

Intro: Welcome to Beyond Bite Wings, the business side of dentistry, brought to you by Edwards and Associates PC. Join us as we discuss how to build your dental practice, optimize your income and plan for your future. This podcast is distributed with the understanding that Edwards and Associates PC is not rendering legal, accounting or professional advice. Listeners should consult with their business advisors before acting on any of the information that is shared. At Edwards and Associates PC, our business is the business of dentistry. For help or more information, visit our website at [eandassociates.com](http://eandassociates.com).

Robert: So here we are for another episode of the Podcast, Beyond by Wings, the business side of dentistry. Our guests today are Eric Hubbard and Andre Santos of Pain-Free Dental Marketing. Welcome guys.

Eric: Yeah, thanks for having us. We're excited.

Andre: We're super excited. Appreciate you guys.

Robert: I know we've worked together on a lot of clients with great results in the past. Why don't you tell us a little bit about what Pain-Free does and how they do it?

Eric: Yeah, sure. I'll take this one, Andre.

Andre: All right.

Eric: Our whole goal is to come in and be the chief marketing officer for the practice and that includes everything from helping them build their brand to helping them acquire new patients to getting the most out of their existing patient base. And as we've seen through what's happened through COVID is pretty fascinating what's happening in dentistry right now. A lot of the dentist have rebound to, we had most of our practices had record months this August and I mean, they were killing it but we didn't really understand the ramifications of shutting down for a month until we started seeing the schedules in October. And we don't want to just come in and do Ad Words or come in and do a SEO. We want to come in and solve those practices needs on the entire organizational level because in an August when you're already killing it, me adding an incremental three patients isn't as valuable as coming in when you only have 20 new patients that month and adding an incremental 12 to 15 and helping them flatten out the curve because at some point operationally, they just can't handle more patients.

Andre: And I'll add to that we're not selling a specific service. Some practices we end up doing a lot more digital marketing, some practices is more traditional marketing. Sometimes it's looking at existing patients that the practice has and doing hygiene recall campaigns or unscheduled treatment campaigns because our goal is to make the practice productive and not sell them on any specific service.

Robert: So when you talk about digital marketing, are you talking about social media?

Andre: Yes, absolutely. That's definitely one of the components. Social media has become a way that we can push messaging out especially with video to the patient population because it's a way to provide social validation that other people like you are choosing this dentist and are having a good time and they're having a good experience there. So social media is a big important component of what we do.

Eric: I will say that it's interesting to see. So, you know, officers say they do social media. It's kinda like, saying I do my own accounting. I mean, I'm doing it. I'm not doing it very well. At the end of the day, social media is a content game. You have to have inspiring content. You have to have content that excites the users and we believe most people make dental decisions of most moms, they're the primary maker of decisions. They make decisions based on more of emotion while we certainly know there's more qualified or more technically accurate dentists than others. Your Rank and File consumer doesn't understand the differences in a good dentist and a bad dentist. They just know how they were made to feel. And it really is a content game. We have to have compelling videos. We have to have compelling photos and telling people is national toothbrush day is not compelling.

Robert: When I was gonna say, we have a lot of clients that seem like they have someone in their family that can do the social media. But they don't really know how to approach that. How do you approach using social media for marketing purposes for dentists?

Eric: Yeah, I think the first way we approach it is it begins with the content creation. And specifically I like patient testimonials for social media. I think that a patient testimonial, someone who is well-spoken and able to, you know, connect with viewers because I think most of us in life have someone we aspire to be. And when you see someone who's gone through maybe they didn't have great teeth, maybe they needed some extra work and now they're telling you about their journey and what they can and can't do now. You can relate to that person and suddenly you start seeking out how to achieve that. Or you saw someone get Veneers and that's inspiring to you. The other thing social media that I think is important to drip out is like why someone became a dentist and a memorable case they worked on and you know latest CE they went to. I don't think social media is great at acquiring a massive amount of new patients. I think over time you start reaching the friends of their friends and that's how social media is really but it's basically a content game. Quality of content matters so much more than anything else. And you can't run your business social media the same way you run your personal social media. There has to be a purpose in a brand and meaningful decisions behind it.

Andre: And to that point, you know, when at the beginning of our engagements, we usually come to our client's office and do a full on photo shoot and video shoot so we can capture some of that content. But also throughout the engagement every month, we send them a list of items that we want them to capture at the office. So maybe it's a selfie with the patient doing this or holding this sign or just giving them ideas because what they struggle with is not knowing what to capture to post on social media. So if we give them a checklist of the things we want them to do this in a content to us and we take it from there.

Lynn: Hey guys, I'd just like to say, Hey because I haven't said hello yet. But, and second of all this is the calmest I have ever seen you two right now. So I just don't quite understand that. But I would say a lot of them think it's all about quantity. Like as long as they're posting things are golden but that's not necessarily the right attitude, right?

Andre: No, not at all and the other thing you have to remember as a dentist is that this content is not made for your peers. This is not content that it's gonna be great for other dentists. You have to make content that appeals to a person who is probably scared of the dentist, who is concerned about how much it's gonna cost, who potentially has been putting off coming in for a long time. And so pictures of really graphic before and afters. Those are the things that you need to be completely off your page.

Lynn: Right.

Andre: Save that for your WhatsApp groups with your pals, you know, make sure that you're putting on the best show forward to a potential patient.

Lynn: Right and I think they don't know really what appeals on their own. I mean, their degree is not in marketing obviously. So they're going from a what they think they want to see standpoint or what they think is right for the patients but they don't really know what's gonna draw them in. So I think they're making bad choices when they're left to their own devices.

Robert: I think..Sometimes, a lot of them want to show the before and after pictures because they're proud of their work but frankly those pictures are kind of gross sometimes. So I know from experience in working with you that you can target market to a client's particular type of patients they're looking for. How do you do that?

Andre: Yeah, so before we start doing marketing or advertising for any of our clients, we do quite a bit of research upfront. And that starts with first understanding the patients that they have today, where they're coming from, so we plot them on a map and find out exactly, geographically speaking, where they're coming from. And then we use census data to purchase more information about those areas. And that's how, if I want to target let's say, Invisalign cases, for example, first I need to know where your Invisalign cases are coming from? What the type of patient that's buying that from you looks like so that we can use that information to find other areas that have the same type of person.

Eric: And also it goes without saying that this is not a hard question to answer. Females 30 to 55 make up the bulk of dental decisions. Those are the people you're reaching.

Robert: Okay.

Eric: Yeah, by far the highest decision-making group in dental in that age group.

Eric: We obviously don't try to not pick up male decision-makers but when we choose imagery, when we choose content, even when we choose Where to focus the Ad buys, we're specifically looking for that demographic. That's the target.

Robert: Okay.

Eric: If you pick up a man 35, you're gonna get a patient. If you pick up a female 40, you're gonna get a.. family.

Robert: Family, right. And I know Andre you talked a little bit about Invisalign. So that brings up a question about specialties. I know marketing for specialist has really not been as prevalent as for GPs because they mostly depend on referrals. But a lot of what you do, is it applicable to specialist?

Andre: Absolutely, we're having more and more specialists reach out to us because, two things are happening. Number one, consumers are becoming more educated. They are now hearing about certain procedures that they want and know that they want and they're searching directly for who is the best person who does this. That's the first one. And the second thing that's happening is more general dentists are starting to do some version of ortho. They're trying to do Invisalign, they're starting to get into those specialty procedures and only referring out the really

complex ones which is putting pressure on the specialists to do their own marketing and create their own brand.

Robert: Is it effective for say an orthodontist to market directly to consumers rather than depend on referrals?

Andre: Yes, yes we have a lot Orthodontists that come directly to us and they see great results. Now that doesn't mean that they shouldn't continue to do the relationship building with the referring officers. But ortho is definitely one of those specialties that are suffering most from general dentists offering things like Invisalign. So the approach for us there is to really focus on the experience and what they offer that's unique and why you should choose a specialist over a generalist and that type of approach has been effective for us.

Eric: And Invisalign has actually been a blessing and a curse into dentistry because Invisalign is one of the first companies to market their product direct to consumers. So they don't want you walking in saying, "I want braces." They want you walking and say, "I want Invisalign." That's added an additional value because consumers are now brand aware of ortho. And it's actually had, if you can market an orthodontist as a specialist in Invisalign, it creates an additive effect to their marketing program. So orthodontists have had good success in marketing direct consumer.

Lynn: It makes sense to me though, because everybody's going to the internet to Google reviews, to find whatever service they want, whether it's worth the orthodontics. I mean, I heard an Ad the other day for wisdom teeth removal which I thought was a really odd special niche commercial, right? But I don't think people are necessarily going to their dentist and say, "Who should I go see for XYZ. " Now is for a complicated root canal or whatever yes but for braces and things like that I think they are researching on their own and they're looking at Facebook pages and websites and so I think they're gonna have to be doing their own marketing if they want to capture that audience.

Eric: You bring up a good point but you see, there's a substantial different strategy to acquire what I'm gonna call a generic population dentist. Someone who just, I have a couple of kids and I need some cleanings every year. Over the last, I wanna say three years probably, right Andre? We've seen a massive surge in specialist searches. So All-on-4 three or four years ago was a term that was not commonly used outside of the industry. Now you have consumers searching for All-on-4s. Implant supported dentures are now a search term that we actively market for. Again, I don't think anyone outside of the industry really understood that term. Now Rank and File consumers are searching for it.

Robert: All consumers are becoming more knowledgeable about dental procedures or what they're looking for.

Eric: Yeah, even Veneers. Before you'd go into the dentist and say, "I want to fix my smile." They would talk to you about veneers, now you have people searching for brands, Lumineers and searching for porcelain veneers and..

Andre: Yeah, I think the other thing that happens is there's so much more information available today between the websites and YouTube and all those places where maybe 10 years ago you would learn about what this procedure is, you trust your dentist, you'd go to the referral and that's it. But now because there's such information available, the referral from the general dentist is the first time they might be hearing about a specific procedure. And then instead of

just calling the referring doctor, they're now doing research in between. So they are searching for those keywords that before weren't really searched by for general people. Now they're actually searching for the procedures that their doctors told them that they need and choosing who they want to go to, not just taking the referral.

Robert: What do you think is a trust factor also where there's less trust generally throughout the population these days, so they don't necessarily trust that the referral is the best person for them. And they're gonna go do their own research.

Andre: I believe so and this is where we were talking about earlier, social validation comes into play. I assume I go to the referral but I want to see the Google reviews and see if anyone else had a bad experience. I want to check out their social media and see, is it active? Are they the kind of place that I would want to go to? And it's not that they may not necessarily trust a dentist anymore but it's a trust but verify kind of thing these days.

Robert: Okay, Eric, you talked earlier about being some of the practices being closed. I guess all the practices being closed in April and part of May and filling the schedule. Now, do you help with recall as well and tell the doctors how to do this or what they can do to fill the schedule in November?

Eric: We do. And this October has been, November has been pretty interesting to see it shape up. Especially coming off such wild August September's. For us, the biggest thing is you're not going to invent or there's not a someone who's dragging a truckload of patients around dropping them off at practices. You're gonna have to look into your existing patient base for a lot of that. I think the idea of bringing in cash patients from November to have their cleaning in October and buying a little extra time, I think the outreach campaigns and you know, I don't like discounting dentistry. So I'm definitely not in there but certainly looking..

Robert: I agree.

Eric: Looking at the books of who has treatment pending and seeing if you can get them in is probably more.. I wouldn't be lazy about it. I'm not gonna send a text and an email. I'm gonna call him and say, "Hey Lynn, I noticed there's some treatment that we have outstanding, I'd love to get you in this week and get it done." And if it's monetary, this might be one of those rare exceptions where I might make a deal, to fill up the books but I wouldn't broadcast it out I would do it on a case by case basis. I think that, that's the, between recall between pushing out on social media that you have some availability, I would not say our chairs are empty or anything like that at some point. I worry about looking desperate but I would try to pull in some, I would try to bring some new people in. Just like any marketing plan I think you're gonna have to approach it from a, from three or four different points.

Robert: Different points. What about budgeting? How much money should GP spend on marketing? That's what all of our clients ask that question.

Eric: I think this is such a funny question. You know how often we get dentists say, I've never spent a dollar in marketing and you get into the books and they sponsored eight Tee-ball teams. And they've been in four magazines at \$2,000 a pop. As long as we're talking about marketing being the overall umbrella that encompasses branding and advertising. We like to be somewhere for a budget to be in the three percent, three to six percent range. Tends to be the most. And I would say our portfolio probably averages somewhere around four and a half percent of their total budget on the entire umbrella of marketing. Now that includes

sponsorships. That includes Ad buys, that includes video and photo production and website SEO.

Robert: That's to include the T-shirts for the Tee-ball team.

Eric: I would not. I would call those donations not marketing.

Robert: Okay.

Eric: Yeah.

Robert: If you're saying four and a half percent average, is that four and a half percent of current collections or is that four and a half percent of what they want their collections to be?

Eric: I think it's four and a half percent of what their current collections are received. Not I think it is.

Eric: Okay. It is four and a half and it becomes harder to get incrementally patients. I mean, your 65th patient is harder to acquire than your 60th patient in a given month.

Andre: Now, I'll say that there's obviously some exceptions to that. If you are a startup practice and you have no collections virtually oftentimes they can get that included in their loan to have some money to start it up. I think there are times where we might flex up. Let's say, you built out another app or you added another associate and you need to scale it up for some time. But in general terms, we want our prices to be in that range because it's sustainable. And when you start to do your marketing, you're gonna have to effectively buy every patient that you get because you're still building that population. But a good practice usually sees 50 ish to 60% of their patients from referrals, from existing patients. So that's when you can lower your overall marketing budget because now you're getting some air quotes free patients between the referrals, the ones that just find you organically on SEO, the ones who knowing the community and then you can lower your overall cost that way. But if you're trying to be aggressive and grow or you have an event that demands more resources then we would recommend flexing up from that three four and a half percent that Eric mentioned.

Robert: And what's your opinion of a healthy number of new patients for a practice?

Andre: I think that for general practice in the 35 new patients per provider is a healthy standpoint. Now that's talking about a general practice, a PPO practice. If you're a specialist or if you are a fee for service practice that number may be in the 25 range per provider. If you have an associate, their schedule may be a little lighter than yours but our target is to get roughly 35 new patients per provider in the practice.

Robert: When you're talking about provider, are you talking about doctors or doctors and hygienists.

Andre: Doctors.

Robert: Okay.

Eric: Now that varies because some dentists just have higher treatment acceptance in their average patient is worth 1300-1400 per year. If you're on the South end of that obviously you got to get into the fifties or sixties.

Robert: Yeah.

Andre: Yeah. The other thing that we see is if you do get too many patients per doctor, once up happening is they don't get to spend a lot of time with their patients there. They are doing there for a few minutes and then they become a bit of a hygiene shop. They're not really selling the treatment that they want to sell. So you have to find the right balance between giving quality care and spending enough time with them to build trust and be able to sell treatment with maintaining a healthy new patient volume because hygiene is the lifeblood of the practice. And so you have to keep your new patients coming in until they can keep the hygiene going

Robert: How about the relationships? Relationship dentistry is the doctors have to have time to build that relationship with the patients or the hygienist. And I know that's a slowed down this year. The number of patients they can see because of COVID. How long does it take a marketing program to be effective? I know our clients want it to be effective day one. That's just not realistic. So what should they expect?

Andre: So, we hear this question often. You know, they, someone has been doing marketing with other places in other places and they've heard that it takes a year for marketing to work, or you just have to do more of it and wait longer. For us we think that within 90 days of starting a market engagement, you should feel good about the progress. You should see results and starting to feel that the return investment is starting to come. Now, our average practice within the first 90 days sees a 15-20% lift in new patients. We actually use some of our time during COVID to do some of that research and get some fresher numbers. That number increases once we get into six months to a year but within the first 90 days, they should see some meaningful results between the volume of phone calls of the receiving and the new patients are actually seeing, and the production being done

Eric: To kinda break that down, I would say within the first 30 days, you should anecdotally feel marketing like your buddy should be mentioning it. You should see yourself on Facebook. Your mom should call and say she saw you on YouTube or something. I mean, that's kind of the first 30 days. 60 days there needs to be more phone calls. There needs to be more scheduling. There needs to be more activity around the phones and the schedule. By 90 days you really need to know what you bought. And if you're not happy at 90 days, the chances you're gonna be happy in six months are almost minimal.

Robert: And do you guys help evaluate the effectiveness of the front desk and answering the phone?

Eric: We do. Yeah, the biggest way to waste money is to go spend a bunch of money on advertising and not have your phones answered. And it's one of those things that, well we used to think of it not our problem. It became our problem when we'd get fired. So we got into listening to phone calls and we're not always listening to evaluate the front desk and tell them they need a promotion or more money. It's really to make sure that. If you're a fee for service practice, are we driving the right callers? Are we driving people that schedule? Are we driving people that are genuinely interested in getting dentistry? Because that ensures that when they get there they're going to accept treatment. We also do listen to how far are you scheduling out? New patient appointments? Are you scheduling out doctor and hygiene in separate days and

making them come back? Are you scheduling five days out or two days out? And that matters to us as well because we need to make sure our marketing supports the culture of the practice. And if we're driving a bunch of patients that aren't appointing, we're just wasting our time and your money.

Robert: Sure.

Andre: Yeah, but this is one of those things that I think about often. The front desk person is almost the, besides the doctor, one of the most critical pieces of any practice because not only are they controlling the first interaction that a potential patient has with the practice and how they perceive you. They're controlling the schedule and you know how that's happening. They're controlling a lot of times the money via insurance and filing and verification. And they're often the least valued, the least invested in person in the practice and it doesn't make sense. And so we realized that no amount of good marketing is going to overcome a practice having a poor front desk and that's why we got involved into at least diagnosing a little bit or what's going on. Now, we're certainly not consultants by any wings. There are other people like Sharon that we would introduce if they're having issues operationally, whether it's in hygiene or the front desk or anything like that. But we do want to know what's going on because our job can't be successful if the entire you know, the entire practices aren't running smoothly.

Lynn: Now that's a really good point. Are there any other areas where a really great marketing program can be in place and then the office sabotages it?

Eric: It's almost always around scheduling and the second, there's actually a couple. I take that back, almost always. The biggest killers of marketing are the phones not being answered correctly. Or not being answered at all. The scheduling issues around patients. If I just heard of you, I don't want to come in, see doctor and then come back and see hygiene like that, that's frustrating to me. That you're gonna lose some patients that way. The other ones around billing. Billing continues to be a big problem in marketing because most reviews of, you know, most bad reviews are of billing and how the patient felt at the end of the appointment, not the clinical side of dentistry. And keeping those to a minimum because those are the things that scares people of around going to a practice. Yeah, and I have a funny story to tell you on the those on the phone calls side. We had an office they spent a lot of money on marketing and specifically on marketing All-on-4s. The dentist went to some glasses and decided he wanted to do it. And you know, a call came in and the patient said, "Hey I've been looking at getting implants. And I saw your Ad and I watched the doctor videos and I want to schedule an All-on-4." And these were their terms, right? The office, swear to God said, "That's really expensive." Have you called your..?" Yeah. "Have you called your insurance company to see what they'll cover?" And the patient was like, "No, but I will." and like hung up and I mean like..

Robert: They unsold it.

Eric: Complete unsold it. Yeah. And we still have that call safe somewhere that we..

Robert: That would be a good one to use for training.

Eric: It would be great. That was the worst call I've ever heard in my life. Yeah. Yeah.

Robert: I heard a statistic the other day. I was watching a webinar and I can't believe this. You tell me if you have any experience in this but I heard that somewhere between 60 and 70% of

the calls actually get answered. There's as many as 30% of phone calls to a dental office that don't even get answered.

Eric: Okay. That would have to include after hours, that statistic, right?

Andre: That has to be no. We do keep a pulse on that for our practices, an average office. Now keep in mind, we are only tracking the calls that come in through one of the marketing numbers, right? So if someone calls the practice line directly we don't have visibility, but our office is arranging in the three to five, sometimes six percent of missed calls because some of those are, they come after hours or if the caller calls and changes their minds and hangs up I mean, you may not have had a chance to answer yet. So there's always some waste if you will, some miss. But we use that because if we see a practice spike then we know that there is an issue. Sometimes it's some technical issue with voiceover IP and that the calls themselves not making to the office. And sometimes it's a people problem. The doctor thinks that the office has a rolling lunch and they don't and they all leave at the same time and put the phone to voicemail. And the reality of it is is that most practices restructured their operations in that for the person answering the phone, a new patient is just more work. Like that person is not getting any extra money for scheduling new patients. They don't have the motivation. Their success as an employee is not measured by any patients. It's all these other checklists of things they have to do every day between billing and filing paperwork and all that. And so we unfortunately do find some times where the front desk person is the one sabotaging the marketing plan because they are not, it's just more work. And so we do a lot to try to get them excited, try to include them in the process so that they can be, you know, as part of the team.

Lynn: Right.

Andre: Helping us convert the effort into actual patients

Robert: I understand that you guys recently rolled out a new marketing product, tell us about it.

Andre: Yes, we rolled out something, we're really excited about it. And before I tell you more about it, I'll tell you how we came to it as an agency. And I'm sure you guys are the same way. You're not for everyone. It's not everyone who wants the services of a full-scale agency. There's a lot of practices right now, especially with COVID that, you know, there are cash strapped, they're trying to do a lot, do a bit more of it themselves to save some money. And so what we're rolling out today actually is something that we're calling the Marketing Box. It's effectively a box subscription service where every month we take some of the strategy and the learning expertise that we've developed that we deploy for our own clients and send it to you as a checklist, along with video tutorials and step-by-step guides on how to do those items yourself. So you get to experience and have the strategy of an agency and save some money by doing the work yourself as opposed to us doing the work for you.

Eric: Cause we do run across the offices that have someone there that does do some social marketing or they know a little bit about website changes and we're able to feed them. Here's a checklist of things we do. Here's some training videos and we'll meet with them once a month for 30-45 minutes to sort of walk them through the checklist and here's where they're have challenges. And here's what we can help. And it lets them get the confidence and the know-how to develop the marketing plan for them without the cost of hiring us full-time and us doing the work.

Robert: So when you send out the box on a monthly subscription service, you still meet with those clients monthly?

Eric: We are, yep.

Robert: Okay.

Eric: Yeah cause it's important to us that we follow up for two reasons, really, And one of them is I just want our clients to do well. The second one is more selfish in nature of we like to keep a massive amount of data around how practices are performing. Because one of the things that happens in dentistry is if a dentist is up 30% he doesn't know or that they killed it and they're up 30% or if the market's up 40%. And if this dentist is down 7%, she's really frustrated. But then she hears her peers are down 27%. And then you should feel pretty good.

Robert: Yeah.

Eric: Marketing's the same way. It's if you hire a marketing company you're already turning downward, you're gonna turn downward. From somebody who's gonna to flatten it out and come out of the curve a little faster. So the marketing box is really built for people to gain confidence that they're doing the right things. It we're also leveraging the data. So we can go back to all of our subscribers of the Marketing Box and our agency clients and say, "Hey, on average, the industry has grown 7%. Our clients have grown 15% and this is where you're at." So we can sort of orient where they're at for light practices. So we can compare pediatric to pediatric and fee for service to be for service. And it lists them index how they're doing in the marketplace to give the confidence that they're doing the right things or correct if everyone's up 17% and you're flat, there's some behavior that we need to change.

Robert: And help show the value of your service.

Eric: Yeah, absolutely.

Andre: And on the monthly meeting with them, it'd be virtual via Google Hangouts or something similar. They get to ask questions about their specific problems, challenges that they had on completing the checklist or just anything about their specific case that I want some guidance in. And so we think it's gonna be really exciting for us. We think it's gonna help a lot of practices right now who are financially struggling a little bit and want to do some marketing and have the time and the desire to learn something new.

Robert: Do you guys have anything else you want to add?

Andre: I suppose .

Robert: Well, we thank you for being here today for this episode of the Beyond Bite Wings Podcast, the business side of dentistry. Thanks again.

Eric: Yeah, thanks so much guys.

Andre: Hopefully we get to see you again soon.

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