the Coca-Cola brand. If the orthodontist keeps the Coke brand in mind when creating his/her own brand, it makes this big task easier to understand and implement.

Coke is one of the best-known and most international of all brands. It was created in May of 1886 by the bookkeeper to the inventor of the drink, John Pemberton. Pemberton was a druggist in Atlanta, GA. The name, Coca-Cola, was based on 2 of the drink's constituent parts: ex-

Browns Lane, Jonesboro, AR; VisionTrust Communications, Colorado Springs, CO; Pickron Orthodontic Care, Norcross, GA; Arkansas Orthodontics, Fayetteville, AR; Browns Lane, Jonesboro, AR; West Plains, MO.

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tracts from coca leaves and from the cola nut. That coca leaves also yield cocaine is a connection that the manufacturers now prefer not to emphasize, and it is certainly true that, although the drink once contained a form of the drug, especially in the early days when it was advertised as an "Esteemed Brain Tonic and Intellectual Beverage," it now contains none. The name itself is a remarkably successful one. . . memorable and easy to pronounce, having alliteration, and 3 desirable "k" sounds (the same type of alliteration that helped Kodak build a successful brand). The Coca-Cola brand was so popular toward the end of the 19th century that manufacturers were obliged to register a second name for it—the one used by the public as a favorite abbreviation: "Coke."

Among the authors of this article who are orthodontists, Dr Pickron and Dr Pickard have had the most experience in branding a practice. Upon review, one finds that no detail is too small, and everything these 2 orthodontists and their teams do connects back to the brands; for example, "Pickconnects back to the brandsron Orthodontics" and "Arkansas Orthodontics (also known as Razorbraces)." The authors have found that, in most cases, the practice's patients will typically name the doctor when asked where they go for orthodontics. As a result, the easiest approach to branding uses the doctor's name(s) in the brand (eg, Pickron Orthodontics), but it is possible to create a successful brand without using the practitioner's name(s) (eg, "Clear Smiles Alaska," Dr John Sparaga).

A brand is a promise. In the professional services sector, it represents what prospective patients can rely on when engaging with the brand, and in many ways is determined by the market, then honed and carefully managed by the practice. The logo, arguably the cornerstone of all branding, is used consistently throughout all internal and external communications. The logo is not the brand, but it is the single most important graphic representation of the brand.

Branding is the first topic presented in this paper because all other marketing flows from the practice brand. An orthodontist who finds it difficult to market the practice effectively likely has had difficulty defining and reinforcing his/her brand to the public. Branding requires vision, planning and, most of all, determination to constantly implement and upgrade while staying

true to the brand. It is possible to do an effective job of branding an orthodontic practice internally, but it is generally considered a good idea to seek (and trust) professional assistance in creating and maintaining brand consistency. (Among the authors, Vision Trust and OrthoSynetics were the 2 most recommended.)

Flexible Financing

When considering a major purchase, nearly all consumers think in terms of "how much down and how much a month?" Little thought is given to the actual price of the desired item: one only needs to look at television advertisements for cars, electronics, and jewelry to realize this. However, orthodontists by and large still hold to the same financing model that has been in use since the 1960s when the \$1000.00 insurance benefit covered most of the cost of having braces. It is crucial that orthodontists examine financial policy and adjust to today's market. It is the authors' belief that many orthodontic practices are strangling themselves with stringent financial requirements, high down payments, and short timetables required on the money the practice is financing for their patients.

The authors are aware that extending monthly payments and reducing down payments goes against conventional wisdom. The authors concede that if an orthodontist has more new patients and business than they can manage, then they should not make financial arrangements more flexible. However, all the authors of this paper have seen continued, steady practice growth (gross and net incomes) during the last few years and believe that much of this growth is attributable to flexible financial arrangements.

Offering a low down payment (eg, US\$500 down) or no down payment is very attractive to parents who are struggling to provide their children with the braces they "need." Organized orthodontics has done an excellent job of turning public perception of a once-elective cosmetic service into a necessity. People want braces, even in difficult times. The authors believe that one key to succeeding in today's ultra-competitive, ultraconservative marketplace is offering affordable payment plans and without reducing treatment fees.

One caveat that goes along with extending payment plans is a suggestion to mandate monthly

bank drafts for in-house financing. It is reasonable to accept credit cards and checking accounts for automatic drafts, but it is preferable to draft a checking account because there is no charge to the vendor and the nonsufficient funds fees charged by the banks make paying the orthodontist on time a priority. The authors have found drafting bank accounts an effective way of insuring payment and have also found that patients are willing to agree to automatic drafting if this is required to receive extended payment arrangements. Bank drafts can be done internally or through third-party companies (eg, OrthoBanc), that can be integrated with most orthodontic software, making these transactions simple and efficient.

The Practice's Web site

Web sites are one of the portals to the orthodontic practice and increasingly they are replacing the new patient phone call as the first contact a potential patient has with the practice. The Web site must be easy to find (through search engine optimization), attract attention, hold the viewer's attention, be interactive, have useful and relevant information, and be easy to navigate. A breakdown in any of these areas will cause the potential patient to bypass the site and quickly move on to another practice. This is the information age and, at least on the Internet, the consumer is now in charge. The message should be quick, clear, and concise. Video content is a sure way to grab and hold attention. A great Web site is important, but, unlike a brochure, it is a living publication and the site must be constantly monitored and upgraded! There are multitudes of companies (the authors use Sesame Communications, OrthoSynetics, TeleVox, and VisionTrust [primarily for video and custom content]) that can help the orthodontist in this arena.

Social Networking and Internet Marketing

Social networking is certainly a hot topic in orthodontic marketing. The authors agree that there are huge rewards with a well-thought-out plan that is properly implemented, constantly monitored, and often updated. The problem often observed is that orthodontists create a Web site

and a Facebook page and then never revisit their "strategy." Online marketing is difficult. It takes constant maintenance and modification as things change on the Internet at lightning speed. It is the authors' contention that an Internet presence that is neglected is nearly as bad as no Internet presence at all because of the negative branding that takes place.

With social marketing, one can achieve great results organically, by being online in a current and relevant way. The greatest returns are related not to one's own pages and content, but when the orthodontist or the practice is mentioned and recommended on the pages of the patients and other referrers in your online social network(s). Orthodontists can also choose to use paid advertising to boost visibility and results (when done correctly and concisely). An orthodontist sets their budget monthly and, depending on the competitiveness of the market, the price will vary widely. Again, it is helpful to obtain assistance from an expert to ensure that the online marketing plan is targeting the right patients for the practice, while remaining true to the branding strategy.

Three of the authors are particularly active when it comes to social networking and Internet marketing. The how's and why's are beyond the scope of this article but orthodontists looking for examples of what is possible could observe these authors' social media pages, Web sites, tweets, blogs, etc. The authors have been able to achieve success through a combination of personally doing the work and monitoring content, as well as using professionals to aid them in this endeavor. There are several companies that can help set up a social networking presence; however, Jeff Behan (Vision Trust Communications) warns against relying solely on others to market the practice and the orthodontist. Real relationships between real people are what create and expand an effective social network, according to Behan. The authors would like to stress that the orthodontist not forget to encourage interaction among staff members, patients, and staff members of general dentist's offices.

The Internet, and specifically social networking sites like Facebook, makes it possible for everyone to be a publisher. When patients engage with the practice in this powerful new medium, they are empowered to promote the practice to their own readily accessible network of

friends—their circle of influence. This type of relationship marketing is extremely effective.

Charitable Giving

Most orthodontists give a great deal to the community and have done so since the profession began. Casual and loosely defined programs do serve the greater good but are often not evenly distributed, and the public is rarely aware of what orthodontists do for those in need. Several of the authors participate in charitable giving and have clearly defined mechanisms to maximize the resources available.

Among the authors, Drs Dake, Fergus, and Burris participate in Smile for a Lifetime Foundation (<http://S4L.org>), and Jeff Behan is a member of the national board. Smile for a Lifetime Foundation is a national nonprofit organization that is established so that each participating doctor founds a local chapter, creates a local Board of Directors, and the Board takes local applications to select recipients of orthodontic scholarships. Each local chapter treats at least 6 children in desperate need annually, and some chapters treat as many as 36 disadvantaged patients. The authors involved with Smile for a Lifetime agree that the foundation's structure allows for merit-based distribution of the free orthodontic care and maximizes access through their local Board of Directors to children who might not otherwise know about the opportunity or think having braces is possible. The result is a positive brand perception showing the orthodontist doing good things and giving back to the community, and the orthodontist is seen to be doing so in a time when the healthcare debate is framing all doctors as greedy and uncaring.

Dr Pickron has created project SMILE: a lost retainer program in which patients make a donation to a local charity instead of paying for a replacement retainer, and Pickron Orthodontics matches the patient's donation. Through project SMILE, Pickron Orthodontics has donated US\$254,000 to 6 local charities in the Atlanta Metro area. Project SMILE and Smile for a Lifetime Foundation are 2 examples of how giving back can benefit all involved.

The authors understand that some readers may find it odd that charity is included in a marketing article and would like to clarify this point. It is the opinion of the authors that char-

itable giving, done with the sole intent of practice promotion, will be seen for what it is and will fail on all accounts. To quote Imtiaz Manji, "It is good to do good while doing good" (this quote from Imtiaz Manji was taken from his "Leadership in Dentistry" class taught in Scottsdale, AZ, at the Mercer Center in 2005). Charity is a natural extension of any health care business and an integral part of a socially responsible brand. It is only natural that people want to do business with socially responsible businesses and therefore, charity, done with the proper motivations, will grow the orthodontic practice while benefiting the most vulnerable in our communities.

E-Mail Campaigns

All the authors use e-mail and e-mail campaigns to market their practices. E-mail collection is the key factor in this arena. There are several sources for e-mail collection and include:

- people who visit the office (VT Connect, offered by VisionTrust Communications, <http://www.visiontrust.com>, is a service that allows you to collect the user information, eg, e-mail addresses, etc, of anyone who uses the Wi-Fi you provide in your office. Furthermore, this service can "push" each person to the web or social network page of your choosing when they log in—making it an ideal way to encourage them to become your fan or engage with you online)
- people who visit the web site and social media outlets
- siblings, friends, and family of current patients
- participants in contest or patient appreciation days
- online data mining companies

Once the e-mails are collected, the orthodontist must ensure that their e-mail campaign follows the same guidelines as direct mail: it must be well thought out, consistent with the practice brand, and persistent. Results must be tracked and include an offer to encourage response to the e-mail offer. Some examples of e-mail campaigns are as follows:

1. Flexible spending account—e-mails to active patients to encourage them to pay on their accounts and to those on recall to encourage them to get started. Just before and just after

the new year are excellent times for this campaign.

2. E-mail in January/February to recall patients on how their income tax refund can really make them SMILE by starting treatment.
3. E-mail newsletters and holiday cards (saves money on printing and postage).

Fliers

Low-tech, low-cost, and effective, fliers are undervalued in orthodontic practices. A well-designed flier can catch the eye, convey the necessary information, and be remembered. Effective placement is vital and repeated distribution (frequency) increases results. Orthodontic teams who are able to form relationships with businesses in the appropriate demographic who then allow prominent placement of fliers will find the fliers very useful. Two of the authors have used fliers very successfully over the last year in places such as pediatricians' offices, dermatologists' offices, children's restaurants, play centers, day care, and so forth.

Orthodontists should remember that locations where children of any age congregate are excellent targets for the following 2 reasons:

1. Young children will eventually grow old enough for treatment
2. Parents with young children often have older children as well

Another variation on the use of fliers is to have special offers with area restaurants distributed via bag stuffers, tray liners, and pizza boxes.

Marketing Through Mass Media

One of the authors has successfully marketed his brand through mass media outlets. His brand recognition in his market is such that television and billboards are effective in driving patients to his practice. Mass marketing must be consistent with the established brand and, in fact, continue to develop and enhance it. The authors recommend that if an orthodontist is considering this type of marketing, they should:

- retain a professional who knows marketing *and* orthodontics;
- be sure to have a clear and defined brand; and

- understand the necessary commitment in time and money it takes to be effective in this type of marketing.

The good news is that television, radio and billboard prices are substantially less than in the past, because of the current economic issues facing many communities.

Direct Mail

As a rule, direct mail is an effective medium when the list (those to whom the piece is mailed), the incentive (all successful mail campaigns should include an offer), and the call-to-action work together to reach the right audience in the right way at the right time. Direct mail campaigns have been used by several of the authors.

There are several factors to consider when planning a direct mail campaign:

1. Demographic factors: what is the range of income per household, number and age of children in the home, distance from office, and so forth?
2. Cost: graphic design, postage, tracking, number of times the mailer is sent out, rebate, and so forth.
3. Number of recipients: by adjusting demographic factors, the orthodontist can increase or decrease the number of recipients and control costs as well.
4. Appearance and size of the item mailed: the mailing must stand out and attract attention. One author recommends a coupon or rebate should the potential patient start treatment. He uses personalized credit cards in the amount of US\$100.00. The "offer" or "incentive" is always a critical component in a successful direct mail campaign.
5. Selecting the right marketing company as they create, direct, and perform the marketing plan of the practice.

Direct mail can be effective when used properly, but one must carefully plan for and track the return on investment to measure success, and make informed decisions on future marketing. Even a well-designed campaign will run its course and lose impetus over time. It is also recommended that a direct mail campaign be

used whenever an orthodontist opens a new office.

Marketing to Large Employers

Another effective technique is to approach the human resources person for large employers. The human resources director's job is to make their company a great place to work, and the primary way they do that is through employee benefits. If an orthodontist or team member is able to create a relationship and show the value of orthodontics to the human resources manager, then a great opportunity is available. Many large employers will then allow an orthodontic office to include a flier with paychecks explaining the need for orthodontic treatment, insurance benefits, and flexible spending accounts (if available by the employer). This also promotes the practice brand. The employer may also allow addendums about the orthodontic office and special offers on the large employer's Web site. Done correctly, this can be very effective marketing—especially when there is substantial insurance or a flexible spending account available and a special price or package of services is made available only to the companies' employees and their immediate family members.

Various Other Ideas from One or More of the Authors

- Using specially shaped brackets on the upper anterior teeth are very appealing to younger patients and help distinguish the practice from others in the area. Invisalign (San Jose, CA) has done, and continues to do, an excellent job marketing directly to patients. Premiere Provider and Premiere Provider Elite status offer a huge marketing advantage. It is the authors' opinion that the Invisalign Premiere status is worth the effort it takes to achieve and maintain. Invisalign remains one of the most searched keywords on search engines such as Google (Mountain View, CA).
- Send A Friend program—send patients hand written “thank you” notes for referring a friend to the practice. The practice should have a prewritten letter template to send the thank you letter. The thank you should include a US\$100 credit off the patient's account, or US\$100 check if their account is paid in full. These letters should not be sent until the friend initiates treatment in the office.
- “SOS Kits” (including wax) to area middle and high schools with information about dental and orthodontic emergencies and what to do.
- T-shirt contest—if patients wear their T-shirt to their appointment they are entered into a quarterly drawing for a gift valued at US\$50.
- Give T-shirts to patients and their siblings at the complimentary consultation instead of at the bonding appointment.
- Design and make custom ceiling tiles above patient chairs with key messages for patients. Examples: Make a date with your dentist (a reminder to see their dentist regularly for professional cleanings); Invisalign (plant seed for adult orthodontics); Send A Friend information; “give plaque the brush off” (importance of brushing and flossing); Wear retainers for life!
- Large photos mounted on foam core board with testimonial statements from the family hung instead of art in the office
- Complimentary visit card—Free Orthodontic examination (US\$200) value message wristbands with Web site and practice name imprinted, booth at health fairs, business expositions, kids fairs, women's expositions, bridal fairs
- Vehicle wrap—inexpensive, highly visible and a great return on investment. These more than pay for themselves and make great looking parade floats.
- Video testimonials from patients to post on the Web site or Facebook (Palo Alto, CA). Flip video cameras are inexpensive and effective when used along with professionally produced practice videos.
- Patient appreciation party—this annual party allows each patient to get 3 tickets: 1 for the patient, 1 for a parent to drive them, and 1 for a friend with “crooked teeth.” Movie theaters, baseball games, skating rinks and picnics are a few examples.
- Observation Kids Club—form a special club for patients awaiting growth and development to insure that they will stay in the practice when it comes time for braces.

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- Be sure to win local, “best of the best dentist” or “readers’ choice dentist” awards in magazines and newspapers. This can take a great deal of effort, but proper management of e-mails collected by the practice makes the task more manageable.
 - Ask the parents if siblings need treatment—this simple but very effective question can be asked at the new patient phone call and increase new patient flow substantially.
 - Debond song—fun, effective, and free! Make up a song that the staff sings when a patient gets their braces off (and don’t forget to film/ photograph the event and encourage the patient to post it online.)
 - Full records with pictures to take home.
 - Treats for troops—candy exchange is a great way to avoid breakage around Halloween. The candy is then sent to the military troops.
 - Feeding Neighbors in Need—personalized food drive. Many people do food drives but a well-designed and publicized campaign brings in much more food for the needy and is highly visible to potential patients.
 - Hand-written thank you notes—the authors recommend that every new patient and every patient that gets braces off receive these notes. It is recommended that the doctor’s cell phone and Facebook user name be included, in case a parent or patient needs to contact them.