UNLIMITED NEW PATIENTS

Volume III

2018 Update

How to Attract High Quality New Patients into your Dental Practice

By William Howard (Howie) Horrocks and Mark Dilatush

NEW PATIENTS, INC.

The Marketing Firm Exclusively for Dentists

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Forward


As I head into my 29th year in Dental Marketing, I am amazed at the changes I’ve seen, both in the dental profession itself and in the marketing of the dental profession. And it’s not just the fact of specific changes but also the *rapidity* of change.

Changes happen and they are happening quickly. This has not always been the case in dentistry.

Remember electronic claims submission? It took twenty years before dentistry even got to a 50% adoption of that technology.

At the same time, I’m equally amazed at what has not changed. There are eternal truths that remain true no matter how much or how rapidly other things have changed.

It only seems right and appropriate to examine the dental landscape from time to time and to help dentists navigate it, even while there are seismic movements happening right under their feet.

Between myself and my partner, Mark Dilatush, we have 60 years of helping dentists grow their practices, expand their new patient numbers, and become more profitable, and all with less and less stress for the dentist.

We may not know everything there is to know about this subject, but I can tell you this – there’s hardly anyone with more miles traveled on this road than us. We’ve made every mistake you can make. But we’ve learned from those mistakes. That’s the true value of the thing we call “experience.”

We wanted to bring our dental marketing experience to bear on the current issues facing the profession and offer our best advice on how to avoid trouble and take advantage of the many opportunities we see coming.

We trust you will find this update useful and even illuminating.

Here’s to your success!

William Howard (Howie) Horrocks  
Founder/CEO
Unlimited New Patients V3 - Update

Everything from UNP-V3 still applies!
With a fresh new current perspective, we looked at what is written in UNP-V3 again. We found absolutely NOTHING we would change. Everything in UNP-V3 still applies to building and managing a successful long-term dental marketing strategy. So, if for some reason you downloaded this update before downloading the actual book – [download](Unlimited New Patients, Volume 3).

Read it cover to cover before you read this update.

Before you get too far with the update...
If you are going to take the time to truly understand the why behind how best to promote a dental practice, consider having us build a marketing plan for your practice and your market area. The book and your marketing plan will make a LOT more sense and have a greater impact on you specifically. It doesn’t cost anything. [Start here](#) to begin a series of questions about your practice. We need those questions answered, to build your marketing plan.

If you are reading this and would like us to put it into perspective via video, just [go here](#) on our website and watch our Marketing Summit in video. If you want CE credits, the same content is on DentalTown.

We devoted a section of UNP-V3 explaining what consumers care about and what they don’t care about, with numeric rating of every aspect of dentistry. Those numbers come from millions of dollars in testing and independent consumer research. It is called the Marketable Attributes Scorecard. It statistically points a designer/copywriter toward what matters most (and least) to a consumer. You can download the scorecard [here](#).

Once you have read the text or watched the videos, you may want to participate in our forum for dentists to discuss everything related to the marketing/advertising of dentistry. It is called the Dental Marketing Mastery Community. The community is on Facebook. [This link](#) will get you there. Just submit a request for membership and join in on the discussion.
The Business of Dentistry

The business of dentistry is constantly evolving. It always has. The pace over the past 5 years seems like an accelerated whirlwind pace to some. To others, they wonder why these changes didn’t happen 30 years ago! Put us in the “other” category.

We now have legitimate dental buying groups. We have direct-to-manufacturer purchasing. Amazon is selling dental supplies. Technology is (again) consolidating to a few main companies. Clear aligners have become consumer-accepted. Dental consumers are becoming aware and familiar with some of the benefits of dental implants. Whitening has become an entry-level commodity, driving customers unhappy with the entry-level solution to an $11B/year US market (we told you Crest White Strips were a good thing!)

DSOs emerged/expanded as ravenous buyers of existing dental practices. High demand for practices drives prices up. So, if you sold your practice or practices the past 5 years, the price you received was probably directly or indirectly determined by DSOs, even though you may not have sold to a DSO.

Ideologic battle lines were drawn between dentists who don’t believe you can provide quality dentistry under a DSO model, and dentists within the DSO model who provide quality dentistry.

DSOs started using their marketing muscle. Solo or small group dental practices were now competing for the same patients in the same geographic region with 1/10th the marketing budget. Unfortunately, most of these solo or small group dental practice owners didn’t know a better way to compete other than by using very aggressive price incentives to attract a new patient. Many went down the rabbit hole and never returned. If only they had read Unlimited New Patients, Volume 3.

To be clear, we do not draw conclusions or pass judgement on the various business models used by owners of dental practices. We apply what we know to the various models. As it pertains to attracting dental consumers, we do know patient volume, practice capacity, average first year NP revenue, 4th year ROI, 7th year ROI, and 12th year returns for the various advertising methods used.

We understand dentists are all different. We have clients who prefer to see three patients a day and work out of one column. We also have clients who feel pathetic if they can’t balance patients in 4 columns simultaneously. So, to each his/her own. We applaud and support the diversity.

Despite the panic exhibited by some dentists, the “to each his/her own” aspect of dentistry is far from dead. You still have a choice in how you want to manage your practice(s). FFS is not dead. Far from it. We bet there is an FFS office within 10 miles of your office. You can choose whatever path you want! Dentistry is a wonderful business. Like all businesses, it is just evolving.

We had a recession: The good, the bad, and the really ugly.

Here are some lessons dental practice owners had to learn during the recession. Some learned quicker and easier. Some got squashed. History teaches us all. So, let’s learn these valuable lessons. As sure as you are reading this paragraph, the US will have another recession at some point in the future. You will want to know how to best navigate through the next recession.
The good. Counting practices in existence since at least the year 2000, our client practices grew slightly from 2000 to 2008. Combined, the growth was +3%. This was during a time the dental industry was losing 18% of total revenues. The latest recession impacted dentistry, there is absolutely no doubt. But our clients gained 21% on the market. Why? What did they do differently (to their credit) from the rest of the dental industry? The answer, of course, has several steps. This is how we would hope you prepare your marketing for the next recession, when it happens.

1. Maintain your budget. One BIG reason other dental offices lost ground during the recession is because they pulled the reins in on their marketing budget. They cut it. During the beginning of a recession, the LAST thing you want to do is constrict your marketing budget. You don’t have to expand it. Just keep it consistent.

2. Discontinue niche/elective service marketing spend. Basically, discontinue every singular advertising message. If you aren’t giving people 4, 6, 8 or more reasons to choose you in a particular advertising medium, STOP spending money on it.

3. Reallocate nearly all of your properly maintained budget to the core staple attraction to your practice. FAMILY dentistry is the overall theme. All services, amenities, technologies, conveniences, and public relations assets that support an overall FAMILY dentistry message will still work really well during a recession.

4. Avoid the urge and/or knee-jerk, panic-induced decision to start using aggressive price incentives to get the phone to ring. You DO NOT need aggressive price incentives to attract high-quality new patients during a recession. We just proved it. Through the worst recession since the Great Depression. In hundreds of US markets. There is a fable with a tortoise and a hare. Be the tortoise.

The bad and the ugly. Remember how cool it was to be a “cosmetic” dentist from 2000 to 2008? Cosmetics, cosmetics, cosmetics! Everyone became a cosmetic dentist! Every patient had PDS (porcelain deficiency syndrome to the uninitiated). Consumers had ENDLESS spending resources. They would run their credit card bills up, pay their cards off with home equity loans, and keep spending!

And you thought it was your charm, good looks, and clinical skill that made you a successful cosmetic dentist! Well, some of that may be true. But unlimited cash to spend made you more charming! So, what happened to the dental practices who focused their marketing too heavily toward cosmetics from 2000 to 2008?

Some practices died completely. It is sad, but it is true. They promoted cosmetics so heavily, all the consumer knew about them was they were a “cosmetic” dentist. Then the recession hit. The consumer just needed a good old family dentist now. The consumer went elsewhere. The “cosmetic” dentists didn’t bother telling people they also do “regular” dentistry. Big mistake. Perception meets reality, in both directions.

Some of the hey-day cosmetic practices survived. It took PILES OF MONEY to quickly rebrand the practice as the go-to family practice in the area. The ship was going downstream. It takes money to get the ship to stop and start moving upstream again. The survivors paid dearly for the niche trap they enjoyed for those seven or eight years.

So, what are the lessons?
The most sought-after dental service is family dentistry. This did not change and, we predict, will not change. When the consumer has more spending power, you can promote niches with some of your budget but you NEVER STOP promoting your practice as the best choice in your market – as a family practice. As a general guideline, never spend more marketing dollars on your niches than you do your core staple. Even 50/50 is too risky in most markets for most situations.

In March 2008, we moved our clients’ marketing budgets into the core staples of dentistry (family dentistry, services, amenities, conveniences, technologies, etc.). Our clients did not want to change. They did not want to let go of the good old days. Some left us, because they didn’t believe us. They went elsewhere.

Those who listened beat the dental market by 21%! We are proud of that. Our clients are happy about it. Every dentist should learn from it. It will apply to your practice someday. It may sound as if we are bragging on ourselves. Technically, we are. But you can apply the very same principles if you work with NPI, do your own marketing, or if you are being guided by some other dental marketing firm. You don’t have to work with NPI to be smart managing your marketing budget during a recession.

**The recovery. Where are we now?**

We (dentistry) are in the process of getting back. It (recovery) started late 2016. The dental offices who continued to grow through the recession are now killing it! They operate with the same annual marketing budget percentage. Total budget may be a tiny bit higher than 5 years ago because of the growth, but the percentage of revenues is the same. Nobody is spending more money on marketing to take advantage of the economic recovery. Most of these practices are up against capacity restrictions (too busy). Some/many are expanding. Some have started promoting niches again. Some are expanding into multiple office locations. In short, they are getting more than their fair share of the recovery. They didn’t participate in the recession, and they are getting more than their fair share of the recovery. Good management. Good marketing. Good result.

The practices who dropped their marketing budget during the recession are spending more now to try to make up the ground they lost by not being consistent. This is the price of inconsistency. In dental marketing, you only want to pay for the on ramp of momentum once. You hope it lasts your whole career. It should. If you are consistent.

As a niche, emergencies will lead the way out of this recession. If you haven’t yet, consider making yourself more available and your schedule more flexible. What happens to the oral cavity if it is neglected for 4, 6, or 8 years by consumers who tightened down on their dental spending during the recession? More emergencies. Emergency dentistry has/will lead us (dentistry) out of the next recession. Having a flexible schedule, online scheduling, online promotion (AdWords mostly), and potentially being able to provide same-day final restorations makes the emergency niche one you might want to initially consider.

Adult/Senior Dentistry is next. Dentists ask us to promote dental implants all the time. When you write down all of the benefits of dental implants (replace missing teeth, anchor full or partial dentures, improve cosmetics, etc.), you end up with a really solid list of adult/senior dental benefits. If you can combine these with things like sedation and same-day dentistry (or even sleep apnea treatment) – you
have a proven winner. We do a LOT of Adult/Senior/Implant promotion. To us, this is a market segment, not necessarily a niche. A niche is one thing. Adult/senior dentistry is MANY things.

If you played your cards right during the recession, you should be humming right along now. Consumers have their buying power back, at somewhat normal levels. It might be time to devote a portion of your total budget toward attracting more patients searching for elective dentistry.

How has advertising dentistry changed since UNP-V3 was written?

DSOs have leveraged their economies of scale. Their buying power and negotiating power is greater than a single owner in one dental practice (or two or three). Leveraging the economy of scale is their job. It is how they justify their existence to their ownership/shareholders. It should be anticipated/expected.

How do they impact you? Well, if you try to promote your practice the same way they promote their practices, you will eventually lose. They can provide dentistry faster, better, cheaper than you can. We didn’t say their clinical mastery is better than yours. We are simply relaying how the dental consumer feels about your practice vs. their practice. Minimizing impact on your practice is fairly straightforward. They are ALL using a reduced price point to drive phone calls into their offices. If you have read UNP-V3, listened to our podcasts, watched our Marketing Summit video series, or seen us on stage, you know we make a BIG deal out of the two market segments. Basically, the DSOs are promoting to the half of the dental market who WILL choose a healthcare provider primarily based on a reduced introductory price point. If you realize those are NOT the type of patients you want in your office anyway (for the most part), segment your market properly and focus your marketing dollars on the “other half” of the market – the DSO down the street won’t really impact you too much. The DSO marketing will be alienating the very market segment YOU WANT. In most markets all you have to do is go get it.

Important point: If anything, the constant barrage of price deals from multiple different dentists in your market makes YOU stand out above the crowd, IF your advertising doesn’t use a “deal” (price reduction) to get the phone to ring. More deals the surrounding moms see = more differentiation for you. The moms who won’t choose a healthcare provider for their family based on a price incentive – will choose you (almost half of all moms).

Specialist advertising has changed, dramatically.

The Ice Age of the independent “ontist” is upon us. Specifically, we mean the orthodontist, the periodontist, the endodontist, and the prosthodontist. Pedodontists are safe for a while. Oral surgeons are safe, but also feeling the pinch.

General dentists have been keeping more of the work “in-house.” More general dentists are bringing specialists in, under their own roof. More specialists are shedding their own overhead and simply going from GP office to GP office to fill out their schedules. Makes sense.

Orthodontists aren’t going down without a fight. They raised $4m to nationally promote the idea that orthodontists are better at aligning teeth than general dentists are. The ads were trying to convince the public to seek out orthodontists directly. Four million. Poof!
For the orthodontists, endodontists, periodontists, and prosthodontists reading this, we are not anti-specialty. We are just saying there is more than just the writing on the wall. It’s not our wall and not our crayon, so don’t blame us for sharing what is going on. The transition IS happening, right now. There will ALWAYS be a demand for professionals with your training, experience, and wisdom. Nobody is suggesting otherwise. But the way the patient makes it to your skilled hands IS changing. It is changing dramatically. If you haven’t faced this head on, you should. It is time.

Everything in dentistry changes. It always has. It always will. Some are fearful of the change. Others embrace the change. Everyone has a choice.
How Has Marketing/Advertising Evolved?

Did dental consumers change since UNP-V3 was written?

Yes and no. The recession took their spending power away. They retreated to the core staples of dentistry (family dentistry). Now (2018/2019) their spending power is returning in some markets. Consumers are acting like they did before the recession. Those who can, are going back to the dentist for the elective treatment they put off during the recession.

But did the consumer fundamentally change how they choose a dentist? No. There is no statistical evidence to suggest a major shift in how a dental consumer chooses a dentist. Slightly less than half the women in the country are turned off by price incentives when presented by healthcare providers. Slightly more than half of the women in the country are not turned off by price incentives presented by healthcare providers. This needle hasn’t moved.

Mom still has a genetic instinct to protect her family. No amount of outside stimulus is going to change biology.

It is important to note, however, we have added two more “must-haves” in our marketing foundation recipe for all dental practices. The foundation used to be three pillars. Consistent internal promotion (to your existing patients), consistent offline promotion (in most US markets, the way we do mail), and up-to-date and active online promotion (website & SEO). Since the release of UNP-V3, we have added two more core staples of a fantastic marketing foundation. They are: online review/reputation and online scheduling integration. We look at both of these as must-haves in today’s dental market. They each have their own chapter in this update.

Online vs. Offline Advertising Spending Did Change

There was a BIG shift in marketing/advertising spending within the majority of dentists over the last eight to ten years. Some dentist somewhere told another dentist somewhere, the secret to success is spending all of your advertising money online. The internet is “where all the patients are!”

Hmmm. Let’s dig into this incredibly errant and expensive theory just a bit.

If this theory is true, there would be no Geico, Progressive, Amazon, WalMart, CarMax, NetFlix, EBay, Yahoo, Dollar Shave Club, Angie’s List, or Uber commercials on TV, Radio, or in print anywhere.

But everywhere you look and listen, on TV, on Radio, and in print – you see ads for virtually EVERY successful online company in the world. If everyone and everything is online, why are (virtually) ALL the big online companies advertising offline?

These big successful companies use offline advertising to drive qualified local traffic to their online properties. Think of a website as a storefront. Think of offline promotion as an ad telling people about the store and where the store is located.

Takeaway: Smart successful dentists will embrace what they see other large successful companies doing. Then, sensibly and within budget, will adapt the same philosophy in advertising to their own
dental practice. Here are the main differences between online and offline advertising and why they complement each other SO AMAZINGLY well.

In the world of human behavior, the phrase passive-aggressive is a negative behavioral trait. In the world of effective and efficient dental marketing, the phrase passive/aggressive is THE correct balance.

If we were to point to ONE thing, and one thing only, as the reason our clients stay with us for 5, 10, 15, and even over 20 years – it’s because we establish the proper balance of passive and aggressive advertising in their specific market.

An explanation follows. Please do not assume one is better than the other. Assume they are equally important to a long-lasting effective marketing strategy.

**Passive advertising:** (your website, SEO/organic traffic, paid traffic (PPC/Google AdWords)

Characteristics of passive advertising:

- Nothing of consequence happens until a consumer finds you.
- Consumers’ perception of dentistry is not changed.
- You impose no new information to improve perceived value.
- People are shopping for things they know or perceive they need right now.

Your advertising expense is quite literally waiting for someone local to your dental office to have a real or perceived problem or need – then seek out a solution to their problem or need. They go to a search engine (predominantly Google) and seek one or more potential suitors as solutions to their real or perceived need. **Another key point** about passive advertising. Many times, these consumers have already been diagnosed by another dentist and are simply looking for alternative providers.

**Aggressive advertising:** (all forms of mail, print media, radio, TV, signage, etc.)

Characteristics of aggressive advertising:

- You are not waiting for consumers to find you. You are finding them.
- You are imposing new information.
- Introduces new benefits of your practice that were previously unknown.
- Shifts value perception of what is already known.
- People are not necessarily shopping.

In a nutshell, those are the differences between passive and aggressive advertising avenues.

For the most part, you can also think of it like this:

Online = Passive  
Offline = Aggressive

Here is what happened to dentistry over the past 10 years. Important Note: When we say dentistry, we are not including our clients. Our clients maintain a 60/40 to 40/60 split in their budget when it comes to investing in passive and aggressive mediums over the past 10 years.

Dentistry **over** shifted too much (way too much) of its marketing budgets into just passive advertising from about 2008 to about 2016.
What happens when more and more dentists sit and wait for consumers to find them? Consumer searches for dental-related services did not climb nearly as fast as the number of dentists bidding on their online exposure. Same number of consumers – more and more dentists bidding/jockeying for position. So, the outcome is predictable. Ad costs went up (with more dentists bidding on the same exposure). When ad costs go up, results go down for everyone!

You may have personally witnessed the following exact scenario (or very close to it).

Many of the dental offices who over-shifted toward only online marketing from 2008 to 2016 likely had a pretty good result from about 2008 to about 2011 or 2012. For SURE online marketing is not only viable, but can be managed to be REMARKABLY consistent. The problem is very few dentists, and precious few dental marketing companies, are truly armed with the knowledge and technology required to make PPC (search engine marketing) remarkable. So, dentistry started to look elsewhere around 2013 to 2014. From 2014 to now, most just took their PPC budget from marketing company to marketing company, hoping beyond hope the next one would have the magic. Online marketing is not magic.

In moderate to very competitive dental markets, you can see the online ads getting more and more price-reduction centric. This happens when 2, 4, 6, or 10 dentists are all vying for the same list of phrases in a Google search. So, unless the campaign is managed expertly, with the proper technology platform, the inevitable result is: 1. Increase in bid cost. 2. More patients with “shopping” mentality. 3. Lower long-term ROI.

Which brings us to today. More and more dentists are waking up to the fact they have to have both a passive AND aggressive marketing mix in order for their promotion to be effective for the long term.

**The mistake came naturally.** Back in the day, dentists were not legally allowed to advertise. When they were first allowed, they flocked to the Yellow Pages. Why? Because they didn’t really want to be aggressive. They wanted to be passive. If someone was searching for a dentist, they wanted to be there in case someone needed them. Then, more and more dentists were listing in the Yellow Pages. Placement and positioning became competitive. With competition came higher costs of the ads.

Sound familiar? You can just replace the words Yellow Pages with the word Google. The more things change, the more they stay the same, huh?

**Takeaway:** Combining a solid website, solid SEO, maintained social media, upper 10% of local online reviews, online scheduling integration, with a consistent mail campaign, will continue to drive the top 40% of the local market into YOUR office.

**Many/most** of your high-tech, internet marketing guru, do-it-yourself dentist buddies are now wondering why they are spending the same money for less impact. They are also wondering why the very market segment they now want – has them pegged as the “cheap dentist” in town. Perception is reality. Don’t make the same mistakes.
What’s New with Websites?

Wow, talk to one of our designers or coders and the answer would be, everything! Everything is different! Hey, that’s what keeps everyone on their toes. Website building tools have come a LONG way in the past few years.

All website development is now responsive. Responsive is when the site morphs in size based on the viewing device you are using (laptop, tablet, phone). Responsive design tools have become far less resource-dependent. This allows even mature dental websites with years of photography to load in a reasonable time on almost any device. The need for separate mobile websites is gone. This saves some money in the budget, which can be used elsewhere. That’s a good thing.

Your website receives traffic (humans) from organic search, paid search, social media, and properly targeted offline promotion. You pay for all of this traffic. Now the traffic is on your website home page, which is the electronic equivalent of a windowed storefront. The traffic is still outside looking in, looking at the windows of your storefront (your home page). Now what?

What convinces traffic to “come on in and browse around”?
The ability to see and potentially meet the dentist is numero uno. If you can put the owner/dentist(s) on that home page, you have visibly created a warm invitation. This can be in the form of a picture and bio (words). At best, a video intro would be added.

A quick, easy-to-read, main list of offerings. These are normally the navigation headings or links to the inside pages. Some of these might have main headings with subheadings that pop out when the mouse hovers over them.

You might also show your map location on the home page (this leverages convenience). Perhaps a review or two, or maybe direct links to the practice’s Google business page (assuming you are proud of the number of Google reviews and your review scores).

How often should I update/rebuild my website?

Our rule of thumb is every 4 to 5 years. Please don’t be upset or shocked by this. Your website is your window to the world. Your website is where all of your offline and online traffic will go (ok, not all but 90% of them). Not updating your website every 4 to 5 years is like leaving shag carpet in the reception room. Not a good first impression.

We produce high-quality video productions for our clients. Typically they are the dentist discussing the benefits of a service the practice offers. We used to render these in transparent Flash (Flash is a software program). Well, at some point, a couple/few dueling nerds at browser companies (Microsoft and Google mainly) decided not to support Flash any more. So, we had to stop producing the transparent aspect of the video. We “thought” moving the videos back to a more traditional framed visual would have a negative impact. It didn’t. It had no impact at all, positive or negative.

Since Unlimited New Patients, Volume 3, we developed Dental Web Content. Within DWC are 300 to 400 animated videos. These animated videos cover single topics (services, amenities, price, conveniences, technologies, etc.). Dentists or their team members periodically select a video of choice.
from the library, we brand the front and back of the video for their office, then they post it to their practice website, their Facebook page, their YouTube channel, basically wherever the content of the video makes sense. This keeps the website and all of the practice’s social media properties updated with fresh content at all times.

Whether filmed live in our studio with the dentist as the spokesperson, or through the animated video library, video is very effective at communicating the main benefits of being a patient in your office.
Your Online Reputation

**Full Disclosure** We (NPI) have a product called NPI Crusader, which handles this aspect of our client marketing plans. What follows is not a sales pitch. We’ve just vetted all of the products on the market. We are sharing with you the pros and cons.

One of the most interesting and impactful evolutions over the past half dozen years has been the importance of online reviews. We are sure most of you are already aware of the impact of online reviews and reputation. We are not sure you are aware of how it can help or hurt all of your other internal and external promotion.

You would think a direct one-on-one referral of a new patient from a happy existing patient would be the strongest possible advertising source. The referred patient trusts and respects the advice of your existing patient. What could possibly go wrong? Let’s take a look.

Imagine an existing patient, Mindy, is lying at a pool with their friend, Janice. Janice tells Mindy she’s looking for a new dental home. Mindy tells Janice her dentist is Dr. Jones and he is great. Her whole family goes to Dr. Jones. So, Mindy immediately grabs her phone and searches for Dr. Jones dentist.

What comes up on Mindy’s phone?
Look below.
Was it Dr. Jones’s website that appeared first? Nope. It was ALL the dentists named Jones in a geographic area. OK. Where do Janice’s eyes go first? They go to the map to judge location first. Then, subconsciously, her eyes move to the listing below the map, which is closest to her home. Then she says to Mindy: “Dr. Christopher Jones, or Jones Dental Associates in Irving?” Mindy replies with Christopher.

Mind you, Janice is now questioning her friend’s judgment because her dentist doesn’t really have solid ground on his Google business page. They have VERY few reviews and not much of an online reputation to brag about. Because Janice is friends with Mindy, Janice will probably trust Mindy’s judgment and call Dr. Jones’s practice to make her first appointment. Maybe.

What if Dr. Christopher Jones had 47 online reviews, a review score of 4.8, and with further investigation, had 4 new reviews within the last 4 weeks? How might Janice’s viewpoint change if Dr. Christopher Jones was managing his online reviews and rep management properly? Janice would definitely (not maybe) call Dr. Christopher Jones to make her first appointment. And, she would be confident and excited to do so. Perception is reality.

Online reviews and perceived reputation can make or break your advertising. Online reviews and perceived reputation can persuade a referral to commit to your practice, or create a sense of doubt in their friend’s (your patient’s) opinion of your practice. Online reviews and perceived reputation are not luxuries. They are cornerstone staples of an overall successful marketing plan. In UNP-V3 we discussed the cornerstone staples of an overall marketing plan. Add this to the list.
So, how does a dentist become #1, #2, or #3 in their geographic region? Cheesy Acronym Alert! We hate cheesy acronyms as much as the next person, but here is our contribution in the cheesy acronym category. It is called ACT (Automation + Communication + Time).

Automation:
Much of the challenge in getting existing patients to leave you a review is automating the asking process. Let’s face it, if it’s not automated, it eventually ends up not getting done. You bring up the idea of asking for reviews in 117 monthly team meetings, but the practice inevitably gets busy, employees come and go, there are other more pressing matters, etc., and pretty soon – nobody is asking.

Automation is the key. Here’s what should happen. Software should read your schedule to see who came in today. It should send a text or email, or both, to the patient an hour or so after they leave, or the same evening. It should be automatic. Nobody in your office should have to remember to click anything in your practice management software.

Communication:
The very LAST thing your existing patients should hear, just before walking out your front door, is the following: “Mr. Jones, you are going to get a text from us that looks like this (front desk person has the exact same text on their cell phone to show the existing patient what the text will look like). When you click the link, it will take you to a review site of your choice, where you can leave a review of your visit today.”

That’s it! The end. No more team meetings, finger pointing, or dropped balls. With automation, this end-of-appointment communication is all that’s necessary to improve the number of Google and Facebook online reviews.

Time:
If you see 20 patients per day x 16 work days per month, that’s 320 visits.
If you can get 1% of those patients to leave you an awesome Google review, in a year you will have almost 40 Google reviews. Now go look at your competition. How far do you have to go to be #1 in your local market? Now you know how the other dental offices are so popular, but which product/service/program should you choose?

Here is a very handy chart on what to look for and what to look OUT for.

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<tr>
<th>Good things to look for</th>
<th>Why?</th>
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<tbody>
<tr>
<td>Automatically send text/email (or both) review invitations.</td>
<td>It will get done. You will get more and better Google reviews.</td>
</tr>
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<td>Option of sending an hour after the appointment or the same evening.</td>
<td>Best results come from those two times.</td>
</tr>
<tr>
<td>Allow patients to opt out automatically.</td>
<td>Because a handful of patients just like to complain.</td>
</tr>
</tbody>
</table>
Only sends the patient to Google, Facebook, or maybe Yelp.  All the other review platforms are nearly useless.

No prospective new patient will see your review.

Your software company can hold you hostage.

Your software company can introduce competition into your listing.

30-day terms – no long-term contracts.  Long-term contracts are not necessary.

You keep your reviews, even if you cancel subscription.  Because they are your reviews.

<table>
<thead>
<tr>
<th>Bad things to be aware of:</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sending your patients to obscure review sites other than Google, Facebook, Yelp, or Healthgrades.</td>
<td>If you give patients the option of choosing a review site that requires no login information, they will be lazy and choose it. You will end up with FAR FEWER but more valuable Google reviews.</td>
</tr>
<tr>
<td></td>
<td>No potential new patient will find your non-Google reviews unless they are already on your website. You want your reviews visible on the search engine search results. What good are diner reviews of a pizza place, if the reviews are only visible after you've selected the website?</td>
</tr>
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<td></td>
<td>Your reviews can and likely WILL be taken away if you ever decide to cancel your subscription.</td>
</tr>
<tr>
<td></td>
<td>If you have a review account on an obscure platform, they can (and have, and will) introduce competition into your account, if you stop subscribing.</td>
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**Bottom line:** Your goal is to be top two or three in review volume and score on GOOGLE, in your general dental market. Getting there is nearly automatic and very affordable, if done correctly.
Real-Time Online Scheduling Integration

We cannot remember a more consumer-impactful innovation to hit dentistry since the introduction of the electronic insurance claim. The ability for a patient to schedule with a dental office, 365 days a year, 7 days a week, and 24 hours a day, is having an ENORMOUS positive impact on patients and dental practices.

To give you a little back story, if you have been following our words of wisdom the past 5 to 10 years, you know how adamant we are about tracking calls. Not just to judge the quality of staff/patient interaction, but to visibly see the impact of missing new patient phone calls. About 4 years ago, across all of our offices, clients were missing 20% (19.8% to be exact) of the incoming calls from new patients.

We tried everything with our clients. We tried suggesting. We tried to help them implement relatively easy systems of phone forwarding. We basically tried everything we knew – but we barely moved the needle toward overall improvement. So, off we went. We were on a quest to find a solution to this problem.

We researched, interviewed, and received demonstrations from half a dozen technology providers. We weren’t even going in the online scheduling direction. We were looking for extensions of the call tracking apps, which would seek out and find a capable/connected human who could engage and make the appointment on behalf of the dental office. All of that crashed and burned during the financial analysis. Sure, it could be done. But would dentists be willing to pay for it? The answer was no. So, we kept looking.

Then one day, a man name Tom Brown from a company called LocalMed called our office and spoke to Mark Dilatush about online scheduling. Admittedly, at first, Mark couldn’t think of any dentist anywhere who would allow a patient to make an appointment online. We even asked in open dental forums if dentists would be pro or con on the idea of online scheduling. We received an almost unanimous thumbs DOWN on the idea. So, we kept looking for cheaper ways to construct the phone answering model.

Then, about 10 months later (this is about 3 or 4 years ago), Tom Brown called Mark again. He wanted to show Mark the progress that had been made with the software product. It was that moment in time when the solution to the problem became clear. We shouldn’t try to build a cheaper phone answering service. We should simply allow patients to make appointments at THEIR leisure, at THEIR convenience. What a concept! You know, sometimes you just have to look at the same thing from a different angle to see the real possibilities.

Now that we saw exactly how it worked and how it integrated, getting a dentist and staff to embrace the idea seemed possible. But you know us. We had to test it. We have to test everything. Before we would offer it to our clients as a whole, we had to run it through our testing group of client offices.

After the normal operational bumps of getting the installs done, the widgets installed on the client websites, and social media pages – it actually WORKS! Not only did it work, it was very affordable, required almost zero maintenance, and the staff ended up LOVING it!
What an exciting time. FINALLY! The same clients, same marketing, same volume, same deployment timing – are getting 3, 5, 7, and more ADDITIONAL new patients each month from the SAME exact advertising efforts! And we can WATCH IT HAPPEN! You might not be a marketing nerd like we are, but this was a really exciting time here at New Patients, Inc.!

Fast forward to 2018/19 time frame. The company has 4,000 installs in the US and Canada. This is a fully vetted, tested, implemented platform that works with all the major general and ortho practice management software on the market.

You might be asking; Well, if it’s that good, why don’t all dentists use it?

The short answer is fear. Fear of losing control, specifically.

But the solution to the fear is to simply see it in action. We’ve had existing clients (and their staff) HANG UP ON US (their marketing company!) just for suggesting the idea of real time online scheduling integration. We understand. We get it. But...

Some do not hang up or immediately dismiss the idea. Some give us (or the folks from LocalMed) 20 to 30 minutes to show it to them.

Then EVERYTHING makes perfect sense. You just have to see it in action for the fear to fade away. Once the fear fades away, more new patients flow through. Everyone is happy.

This is the hottest patient service-centric technology to hit the dental market since the electronic insurance claim. Electronic insurance claims saved time and money. Real-time online scheduling integration ADDS PRODUCTION to the appointment book with more new patients, while saving time and money with existing patients.

We (as a marketing firm) cannot possibly recommend it enough.
Call Tracking

Technology has advanced a LOT in the last 5 years or so. Call tracking technology is no exception. You attach call tracking numbers to every AdWord landing page, FB ad, mailer, print ad, basically everything you promote your practice on. Then, when people call those numbers, it forwards over to your normal office line. Your staff picks up the phone (or not, it may go to voicemail), has their conversation, and hangs up. The call is recorded, as is the caller ID data, and stored in a reporting website. You as the dentist or your office personnel can log into the dashboard, listen to the calls for training, call the missed calls back (important for conversion), and use the conversation to source the new patient properly in your practice management software. Call tracking numbers are ridiculously affordable and readily available. This is where we left off in *Unlimited New Patients, Volume 3*.

As good as it is, everything gets better.

We now have a client dashboard that we share with clients who choose the option. Currently, the dashboard allows multiple tracking numbers assigned to multiple different marketing campaigns to be sorted and analyzed separately or together. The user interface is neat, clean, and efficient.

We are currently utilizing technology that reaches into the practice management software and cross-references the patient with revenues generated by that patient. This will give us and our clients bare minimum ROI numbers for each different advertising type, as well as an historical look at the ROI growth over time (as the ROI builds). This is important for identifying the incline side of the bell curve, as well as the decline side of the bell curve. Almost all marketing mediums have a bell curve. Identifying when you start down the decline side is pure gold to people who manage marketing budgets all day. The impact on the dentist/client is not wasting money trying to make something that used to work – work more, or again, by throwing more money at it. We can reallocate those budget dollars to something with more upside and less risk.

Think of managing dental marketing campaigns like you would a stock analyst. A stock analyst looks at graphs and data all day. They try to buy low and sell high. That is very much what you want to do with your marketing dollars as well. You want to invest your marketing dollars into an area that generates good momentum until it reaches its top performance. Then, if/when it begins to give you less return for the same money, you want to be able to identify that trend and reallocate your money to something else with more promise.

Call tracking is extremely affordable and should be considered a must-have within your overall marketing strategy.
Facebook Advertising

(not to be confused with Social Media below)

Many people spend time on Facebook each day. Many of those people are women. Many dentists have tried advertising their practice on Facebook. Some tried, and it works. Some are trying and the jury is out on if it works or not. Some dentists have tried it and it failed. There are whole Facebook groups devoted to helping dentists advertise on Facebook. Here’s what we know as of the writing of this update. Remember, things change. We EXPECT Facebook to change. Here is a Facebook primer of definitions, a list of current capabilities, what we have seen from each, how we as a company contribute to the cause, and an overall view/commentary on Facebook as a serious advertising resource for dentists.

Definitions first:

1. **PPI = Pay Per Impression**: These are the “sponsored posts” which show up inside of your news feed. Basically, the advertiser creates a Facebook post using a careful combination of words and pictures, then waits for approval from Facebook. Once approved, the advertiser targets the ad. You can target Facebook users geographically, along with other criteria. As an example, if I were a dentist, I might want to target female FB users within a 30-mile radius. With a PPI ad, you pay money to have this ad show up in all of the female FB users’ timelines who are within a 30-mile radius. Facebook will tell you the number of targets and what your budget should be to reach all of your targets within the timeframe you specify.

2. **PPC = Pay Per Click**: These are the Facebook Ads to the RIGHT of your timeline. It will say “Sponsored” in the upper left corner. With pay per click, you pay money every time someone clicks on the ad and goes to the destination page of your choosing. Your destination page can be a Facebook page, a landing page, a page on your website, or almost anything really. These ads must be submitted and approved by Facebook. The same general targeting applies. You can select the people (FB users) you want to see the ads.

*Our Search Engine/Social Media marketing department chimes in with their take on Facebook advertising.*

Currently, 99% of our client search engine/social media marketing money is devoted to the Google advertising platform. With Google, we know the result data we are collecting is correct. We (and neither can any other serious truthful internet marketing company) cannot say the same for Facebook result data. This is a known issue at Facebook. In other words, they know they are sending out fake click/impression data. They currently don’t know how to fix the problem. We do believe they (FB) are motivated to fix the problems, as we (NPI) are not the only large online marketing company who is allocating all of their client budget to Google. Most serious online advertisers are aware of Facebook’s ad result data issues.

Without credible/believable click/impression/result data, an online advertiser who cares about the outcome cannot possibly do their job properly on behalf of their client. It ends up being a lot of “try this”
and “try that.” Most dentists advertising on FB are doing so themselves. We have no problem with our clients devoting 5% to 10% of their budget to FB advertising. At 5% to 10%, even if it is a total and complete failure, the dentist budget is not at great risk. For sure, at this moment, we would not recommend spending more than 10% of your annual budget playing around with Facebook ads.

We (NPI) DO provide content for Facebook ads. With a subscription to www.dentalwebcontent.com, clients can upload ads and images in support of do-it-yourself Facebook efforts. You can search for the dental subject you want to advertise and all the content for a boost post or an ad should be right there.

We hope someday we can trust Facebook ad data. If/when that happens, we can use the artificial intelligence platform we use for our Google PPC campaigns to optimize Facebook campaigns. Currently though, with the recent privacy and data breaches Facebook has had, they have a LOT of priority items on their table. Once they get their ad result data act together and it can be trusted – NPI will be the first to tell you, and the first in dentistry to use artificial intelligence to optimize our client ad dollars. Until then, 10% is all you get to play around. 😊
Google PPC (AdWords) & Search Engine Marketing in General

(analogy alert)
All of us at some point in our childhood left the lights on. Maybe the outside flood lights over the basketball hoop or the lights inside the garage, but for sure at some point – we forgot to turn the lights off. Of course, our parents turned leaving the lights on into the sole reason they didn’t have enough money and could never retire (sarcasm alert). So, we got yelled at for leaving the lights on.

You may be wondering what lights have to do with Google PPC ads and search engine marketing in general. We PROMISE, you will understand more if we explain things this way. Here we go.

Imagine you are a parent. Now imagine that in your home is a very long wall. When we say long, we mean a very long wall, as long as a football field. One hundred yards of wall.

On that wall are light switches. The light switches are 1 inch apart. The light switches are right next to each other and span the entire length of the wall. On the light switches themselves is an indicator. When the switch is in the up or “on” position, the switch illuminates to indicate the switch is on and there is power running something. When the switch is off, the illumination disappears. The switch goes off, or dark.

There are you are. You are the parent. You have a long wall. On that wall are light switches. You pay for what those switches turn on. (drama alert) All the switches are on! Oh my! What do you do?

Can you imagine a wall with thousands of light switches, all turned on simultaneously? Can you imagine paying for all of the potential waste? Can you? Don’t you just want to run down the wall turning those light switches off? Do you have an image in your mind of your electric meter spinning so fast it begins to smoke and glow a faint orange color?

From a dental practice marketing standpoint, I am describing how most dentists, or the people they pay, are “managing” (or not), their Google AdWord campaigns. Most of you don’t even know it. You cannot see the wall. You cannot see the light switches. You don’t know the switches are all turned on and you don’t know your money is being wasted.

Let’s convert the analogy into reality with definitions:

**The wall** = your Google AdWord campaign as a whole.

**Each light switch** = a single key word/phrase you are spending MONEY on, to hopefully capture someone near you who is using Google to search for dental services.
The illumination of the light switch = at least one consumer has used the key word/phrase and YOUR MONEY is flowing through that individual switch. The illumination should draw your attention to what that switch is powering, so you can determine if you want to leave it on or not.

Your smoking, faint-orange-glowing electric meter = Volumes of your money, which is being consumed to fund your Google AdWord account.

Now we get slightly technical, yet still understandable, to provide further explanation on why this REALLY matters.

When you start a Google AdWord campaign, you should have a pretty good-sized list of key words and phrases consumers use to search for the dental services you are attempting to promote. Some of you would be amazed at the size of those lists.

An amateur (and lazy professionals) would just bid on the most obvious popular keywords/phrases, like [dentist my town]. Limiting your list to only the most popular is a surefire way to overbid, drive up the cost, and over time, drive down the end result. This is what most dentists do who manage their own AdWord campaigns. This is a mistake.

Let’s go back to our wall analogy. Think of this mistake as just a few light switches that have so much of your money flowing through them, they are melting because of the competitive costs of the ads. This is not a good long-term strategy. These dentists say: “I tried AdWords. They didn’t work for me.” Or, “They worked for a little while, then nothing.” These comments make perfect logical sense. Google AdWords is a bidding platform. You are bidding on being exposed to people who have a known or perceived need for dental services. Of course, if 10 dentists all bid on the same list of 16 most obvious keywords and phrases, the bid costs would go up. As the bid costs go up, fewer clicks, fewer patients, fewer results. It all makes perfect, logical sense.

But let’s say a professional is managing the AdWord campaign and has 2,000 keywords/phrases to start. Each of the 2,000 words/phrases is represented by the 2,000 light switches on your very long wall.

As consumers search on Google and click on your ad, Google collects your money and the switch illuminates. Remember, your MONEY SPENT on an active word or phrase illuminates the light switch.

Over the first 30 to 60 days, let’s say 1,500 of the 2,000 light switches were turned on by local consumers using different words, phrases, and variations of words and phrases. The remaining 500 light switches were never turned on by any consumer searches. The switches that are off are duds for now, but we will come back to them later. We can ignore them for now. They aren’t costing you anything.

Now you have a wall of 1,500 illuminated light switches – all of them are still consuming YOUR money. Right now! As we speak!

In our analogy, if you left a light switch on at home, your parents would look to see if the switch was powering something necessary or unnecessary before yelling at you for leaving the switch on. They would yell if the switch was powering a light outside that nobody was using. This makes sense. Your parents would NOT yell, as an example, if the switch was powering the receptacle behind the refrigerator (something very beneficial). In this case, the exact opposite might happen. They may TAPE
the switch in the on position and tell you to never touch it!

Which switches on your Google campaign wall are powering something beneficial to you?
Which switch turned into a new patient phone call?
Which switch turned into a good new patient phone call?
Which switch turned into an actual new patient?
Which switch is bringing the patients who return the highest revenues?

Better yet, ask yourself the following questions, because the following questions will waste the most of your money in the long run.

Which switches end up NOT generating any phone calls? Am I just paying for useless mouse clicks?
Which switches are getting phone calls, but getting the wrong type of patients?
In short, which switches are WASTING you a TON of money?

Good questions huh?

Are you scrambling to log onto your Google Adwords account right now? That’s good! If all we accomplished with this section of the update is to get you to pay more attention to your self-managed AdWord campaign, well, we helped save dentistry millions in needless waste.

If you don’t have an AdWord account, let’s agree if you ever do, it makes sense to pay attention to the illuminated light switches. It makes sense to see if they are generating anything beneficial. It makes sense to determine if we should leave them illuminated or turn them off, by looking at what they are bringing us.

Let’s go next level (if you dare)...

Here is how you properly manage a beneficial long-term Google AdWord campaign for a dental practice.
This is the purposely short version.

You begin with 2000 light switches.
You fund your campaign and give it time (60 to 90 days is good) to mature to the point you can see the illuminated switches and the switches that are still dark (not yet turned on).
You LOOK to see what each illuminated light switch is powering.
You analyze.
You determine whether the light switch is having a positive or negative impact, whether it is generating new patient appointments, or it’s not.
You turn OFF the switches that are not generating new patient appointments. These switches are locked in the OFF position.

You reallocate more budget to the switches you know are generating new patients, as well as the switches that have yet to be illuminated for the first time.

Remember the dark switches? Leave them there. They aren’t costing you any money. Let’s see if they eventually illuminate. In time, they usually do. There could be a couple sleeper words and phrases in there that will eventually produce good new patients. The cool thing about the dark switches is: They are cheap! There is a VERY good chance no other dentist is bidding on them but you! These are usually really obscure phrases you wouldn’t even think of, like “mouth hurts phoenix az.” Your local buddies are busy bidding on a dozen keywords and phrases that 20 other dentists in the same market are bidding on, which does nothing but divide market share and drive up costs for all involved. Meanwhile, you (the smart one) are focused on the popular AND the not so popular – knowing a lot of value (cost vs. return) is in those not-so-popular phrases everyone else ignores.

YOU are different. YOU are prepared.

You look down your wall of switches every day, sometimes twice per day. Why? Because even if you looked 5 hours ago, there are illuminated switches that are wasting your money right now! Consumers are searching using the keywords/phrases assigned to the switch, but those people are not becoming patients. Ten of those may have happened in the last hour. Leaving them on is wasted money that could be allocated to a good switch. How long would you like to wait? After you’ve wasted $100? $500? $2,500? The point is, the longer you wait to disconnect a bad source of clicks, the more money you waste.

Which brings us to:

You’ve heard of Artificial Intelligence (AI). It is math + comparative analysis + comparative analysis + comparative analysis. Can software and computers determine a productive switch from an unproductive switch faster than a human can? Of course!
Your campaign manager still has to be there. But instead of spending their time analyzing, they are spending their time taking corrective action. The corrective action is dictated by the results of the analysis. So, you still need both. But the artificial intelligence makes the human campaign manager exponentially more productive and beneficial to your practice.

Here’s another advantage of AI. It can analyze at 7am, midnight, on a Sunday, on Christmas Day – at any moment in time. A piece of software works 24/7/365. A campaign manager works about 8 hours a day. Without AI, your campaign manager is limited. Because of the limitation, waste is needlessly higher.

What else can an AI platform do?
Here is a fairly common example. Artificial Intelligence can tell the human campaign manager that Dr. Smith’s Invisalign campaign in Chicago is performing 15% below Dr. Jordan’s Invisalign campaign in Atlanta, GA, even though the market, ad budget, and keyword/phrase list is 80% similar. The AI platform will suggest we change Dr. Smith’s Invisalign campaign landing pages and make it the same as Dr. Jordan’s, and run that new landing page for a minimum of 60 days.

An AI platform can tell you how many responders are utilizing LocalMed Connect™ to make their first appointment from your landing page, instead of calling the office.

If this all sounds daunting, it’s not. All of this happens in the background.

What you as the dentist sees is full transparency of exactly how your campaign is going – all in real time! Whenever you want. It’s online. It is a bookmark in your browser.

- The calls generated
- The rating of those calls
- A recording of the calls themselves
- The source of the calls
- Whether they turned into a patient
- The running primary production value from each patient
• How many patients scheduled through the online scheduling platform
• And a lot more

Why is this level of transparency so important?
Because traditionally, dentists get data points like “cost per click” and “cost per call.” Which, if you think about it, doesn’t really tell us much.

What if the cost per click was astronomically high, like $230? Most managers would turn that source off. But what if those clicks are generating patients who are spending $20,000 each in the practice? If cost per call is analyzed and judged on its own without knowing the true outcome, could that be damaging? Yes. What if the cost per call was extremely low, like $8? But we found out you received 30 such calls and all of them were people looking for the dentist down the street (yes, people are lazy and click sponsored ads to get phone numbers). Most people managing AdWord campaigns would leave that switch on. Doing so will cost the dentist countless dollars.

If you manage your own Google AdWord account, you know how vitally important the end result data would be to you. If you manage your own campaign and don’t know this, boy are you wasting ad dollars! If someone is managing your campaign and not wanting this information, ask yourself why.

If you pay someone to manage your Google AdWord account, and you do not know the value of their work on a continual basis, there is more than a 50/50 chance they are just skating along, collecting their percentage, and leaving YOUR lights on! If they are leaving your lights on, you are unknowingly burning dollars. If you cannot see it, you will not know. And normally, you will continue to have them manage your campaign.

Transparency is how you KNOW how EVERYTHING is going. You should be able to see everything tangible that’s going on.

AdWord campaigns can be volatile in their results, especially toward the beginning. Transparency helps you clean up any items on your end that need attention. You may not like us saying this, but more than a handful of practices are never going to be successful with any of their marketing ever – simply because there are problems on the practice’s end.

You may be missing phone calls. Your team may not be calling the missed calls back, to see if they can salvage the caller as a new patient. Your team may need call management/training help. C’mon, let’s face it. You may have the wrong employee!

The question is: When do you want to know? Do you want to know when you are $3,000 into an AdWord campaign? Anyone want to wait until you are $30,000 into a campaign? Nobody wants to wait. You want to fix these issues (if there are any) up front, as quickly as you can.

Transparency helps the owner of the practice measure the results being generated by their campaign. Transparency is always a good thing.

In the end, effective Google Adword campaigns are really about two main things.

1. How quickly budget can be rerouted from non-productive sources of clicks, to sources that are generating real, live new patients, who end up spending money in your practice.
2. The ability for the owner to
   a. See if they are unknowingly wasting money once the new patient calls the office
   b. See the value and ROI of their AdWord dollars in real time

This is the recipe to win at Google AdWords. You will win in markets where there are 2, 5, 10 or more other dentists all bidding on the same keywords and phrases. You can win in markets where some of those other dentists have higher budgets than you. They will be wasting the majority of their budget. You will not be wasting the majority of your budget!

**Remember:** PPC (whether Facebook or Google) is still a very passive marketing media type. You are waiting for people to have a real or perceived need for dental services. You are not introducing new information. And, many of them can be shoppers. If you go into Google with your expectation eyes wide open, it can prove to be a beneficial advertising medium. Just be realistic about it.
Social Media

As a service extension to your existing patients & a viral new patient generator...

Dentists and their office managers have an on again/off again, love/hate relationship with the social media properties assigned to their practices. Before we dig too deep into this subject, let’s define what social media is. Social media is anywhere your practice has a listing, and is NOT your website.

Classic examples would be your Google Business page, Facebook, LinkedIn, Instagram, Pinterest, the list goes on and on.

The on again/off again relationship you have with social media really has to do with the inexpensive nature of being part of these platforms and you spending your energy there – combined with almost no way to measure return on your investment for the time you spend on them.

You are supposed to ask: “What’s in it for Me?” Everyone who advertises anything asks the same question.

After speaking to hundreds of dentists and their office managers about the time they spend on their social media platforms, we have assembled a short list of challenges we heard most.

1. How do I build an audience?
2. What should I post to keep them interested?
3. How can I get it all to pay off?

Building an audience: You can upload your existing patient email addresses into FB. That list becomes a marketing list you can promote (boost posts) to. You can encourage/foster conversations among patients on various topics. Most of the topics won’t have anything at all to do with dentistry. Pretty soon your own patients will be sharing their announcements on your dental page, which will drag their friends onto your page.

“But what should be posted to keep them interested, and hopefully bring other people to my page?”

Aha! We have a couple of suggestions and a resource you can use.

**30/70 Rule**: About 30% of your social media content should be about dentistry or your dental practice. You get the dental-related content from [www.dentalwebcontent.com](http://www.dentalwebcontent.com).

The other 70% should be human interest stories. Most of those should be human interest stories that would be interesting to females. The content in DWC can help you make human interest stories. For instance, there are topical sign designs in DWC for patients to hold up, as you take a photo with your patients (with signed consent of course) and post those to your social media. But for the most part, about 70% of your social media content should be about you, your team, your community, your hobbies, maybe announcements from your patients.
You have to keep your eyes and ears open during your interaction with your patients. Within your patient base, do you have business owners? Community leaders? Politicians? Musicians? Actors or actresses? Don’t all of these people have the need to spread the word about what they are doing in their lives?

Yes. They do. Opportunities are everywhere. A new business location, church/community events, election rally announcements, dates/venues where musicians are playing or actors are acting. Doesn’t everyone have something to announce? You do. Everyone does. If we were to ask you right now, what current event announcement would you like to make to the world about what’s going on in your life?

You would have one. Everyone does.

They would LOVE to share their news with your practice, so your practice can share it with all of the local patients who are connected with your social media page.

This is how you grow your audience. You share. You offer to share exciting news from your patients, to everyone in your community. Pretty soon, the whole community is connected to your social media page. If you use LocalMed online scheduling, they can schedule their next appointment right from Facebook.

A tip to increase consistency and quality would be to rotate assignment of social media content monthly among the team members. Why should one person in the office be responsible each month? Doesn’t everyone have conversations with patients? Wouldn’t everyone have an opportunity to tell a short story about what patients are doing within your local community? Yes, everyone would. Even the dentists! So, why not rotate the social media content leader role? Some teams write the content, then read it to the group at the morning huddle before posting. This is good for quality assurance. It is good for consistency. It is also good for making sure the whole team is aware of what your patients are saying and doing within the local community.

This is how you build a community with value on your social media page(s). You have to build the value first, then the benefits come.

We have practices filling short-term cancellations from their Facebook page in less than 20 minutes. Those same practices are getting new patients through their social media. We are seeing Facebook as the source of more and more new patient appointments through their LocalMed online scheduling portal. Yes, your Facebook page can have a Schedule Appointment option. So can your Google business page. This is how you extend the value of your LocalMed portal.
Social Media

As an organic search improvement tool

You probably weren’t aware, but did you know your social media content can and will show up on the first page of a local Google search? Our SEO department connects the website, blog, and all of the social media properties together as part of the initial setup. When the practice is promoting something specific (implants, Invisalign, sedation, etc.), content is posted throughout all properties. Google sees it, indexes it, and in MANY markets – serves it up on the first page of a Google search for that particular search term.

It has to be written properly. Writing it properly is not difficult. Say I have a practice in Millburn, NJ and want to promote Invisalign this month. “Bob Smith – Millburn NJ dentist, announces promotion for Invisalign” However you write the description of what you are posting, make sure it has the dentist’s full name, the fact you are a dentist, town, state, and subject. These are the pieces that will match closely to a local Google consumer search. Put that up with a picture, maybe more of the story. Maybe a short video on YouTube. Describe the video exactly the same way. Instagram, Facebook, your blog, wherever you want! You can cross post the YouTube video to all of your other social media properties. Later that month, do an incognito search for “Invisalign dentist [your town].” While you are there, do a search for “Bob Smith dentist,” like most referred patients would do before calling your office. See what comes up.

Now imagine you do this relatively consistently, like once per month.

Now imagine a potential new Invisalign patient doing a search for a dentist in your town. If it is all done correctly, they will see your Google Business listing, your website link in the organic area, and now they will see one or more of your social media posts in the organic listings as well.

What happened to all the other dentists who used to be listed on the first page of a Google search for Invisalign? That’s the idea! Take up more room on the first page of a Google search.
Update Summary

As it pertains to dental marketing techniques, A LOT has evolved over the last 5 or 6 years. We (New Patients, Inc.) have evolved over the past 5 or 6 years. We write these books and updates to help dentistry evolve at a greater competitive pace.

If you have read and understand Unlimited New Patients, Volume 3 along with this update, you are WAY ahead of the game. This update is a living document. We are going to make additional updates to this document as worthy new effective dental marketing news warrants.

Stay tuned!

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