

7 Principles to Apply for the New Dental Economy

Ultimately, those who can simplify treatment discussions and decision making in any way possible will help patients decide for better treatment options.

3: Most patients can't buy comprehensive services.

Global macro-economics ultimately impact local wage earners and incomes. Economic data widely available shows that buying power of the average middle-class westerner has been shrinking over the past 40 years. Currently, two full-time wage earners are required in the average middle-class household to create the same standard of living as a single income family from the early 1970's.

Additionally, this reduced purchasing power for elective goods and services is spread out over far more choices including dentistry. Dentists servicing the middle class masses have traditionally flourished while having broad freedom to ignore many business principles.

These continued demographic and economic changes, rapidly progressed during the last recession, all point to fewer middle class individuals with less buying power. Ultimately, this will impact dentists reliant on those populations to purchase their services. By acknowledging this reality and what lies ahead due to it, forward thinking members of the profession can move on to design sales processes that minimize discussions for those who can't commit to treatment whether the reason is financial or other.

4: Mass media with direct response messages is the best way to reach specific types of patients; especially those needing major dentistry.

Patients who want "general" dentistry at the foremost care about convenience first and secondly care about the transaction as a single one-off purchase. Even with an ethical, behavioral science-based sales process, most patients needing significant dentistry will never opt for treatment either out of personal or economic choice.

As dental and medical ailments are private information, there is no perfect mechanism for directly reaching patients with specific ailments without their "opting in" to a sales process initiated by the practice. The most effective way to reach a mass of those in need of specific types or significant dentistry is to use various forms of mass media that reaches thousands of individuals at a time.

5: Patients do not automatically know what dentistry costs.

A common refrain passed from dentist to dentist is that, "if the patient is well educated and has a high 'dental IQ,' the fee won't matter and everyone will find a way to 'afford' the dentistry being offered." These discussions lead to endless searches for new "patient education" tools. Astute observers find manufacturers using this "loss" tool to vend various "educational" products to the dentist. While these discussions about "education causing fee concerns to evaporate" sound promising to our personality types as professionals, in theory, they fall short in practical application.

One component at the foundation of this issue is that patients do not know what dentistry can cost, especially when it comes to current methods and materials. With other goods and services, pricing reference points are routinely available to the consumer. Globally collected data from search engines like Google show pricing searches occurring with high frequency. These searches often include the pricing of dental procedures.

With dentistry, pricing information is not routinely visible to patients. Squeamishness about fee discussions and failure to be fully open about potential costs for various promised results (i.e. giving someone teeth again) easily results in "sticker shock" where patients are surprised by the fee at the time of presentation.

If ethical selling principles are followed, few patients have treatment presentations in which they do not have a grasp of what the likely fee will be for their treatment at the time of presentation. Without giving patients

these reference points, more time is wasted by all parties on discussions that are not beneficial to either the patient or the practice.

The science shows that how price is presented (especially early in the sales process), how many options are presented, and how price is delivered at the actual time of treatment presentation will impact the patient's final decision and the option chosen.

6: Behavioral science related to buying decision making and pricing exists.

Current authorities on choice and decision making point out repeatedly that humans can be manipulated to make choices regarding a variety of purchases no matter how insignificant or how costly the purchase. That manipulation can be harmful to the individual or help the individual. As the bottom line purpose of the profession is to restore as many patients back to optimum dental health or function and to keep them in that condition, logic extends that we would have an ethical directive for the practitioner to acknowledge and exploit these underlying behavioral tendencies so patients do good things for themselves. As a profession with science underpinning most ongoing clinical debates, the science of behavior can now be incorporated into training and applied to help patients make better choices for their dental health.

7: Micro-businesses don't worry about logos and branding, they provide answers to problems first.

Dentists, out of ignorance, often believe they are mass marketers and attempt to emulate logo and branding activities of giant corporations such as Microsoft, Coke, and the Red Cross. There is scant science showing how effective consumer conscious is impacted by logos and branding activities even when these corporations devote 20-200 times the annual revenue of a dental practice to such activities.

While logo and brand marketing concepts are of dubious value to the dental practice, one proven tactic to increase sales available to both Fortune 500 companies and dentists is the leveraging of the product or provider as a celebrity figure whose virtues are known to the customers interacting with the business and is an influencer of buying decision making by those considering to purchase from the business.

Once again, due to the economic realities of businesses producing in the revenue ranges of typical dental practices, the first step in that process of celebrity creation resides in engaging interest with the customers for the solution being offered, and then including components of celebrity as the sales process proceeds.

This article introducing these changes in the economics affecting all dental practices along with the 7 principles for scientific marketing and ethical selling are meant to provide a mechanism for confused practitioners to set policies and strategies in their business to quickly adapt and grow under the changing conditions.

While marketing and sales concepts, even when grounded in behavioral science, were often viewed by most in the profession as declassé or business components that didn't apply to the profession, those in dentistry currently choosing high-technology driven and high-cost, skilled labor-intensive practices, can embrace ethical selling as one component of a practice's operational philosophy to deal with the demographic and economic changes occurring.

If greater numbers of practitioners in the profession adopt such principles, it can ultimately result in more of those patients with the ability to choose the best care to interact with the dentist and practice in ways, shown by science, to increase the change of buying treatment. The end result being that the dentist puts skills to use and patients (and those around them) have their lives enhanced by the state of dental science as it currently stands.

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How to Avoid No-Shows

by Dr. Craig Callen²

Cancellations and no-shows can be a problem in any office. Here are some ways to reduce or avoid them.

1. Educate the patient at the time of the consultation.
2. Do not just accept frivolous cancellations. We try to "salvage" the appointment.
3. If they do cancel, we do not re-schedule them right away. Make them wait a while even if you have an opening that week to fill. Otherwise, they won't respect you. It hurts in the short run but helps in the long run.
4. Keep patients with the same hygienist (we have four) so that if they are cancelling on someone they know, not just "the hygienist."
5. The first time they cancel they get a little postcard.

Action Plan For Managing A Medical Emergency:

1. Place Patient In Comfortable And Appropriate Position.

Usually a reclined (supine) or semi-reclined position is preferred. Sometimes the patient may be more comfortable sitting upright.

With loss of consciousness caused by decreased blood flow to the brain, a Trendelenburg position is preferred, with the patient horizontal (supine) and the head below the heart and feet.

2. Monitor And Manage Airway, Breathing And Circulation.

Stay current with basic cardiopulmonary support protocols.

Airway: Chin lift or jaw thrust to maximize air exchange; remove obstructions if known and visible. Don't perform blind finger sweep as it may further obstruct airway. Use gauze to pull tongue forward if suspected of causing breathing difficulty.

Breathing: Look, listen, and feel for air exchange from nose or mouth. Follow American Heart Association guidelines for CPR if patient is not breathing.

Circulation: Verify pulse by checking carotid artery pulse in neck. Perform chest compressions and use Automatic Electronic Defibrillator if indicated, following American Heart Association guidelines for CPR.

3. Always consider activating the EMS if in doubt of patient's well being or your ability to manage their lack of well being.

4. Ongoing, persistent monitoring of patient until they leave office on their own or with medical emergency personnel.

How To Prevent Or Minimize A Medical Emergency From Occurring In Your Office:

1. Obtain and review a thorough medical history on every new patient.
2. Update medical history on any patient before rendering treatment.
 - a. Ask about any changes in health.
 - b. Ask about any new drug allergies.
 - c. Ask about any new medications being taken.
3. Obtain baseline blood pressure on all new adult patients.
 - a. Recheck blood pressure on known hypertensive patients before rendering treatment.
4. If patient appears anxious, take any additional actions to decrease anxiety.
5. If patient is a diabetic, inquire about last meal and insulin or oral hypoglycemic dose.
6. Determine which team member is responsible for the above listed actions.
7. Know proper dosing ranges for medications you administer adjusted for your patient's size, age, & medical conditions (e.g. kidney or liver failure).

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CROMFS CELEBRATES MILESTONES!



It's hard to believe that Castle Rock Oral and Facial Surgery is celebrating its' 2nd Year Anniversary! Looking back, we have accomplished so much in the last couple years from starting out with only three employees to opening our new office location a few months ago. Over the past year, we have grown to a team of seven employees who all work great together which makes coming to work enjoyable every day! Our new office location has provided Dr. Hart the ability to see more patients on a daily basis which has given us the opportunity to accommodate more patients. We are also excited to celebrate individual employees and their time dedicated to the practice. Ashlinn, who has been with Dr. Hart

since the opening of the practice is also celebrating two years working for CROMFS. Rachel and Allie are celebrating their one year anniversary with CROMFS and look forward to more years to come! The practice as a whole is extremely grateful to all of our referring doctors who have supported us and trusted us to give their patients the best care possible. We thank you for the last two years and look forward to building our relationships. We truly appreciate it more than you know!

CROMFS ATTENDS PUMPKIN HARVEST

When asked to be a sponsor for The Meadows PumpkinFest we were excited to participate! Rachel and Danielle had a blast sponsoring and attending the event which was held in The Meadows Community where our office is located. With around 4,000 attendees, the event was filled with a pumpkin patch and a variety of fun activities for all ages.



Ethical Selling in Dentistry: **7 Principles to Apply for the New Dental Economy**

by Dr. James McAnally!

Dentistry is at a division in the figurative road between those in the profession who will thrive and grow economically in the immediate future, doing the procedures they are trained to do and will continue to train for as new methods evolve, and those who will see reduced incomes and lifestyles because of a lack of ability to market and sell dentistry to the part of the population who economically will buy.

Many will take the option of "less" by default because they will not be exposed to scientific principles of marketing and understand the need to learn ethical selling in dentistry, or they will be exposed to this knowledge and are trapped in previous belief structures about changes in the business of dentistry and fail to act.

In membership applications, we see a common and repeated theme that when treatment leaves the purview of "free" under insurance or government reimbursement systems, sales or "case acceptance" problems increase in parallel with increasing treatment plan size. Frustrations abound for doctors refusing to acknowledge that structured sales processes for "big ticket" items including most types of advanced clinical procedures is a necessity.

Data from member practices shows that without using a systematic sales process, patients are unlikely to enter treatment for options greater than \$10,000. However, when a systematic sales process is employed and ethical selling is embraced, not only is the likelihood of success with that fee level predictable, but acceptance becomes far more predictable for even the largest, most complex, treatment plans. As defined by the author, ethical selling in dentistry is, "getting patients emotionally engaged in a treatment result that is good for them and getting them emotionally and intellectually committed to treatment." This definition emphasizes that most treatment decision making is emotionally based and that there is a first step (engagement) and a second step (commitment).

Scientific principles of marketing and behavioral science applied to sales are required to allow the provider to ethically sell the best possible dentistry to the most patients possible. The science applied correctly creates both key ingredients of ethical selling—engagement and commitment. Without the use of available tools to tap into the patient's emotional decision making, individual patients are far less likely to purchase comprehensive treatment even though a growing percentage of dentists are capable of delivering such treatment.

While there are over thirty principles to consider when designing scientific marketing and ethical selling systems for a dental practice, this

article will review 7 key principles required for success under the new economic conditions.

1: If you enjoy treating a specific type of case or doing comprehensive treatment of any kind, the only way to find such cases is to match a loss minimizing message to the presenting problem.

In scientific marketing terms, this is called "matching what the customer seeks." Review most dental marketing and the message being delivered is scattered, confusing, and often times simply a menu of choices full of trade names that few patients understand or recognize.

Whether the goal is delivering dentistry revolving around dental implants, cosmetics, sedation, apnea/snoring, or reconstructive dentistry, patients with those problems have little interest in the actual procedures and materials but great interest in understanding how to quickly get to the end result and who can get them there.

What messages? Economic and behavioral studies point to human motivation as most strongly responding to loss versus gain. Dentists espousing the benefits of therapy do less dentistry than those who warn of the dangers of not treating a problem. Even though human behavior is documented to fear loss, dentists routinely promote their services mostly in the realm of benefits which is in direct opposition to the documented human behavioral traits.

2: Complexity kills buying decisions even good ones.

Have you ever been in a store where the choice was overwhelming and, even though what was being sold was desirable or beneficial, you left in frustration? The complexity of choosing is what interfered with the action of deciding to buy.

In the age of unlimited information available at the tips of the fingers via powerful internet search engines, most patients are ill equipped to sort and filter down to the best choices. As a result of the overpowering complexity, many don't decide.

Behavioral scientists, like Dr. Sheena Iyengar at Columbia University, point out this phenomenon in multiple studies. However, dental professional journals rarely cover such information even though it directly applies to helping more patients.

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