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We need to picture our marketing strategies as a multitude of small streams that flow into a river and eventually create a much more powerful entity than anyone of the tributaries by itself. Using just a single strategy handicaps you as far as effectiveness, return on investment and the quality and diversity of those you can reach. Instead of looking at one marketing vehicle to supply you with 30 new patients per month, look at 10 different ones to produce 3 or more new patients each.

One big difference between your practice website and direct mail is that someone must be actively considering a dental appointment/procedure to sit down in front of their computer and search for a dentist. With direct mail, the prospective patient will see your message and be reminded that they have been intending to make an appointment or that they should be seeing a dentist regularly.

It is still difficult, and nearly impossible, to target specific demographic groups with electronic media. With print material we consider the message that a picture, offer, demographics, timing and placement makes as to the response and ROI. If you are targeting left-handed dwarfs who drive Volkswagens while living in a two-story house that faces east, direct response print marketing can reach them. Defining exactly whom you want to send a direct mail item to is easier and more sophisticated than ever.

Direct mail postcards, or really any printed marketing, should address these seven tenets for successful direct response marketing:

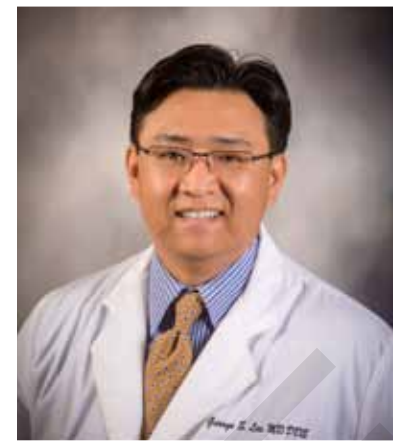
- 1. You have at most three (3) seconds to capture the attention of your audience** with direct response marketing: Postcards, newspapers, billboards, etc. Ninety percent of folks open their mail over the trash can. You need to be remarkable through the size of the card, graphics, or offers or you risk becoming invisible and ultimately trash, an expensive wasted opportunity. In three seconds the recipient should know it is from a dentist, what the offers are and where they are available.
- 2. Be sure that your website URL is prominently displayed** on any marketing in order to push them to a place that offers further information and hopefully takes them one step closer to calling to make an appointment. Make sure that all of your marketing is consistent in appearance, outreach, offers and services.
- 3. Study your demographics** to know the age, race, income level and educational level in order to craft the offers and services that would most benefit that group of people. So often we see something as silly as a pediatric practice moving into a retirement community only to discover there are no kids. Match the offers.

- 4. Craft an offer that pulls.** Every potential client is looking for a low cost, low stress way to meet you and find out what's wrong. Consider that of all the searches done for any type of dental related topic on the internet that "general dentist" is number one with over 45% and "braces" is number two at about 14%. Not until you get to the last three categories of search do you ever see a search for implants, cosmetic, or sedation dentistry (about 4%, but consider that the same person looked in all three locations, so it is really about 1%). Also consider that "boutique" practices are most guilty of putting all of their money into web and social media. This is curious because the group they hope to inspire (45-65 year olds) is the very group that uses the web and social media the least.
- 5. Lose the platitudes and crowded layouts.** If you look at your yellow pages ad, postcards, or billboards and while reading the copy you say to yourself, "of course they do," take it out. For example: Lose the pictures of credit cards, lists of services, and words like "we cater to cowards." Discard your thirty-year-old photo and put something in there that reflects the age and race demographics that you would like to attract. Make the offers jump out from the ad copy. Remember, you have less than three seconds to capture their attention.
- 6. Create urgency** with the offers in order to put contacting your office higher up on the potential clients "to do" list.
- 7. Color, size, pictures and layout have to appeal to a female's eye.** With over ninety percent of all appointments being made by females, make sure you have females look at the ad and give you feedback before printing. Win with the females and you will have no limit to your growth.

Over a decade ago, we found ourselves being constantly and consistently disappointed in the quality, ROI and cost of direct response marketing available to our clients. After trying dozens of cookie cutter and self acclaimed "experts" in the field of marketing (they got to speak before a dental crowd once), we decided to give our clients an inside edge on their competition. It just seemed like every Tom, Dick and Harry marketing company was out to fleece our clients on pricing and design with hidden costs and poor results. Clinic Filler was the result of our need to supply quality marketing at a fair price. If you are happy with your existing marketing strategies and vendors, that's great. If not, go check out www.clinicfiller.com. I don't make a penny from them, but I know you will like the price and the product.

Contact Dr. Mike Abernathy at 972-523-4660 or at abernathy2004@yahoo.com.

If you want to get a jump-start on every practice in your area, email Dr. Abernathy and he'll put you on his free newsletter list. There is a categorized archive of hundreds of "what to do" and "how to do" it articles that he has written.



FROM THE DESK OF GEORGE S. LEE, MD, DDS:

LUNCH & LEARNS:

We have had an overwhelming response to our Lunch and Learn sessions. Thank you for welcoming Dr. DeFelice and I into your offices. We enjoy meeting with you and your teams! As requested, we are adding more topics available that you can choose from. To schedule a Lunch and Learn at your office please contact Lisa Dotson at 931-552-3292 or ldotson@cumberlandsurgecalarts.com.

- **Implants as the Standard of Care**
- **Implant Restorative Parts & Pieces**
- **Bone Grafting and the Atrophic Mandible and Maxilla**
- **Sinus Lift in Preparation for Dental Implants**
- **Immediate Load Full Arch Screw-Retained Dental Prosthesis**
- **Advanced 3-D Imaging**
- **Oral pathology – lesions of the hard and soft tissue**
- **Indications for the extraction of 3rd molars**
- **Facial trauma**
- **Facial cosmetic surgery**

EMPLOYEE HIGHLIGHT:

My surgical assistant, Donna Simpson, recently returned from a mission trip to Patzun, Guatemala with The Healing Hands Foundation. The group was comprised of 40 healthcare professionals from across the US. They performed 71 major surgeries on patients ranging in age from 3 months to 71 years old, focusing on children with congenital defects, to include hernia repairs, hematomas, cleft lips, microtia with rib grafting, correction of undescended testes, and skin grafting for burn patients. They completed 275 dental procedures including extractions and cleanings.

The population they served are in the lowest poverty level with the greatest need. Some traveled over 8 hours to receive care. Chronic malnutrition and inadequate health education remain major problems among the rural indigenous communities. These communities face a series of barriers to health care including transport time and cost, language barriers, low or no literacy and the time and cost of consult and treatment.

We are proud of Donna and her desire and commitment to serve those in most need. For more information about The Healing Hands Foundation, visit <http://www.thhfoundation.org/>.

LONG-TERM BONE STABILITY ASSESSMENT AROUND 1,187 IMMEDIATELY PLACED IMPLANTS WITH 1-TO 22-YEAR FOLLOW-UP*

The purpose of this study was to evaluate the retention of bone around implants placed immediately following tooth extraction and used to support dental prostheses. Patients from a previous study of implants placed immediately following tooth extraction were recalled to the original practice to obtain dental radiographs, which were then used to compare bone levels after 1 to 22 years of clinical function supporting dental prostheses. All radiographs were evaluated by measuring the bone within the implant threads. Implant bone maintenance was correlated with smoking history, type of implant surface, antibiotics used in conjunction with surgery, bisphosphonate use, presence of splinted restorations, anatomical location (mandible or maxilla and anterior or posterior), sex, and past periodontal disease status.

A total of 1,187 implants were identified, with mean bone loss of 0.52 mm. Overall bone loss was less than 1.5 mm in 90% of the implants studied. Bone loss was greater in women (0.61 mm vs 0.44 mm in men). There was a correlation between bone loss and patient age at the time of tooth loss, with patients below the age of 50 experiencing significantly more loss (mean loss, 0.76 mm < 50 and 0.46 mm at age > 50). Other significant differences were seen with implant surface (machined surface, 0.57 mm; roughened surface, 0.44 mm, maxilla vs mandible in molar areas (maxilla, 0.68 mm; mandible, 0.43), and platform width (regular, 0.46 mm wide, 0.83 mm. None of the other factors demonstrated significant differences. Bone loss of 1.5 mm or less was observed in 90% of the patients followed.

The authors concluded that bone loss was correlated with age, sex, implant surface, anatomical location, and platform width. There was no statistical correlation between bone loss and any other factors evaluated.

* Wagenberg BD, Froum SJ, et al. *Int J Oral Maxillofac Implants*. 2013 Mar-Apr;28(2):605-12



2285 RUDOLPHTOWN RD, SUITE 200 • CLARKSVILLE, TN 37043

P: 931-552-3292 • F: 931-552-3243

WWW.CUMBERLANDSURGICALARTS.COM



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SURGICAL ARTS, PLLC

GEORGE S LEE, MD, DDS

MATTHEW A DEFELICE, DDS

Dentist Gains from *The Biggest Loser*

Although it is an undeniable part of our culture, I am not a fan of TV. There, I said it! I am a huge, closet fan of *The Biggest Loser*, however. My kids love it, too, so it becomes the one show that we watch in the course of a week (TiVo, of course, "cause I don't want to waste time with the commercials!").

Ultimately, it is the transformative process that captivates me. When the participants begin the show, they are miserable. They don't love anything about their lives, except possibly the people they miss at home. They don't love their bodies, but more than that, they just don't enjoy much of anything.

Watching the contestants change their lives so completely, until they truly believe that they can do and accomplish anything is so inspirational.

I wonder how successful the contestants would be without coaches to guide them. Realistically, their best thinking got them to obesity and a miserable life.

I am not at all embarrassed to admit that I hired a coach to lose those last pounds of post-pregnancy from 4 babies in less than 8 years. I put in the work, but I honestly give my coach most of the credit for reaching my goals and beyond.

When I began working with him, I thought it was a matter of just doing what I already knew. I needed to have someone help me to "just do it." Little did I know that the problem was I didn't have enough education in this area. The more I learned, the easier it was to implement better and better practices. Thanks to Coach David Greenwalt, author of *Leanness Lifestyle*, you are the best!

Coaching is just as important in our businesses. Wherever we are today with our dental practice, our best thinking got us here. When I had owned my practice just a few years, I realized how far over my head I was. I committed to finding out what I didn't know, in hopes that my business and my life would improve. I can honestly say that short of making an excellent choice with my husband and having kids, it was the best decision I have ever made. It has definitely had the best return on investment.

When was the last time you invested in your business education? I'm not talking about formal MBA training. How many business books have you read? Often, we don't invest in ourselves and our businesses enough.

The good news is that time spent reading and studying is also an investment in our businesses. It doesn't always involve spending money, time is a great investment. Our dental practice is easily our largest asset, but we don't fund it well with time or money. Sure, we will buy a laser or a Cerec or other equipment as an investment in our practice, but we are less confident of a return on investment in our most valuable asset: ourselves and our knowledge base.

If you have little or no idea where to start, I highly recommend hiring a coach to help with your practice. I would also recommend someone (a dentist) that has "been there, done that" experience. Dr. Woody Oakes is the best I have seen with this type of experience. One of the greatest honors of my career is being asked to assist with coaching Dr. Oakes' members, together with my best asset, my business manager extraordinaire, Brooke Mott. I am confident that he came to us for our continuing "real world" experience as well.

Not only is it fun to learn how to manage their businesses better, it is profitable and stress-relieving for our coaching members. Over half of the coaching members will see their income double in less than one year - amazing!

Why We All Need Continuous Coaching:

1. We don't know what we don't know.
2. Changing habits takes time - more than 21 days.
3. Team needs to have a process for change.
4. Focus is an entirely different animal today with technology and many, many other distractions.
5. There are many hats a dentist "gets" to wear - regardless of what you think you signed up for when you bought a practice - human resources and benefits, accounts receivable, accounts payable, insurance, hiring, firing, mediation, systems organization, operations management, team management, information technology, building management, lease negotiations, equipment management, materials engineer, photography and more.

The best time to invest in your practice and yourself is now. It will pay off again and again and may be the best investment you ever make. Personally, I would take it over the stock market any day - much more predictable! Not knowing what to do is stressful. The best part of having a coach (or three!), is knowing you have a resource on speed dial who knows what to do and can help immediately. It's a big sense of relief not run your business every day on your own.



Try Print Marketing Again... For the First Time!

by Dr. Mike Abernathy¹

Marketing comes in all sizes and shapes. In fact, you could say that everything we do (location, hours, answering phones, systems and any form of potential patient encounters) is actually some form of marketing. I want to go back and help you prioritize your marketing budget and hone in on "print" marketing as a viable and important way to attract more quality patients.

We routinely budget and spend roughly 3-5% of collections on every office we have owned or coached on marketing strategies. That could be translated into several hundred to tens of thousands of dollars a month invested in the procurement of patients in one fashion or another. This investment of time and money is foundational

to building a Super General Dental Practice that is both unlimited in growth potential and insulated from ongoing challenges from insurance, corporations, economic, or national healthcare assaults.

When we look at what the average dental practice is spending their marketing dollars on, we see a disturbing trend. Fifteen years ago, most dental practices spent nearly 100% of their marketing budget for yellow pages ads. They put all their eggs in one basket and never considered diversifying their outreach. It was the flock mentality: Everyone is doing it and so will I. No reason or rhyme to it, just blind action.

Today we are seeing a lot of offices whose marketing budgets are practically 100% electronic media: Website, Facebook, Twitter, SEO for Google and other search engines. Neither of these is a healthy business strategy. Every office should have a balanced marketing approach governed by a budget and altered to fit the results. It's like fishing. You arrive at the lake not knowing what will work, so you have come with a tackle box full of a variety of bait. You try one bait right after the other; you fish deep and shallow, artificial or natural bait, in the sunlight or shadows until you strike the right balance. Something may work to attract the fish in the morning that is completely worthless by noon. You adapt to the conditions of your area.

Electronic messaging is beginning to reach a saturation point with all of the posts, tweets, emails and text messages going unopened and/or unread. It has gone from a convenient and unique way of communicating to an overused and abused way of disrupting our day. With less standard mail arriving in most people's mailboxes today, your well-designed direct mail marketing will stand a better chance of being seen and read and acted upon.

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