CHAPTER

26

Marketing the Oral and Maxillofacial Surgery Practice

Joseph Niamtu III

A chapter on marketing in a comprehensive oral and maxillofacial surgery textbook is indicative of the progress made within our profession. Whether in the military or in sports, the first rule of competitive strategy is to know your adversary. In the consideration of marketing the oral and maxillofacial surgery practice, we too must realize the adversarial barriers.

Oral and maxillofacial surgery (OMS) occupies a realm in the public perception somewhere between that of dentistry and medicine, shrouding our identity and services with an air of ambiguity that has existed from the onset of the recognition of OMS as a specialty. This ambiguity about services rendered as well as the public's lack of awareness of our training and education presents a marketing barrier. In addition, the scope of practice and procedures has increased exponentially, leaving the consumer confused about what we exactly do.

The aforementioned situations cumulatively have held us back in the marketing and public awareness arena. If one asks a layperson what a plastic surgeon does, he or she will likely give you an accurate description. That same question posed about oral and maxillofacial surgery will more than likely get a response that is not representative of the scope of services we perform. Although our national organization has made great strides to publicly convey our training, this public appreciation of scope has not increased proportionately.

With these principles in mind, this discussion focuses on the barriers we face and the direction we, as a specialty, must pursue.

Designations and Perceptions of the Specialty

The majority of dentists graduating today receive a DDS (doctor of dental surgery) degree, which implies surgical expertise to the public. The more descriptive DMD (doctor of dental medicine) degree represents more progressive thinking and enhances public understanding. The specialty of OMS has needed a name change for a long time. Because of the politics of teaching institutions, many reputable OMS residency training programs were forced to pursue nondentoalveolar procedures in a surreptitious manner. The excellent training in general anesthesia has enabled many programs to perform some of the advanced procedures, which they did within their own clinic for fear that other competing surgical specialties might protest. This has proved to be a double-edged sword. On one hand, oral and maxillofacial surgeons are being trained in trauma, cosmetics, and other areas, but on the other hand, this secretive approach has created the mindset of propagating anonymity. For years, the word *cosmetic* was not mentioned for fear of noncoverage by third-party carriers or criticism from other surgical specialties.

Some very progressive leaders in our national organization saw the need to change these preconceived limitations and campaigned for a name change within our specialty. Unbelievably, they met with resistance; however, history led us into the new profession of oral and maxillofacial surgery.

The new name certainly was more descriptive of our scope and gave us pride in pursuing procedures and techniques that were sometimes done in the after-hours clinic. However, the term *maxillofacial* is not understood by the general public and has further masked what it is exactly that we do. In my opinion, the name of our specialty should be changed to oral and facial surgery immediately.

Our public perception is further hampered by the fact that much of what we do is painful, inconvenient, expensive, and without a tangible physical appreciation for the patient. Third molar surgery is a perfect example of this.

General Marketing Principles

Because much confusion seems to exist among health care providers about the difference between marketing, selling, and advertising, it is appropriate to review the college textbook definitions of marketing.

Selling is concerned with the plans and tactics of trying to get the customer to exchange what they have (money) for what the seller has (goods and services).

Marketing is primarily concerned with the much more sophisticated strategy of trying to have what the customer or patient wants.

Advertising is a representation or other notice given to the public.

By these definitions, one can clearly see that selling focuses on the need of the seller whereas marketing focuses on the need of the buyer. Selling is concerned with the seller's need to convert their product or service to cash, whereas marketing is satisfying the needs of customers.

A marketing-oriented office provides value-satisfying service that patients want. It not only provides the generic product (in our case, surgery), but also is concerned with how the service is made available. Extended hours, payment plans, patient insurance assistance, modern facility, state-of-the-art procedure, and painless treatment are just a few of the ways this service is made better.

In the 19th century, the United States became a production-oriented economy and over the past century has shifted to a consumption economy. The energy and thoughts of the business community were once devoted to developing and improving ways of manufacturing. We now take our ability to manufacture for granted; the emphasis has shifted to a marketing orientation, and the energy and thought start with the customer (or in our case, the patient).

After the end of World War II, the General Electric Company pioneered the marketing concept in industry. The marketing concept is described as "a way of life in which all resources of an organization are mobilized to create, stimulate and satisfy the customer and create a profit for the owner." If one truly understands this, one can begin to understand what marketing is really all about.

Corporations speak of the 4 Ps of marketing: product, price, promotion, and place. *Product* refers to making sure that the product is the right one and of superior quality. *Price* refers to establishing a price that makes the product as attractive as possible and still maintains a profit. *Promotion* is simply communicating with one's clients or potential clients. *Place* refers to putting the product where it can be most effectively utilized.

The correct analysis and mix of the 4 Ps are important, and marketing experts further maintain that a marketing leader must

1. Determine the nature of changes in the market.
2. Identify and cultivate customers for the company's existing or potential services.
3. Meet the needs and wants of customers or potential customers.
4. Maintain a profitable position.

All of these factors are very applicable to our profession. One merely needs to substitute the word *patient* for *customer* or *client*.

The second item in this list is very often overlooked. Historically, there have been many changes in the fee-for-service system in medicine and dentistry. Prior to insurance coverage, patients understood their ob-

ligation for responsibility for health care costs. With the advent of health insurance plans, the burden of responsibility, at least in the mind of the patient, is with the insurance company. With the advent of exponentially increasing medical technology, the price of health care soared and became beyond the reach of most self-pay patients. Doctors' and hospitals' fees became obtrusive, and cost-cutting measures were instituted with shifts toward less hospital time and generalized cost containment. Managed care then entered the scene and has caused profound changes in our profession. There is now a shift to having primary care doctors triage patients, and surgeons are looking for ways to provide their services without the time and monetary expense of hospital care.

Doctors who had the ability to see these trend shifts were able to adjust their marketing and business strategies to meet the current need. Those who do not adapt may fail to thrive in this managed market.

Anyone who has read about corporate marketing is familiar with the concept of paradigm shifts. A paradigm is a model, and the paradigm for marketing OMS practices has been the same for years: be a good doctor, PR your referring sources, and one would prosper. We are now in the midst of a paradigm shift. With managed care, larger practices with multiple locations have postured themselves to be attractive to the managed care plan of large companies. Now many patients are referred to a particular surgeon, not because the general dentist wanted to send the patient but because the patient had to use a participating specialist. Those surgeons who refuse to explore managed care options may be driven out of business because they have not anticipated this paradigm shift.

A commonly used example of the loss of business domination from paradigm shifts is the Swiss watchmaking industry. For hundreds of years the Swiss dominated the making of watches and timepieces throughout the world. The paradigm for success was a product that was made from complex mechanical manufacturing and assembly of labor-intensive intricacy. The Rolex chronometer wristwatch is an example of the fine product produced under this paradigm. The Swiss prospered and literally controlled the world production of wristwatches. In 1968, the Swiss controlled 65% of the world market in timepieces. They reaped 80% of the profit in the timepiece industry and employed 65,000 employees.

A Swiss company invented the liquid crystal watch and set up a booth at the 1968 World Watch Congress in Switzerland introducing their new technology. This concept was staggering. The watch had no moving parts, did not require movement or winding to function, and delivered an accuracy 1000 times greater than that of the finest Swiss timepieces. Although this timepiece technology was astounding, the major Swiss watchmakers were indifferent and did not even patent their own invention, because it did not fit their paradigm for what a wristwatch should be. Two companies, Seiko and Texas Instruments, did take notice, however, and saw the old paradigm for timepieces go out the door. They realized the potential of this new product and were able to move with this new paradigm. The rest is, of course, history. The Swiss workforce lost 50,000 employees and dropped from 80% of the market share to 10%. Today, the Japanese, who had virtually no market share in 1968, dominate the world timepiece market.

The point is that what works in marketing today may not be effective in the future, and the ability to predict and adapt is critical. Marketing is dynamic, not static.

Staying abreast of current technology is also important in the paradigm model. The bread and butter of our profession was once the extraction of carious teeth. It was only in the 1960s and 1970s that multiple full-mouth extractions were common on the office schedule of most oral and maxillofacial surgeons. Today, because of fluoridation and education, full-mouth extractions have diminished rapidly, to the point that some dental schools have trouble finding denture patients. Having four difficult, impacted third molars removed simultaneously was not common 40 or 50 years ago. With the advent of high-speed drills and effective ambulatory anesthesia and antibiotics, this procedure has become the mainstay of most OMS practices. Anytime a single procedure dominates the well-being of any business, its obsolescence could doom the business. The insurance coverage of third molars may fall into disfavor or be otherwise manipulated by insurance companies. We must, as

a profession, be aware of this possible paradigm shift.

Fortunately, our leaders have seen these caveats, and many of our ranks are entering the arenas of implant surgery, cosmetic surgery, and other nontraditional OMS procedures.

All of the previous discussion underlines the predictive thought necessary for medical marketing. It is not uncommon to find doctors who are very adverse to marketing in the form of advertising. These doctors say that they do not market. This is a fallacy—we all present an image, and this is marketing. Some doctors are actually doing negative marketing by having poor staff and lack of policy while condemning an office committed to excellence.

Marketing the Oral and Maxillofacial Surgery Practice

The phrase "always be a teacher and always be a student" drives many of our ranks to excel in both venues. The author has written and lectured extensively on the subject of marketing the OMS practice, and regardless of the community, state, or country, many doctors are in search of the "secrets of marketing." Practitioners want to know "what to do to get referrals." Sometimes, despite a well-prepared and well-presented course on marketing, participants will confront the author at the end of the lecture and say, "All of that is fine and well, but what is it that you really do to get patients? Do you give holiday presents? Do you do lunches? Do you need fancy imaging?" and so on. These doctors have missed the entire point. The correct answer is all of these and none of these.

Marketing is not the act of giving something to receive a patient on a one-to-one basis. Marketing is more of a mindset and a practice lifestyle. There are many successful practices that spend tens of thousands of dollars on marketing events and gifts, and there are just as many practices that thrive without spending a dime on parties, gifts, and the like. The latter practice focuses on two things, superlative patient care and simply knowing how to say thank you.

In addition to these examples, there are doctors who do all the correct marketing, even employing professional firms, yet have stagnant practices. These practices go through the motions but have poor leadership principles and staffs that negate their marketing investment.

Successful marketing, as stated earlier, is based on a level of excellence that starts before the patient ever gets a foot in the door. The bane of existence for any specialist in any discipline is the reliance on others for referrals. It is rare that a patient sees a sign for oral and maxillofacial surgery and drops in, whereas a "Family and Cosmetic Dentistry" sign may cause people to walk in and begin a relationship. A thriving practice will demonstrate a constant trend of patients referred from sources other than general dentists. If an OMS office provides a warm, loving, and caring environment, patients of record and reputation will bring in as many or more patients as do primary referral sources. It is usually at this point that a doctor really begins to feel and enjoy independence.

Getting to this point usually takes a number of years but can be greatly accelerated by attention to basic communication skills and common sense.

The grassroots level of excellence must literally permeate every aspect of one's practice, and it must be stressed that the staff is far more important in the spectrum of marketing than the doctor. Most offices that are stressful and unprofitable suffer from poor leadership. Most doctors have no experience at human resource management and have accumulated what knowledge they have from hard knocks. It is shocking but correct to say that most employee problems are the fault of the employer and not the employee. Leadership is essential to make any team of individuals with a common goal cohesive and effective. Virtally all of the problems that make practitioners dislike their jobs stem from poor hiring and firing practices and the lack of leadership. There can be only one leader in an office, and that must be the doctor. Leadership cannot be confused with management. One can delegate management and hire managers; however, there can only be one leader, and leadership cannot be delegated.

For the sake of comparison, let us envision two separate practices. One practice is a thriving, progressive, profitable practice that continues to grow. This office always

seems to be on the forefront of the profession, and when you walk into this office you are overcome with the energy of the staff. The environment is modern, clean, bright, and friendly. The doctor and staff are aesthetically presentable, and smiles and warmth abound. When in the office for a while, it becomes evident that that office represents the leader. It is if he or she is "working at home." It is also evident that that doctor has a passion for the profession and views the practice as a joy and a privilege. The staff is cohesive; their careers seem enjoyable, and they work as if it is fun. This office presents an image, and that image is impressed on the patients who are exposed to this environment. It seems to rub off on the patients, and they leave with an enthusiasm. They sense the energy and the warm, friendly treatment and are impressed enough to comment to their friends and neighbors. Although they do not look forward to surgery, they do not mind—and may even enjoy visiting the office. They enjoy being part of the energy and enjoy the special attention that seems so rare in this fast-moving technologic era. The referring doctors and their staffs have the same feelings about this office and are confident that when referring a patient they will be thanked for sending the patient to such a compassionate office. If a patient goes back to a referring dentist and says that the oral and maxillofacial surgeon was expensive, the surgery made them sore, and the recovery was extended but thanks him or her for sending them to such a warm, caring, and compassionate specialist, mega-marketing has been accomplished. This is never a coincidence, but is the result of great effort and attention to detail. It is the outcome of the pursuit of excellence, based on the principles of leadership and policy.

Let us now contrast this office with one of mediocrity. This office may be right next door to our previous example, but it always seems to be "chasing its tail." The office does not glow and is unkempt. The staff is stressed and bickering. The doctor and the staff do not convey an aesthetic image and seem to have a goal of reaching 5 o'clock. Confusion and happenstance seem to rule, and there is an obvious lack of organization. The general atmosphere seems tense and rushed, and fun seems to be the last thing that anyone is having. The entire experience is reminiscent of old-fashioned dentistry. The staff turnover is high, and the future of health care seems pessimistic to these folks.

Although these contrasting examples are fictitious, we all can probably relate to a real life example of each scenario. We must ask ourselves what exactly it is that makes such a difference. Knowing the answer to this question illuminates the principles of successful marketing. Again, these are leadership and human resource skills.

ESTABLISHING A VISION

The first principle to discuss is vision. There are very few successful people in any field who achieved success by chance. Virtually everyone who has achieved success and professional contentment is a visionary. A person must have a clear idea of his or her goals and a plan for approaching them. Without this, chaos will rule. If asked, any oral and maxillofacial surgeon should be able to state his or her vision or guiding principles and endpoint. This should also be second nature to the staff. If you as a leader do not have a vision, then how can you expect your staff to have clarity on where you are going as an office? This vision must be communicated with the staff and constantly reinforced. If this is not done, a cohesive team cannot be built. It sounds trivial, but it is the single most important factor in establishing excellence. It is said that excellence is a journey, not a destination. In other words, there is no finish line; improvement and superlative patient care and the love of what you do are the dividends. An oral and maxillofacial surgeon should be able to write down his or her particular vision; clear vision is the first rung of the ladder to excellence. By the same token, if you and your staff are not in the pursuit of excellence, then you should send your patients elsewhere so that they may receive the best care available. This may sound drastic, but it underlines the point.

A vision must be practical, ethical, attainable, have a time frame, and be modifiable to bend with the curves of life. The vision of the author has been to build a large group practice that is enjoyable to both owners and staff and to serve patients with a warm, loving, and compassionate en-

vironment; to pursue technical excellence and to stay abreast of the forefront of our specialty; to become financially independent and at the same time serve those less fortunate with the ability to obtain our services through community work; to become a well-known entity for going out of the way to better provide for patients and referring offices; and lastly to have fun in the pursuit of excellence in OMS.

EMPLOYEE RELATIONS

After one develops a clear vision, the next critical step is to assemble a team of individuals capable of carrying out this vision. There exist universal situations that enhance or detract from any business, and choosing the correct employees is paramount regardless of the type of business. This applies especially to all the service-oriented businesses, including health care. Unfortunately, many doctors never grasp the concept that their business is based on service, and therefore they struggle with and endure unnecessary stress, whereas their colleagues who do accept this concept have fulfilling and profitable practices.

In any service-related industry, it is usually the level of service that sets businesses apart. For instance, if you had to ship one of your most prized possessions somewhere overnight and were ultimately concerned about its safe and timely arrival, would you choose Federal Express or the U.S. Post Office? Most people would choose the former because of the perceived level of customer service on behalf of Federal Express and the lackadaisical attitude often attributed to government employees. Service of one's customer or patient base is the key to success. A doctor may be a genius and the best surgeon in a given area, but if the staff is not accommodating patients, the practice will not prosper. On the other hand, a mediocre doctor can be elevated to hero status by a staff that nurtures their patients. Most doctors are unaware of correct hiring and firing concepts; others have often earned their knowledge through negative experience. Among medical practices, employee relations occupies one of the top three reasons for practice stress.

Anyone who thinks that this topic is inappropriate in a marketing chapter has serious misconceptions. Inevitably, when one closely examines the details of a successful OMS practice, exemplary hiring and firing practices exist. The converse is true for poorly run or unsuccessful stress-ridden practices.

For the sake of comparison, we will again compare the details of two hypothetic practices. One practice is profitable, user friendly, and energetic, sets new standards for the community, and has a doctor and staff who enjoy their careers. The other practice is barely profitable, has a frustrated staff and doctor, does not experience sufficient growth, has high staff turnover, and just is not enjoyable to work for.

By contrasting the factors that differentiate these two practices, we can gain tremendous insight into some of the most common marketing problems. It is not going out on a limb to make two important statements. Most problems that are encountered in a practice in relation to marketing and communication can in some way be directly attributable to the hiring and termination policies of the practice. Also, the extent of the leadership of the doctor will directly affect the policies of the office and will contribute to the employee relations problems. Most employee relation problems are the fault of the employer, not the employee.

Problems in Appropriate Staffing

One of the inherent problems that has for a long time affected professionals in all branches of health care is the dearth of courses offered to the doctor in his or her preprofessional training. Business and practice management courses are included in today's medical and dental school curricula. However, even in the most progressive didactic environments, this topic usually presents too little too late. To compound this situation, medical and dental practices have traditionally evolved as independent, closed small business models that have been resistant to outside consultation or change of structural and managerial paradigm.

This has created a very inbred system of strong independence but little thrust toward interdependence. Although there are certainly some positive points associated with this structure, it fails to adapt to changing paradigms, and because of this

doctors' offices tend to be trapped in a whirlpool of poor management and communications and lack of adaptability. Inflexibility in this arena has led to our inability to predict the current managed care crisis. Cost containment and efficiency issues should have been predicted and dealt with a decade ago instead of now. The ability to foresee and adapt to change is essential to succeed in any facet of business, including medicine.

The other component that has crippled the business of private practice surgery is the failure to pay attention to the trends of corporate America. We have been so steeped in autonomy that we simply have ignored the changing trends of big business. Corporate America approaches management strategies with the same statistical scientific scrutiny that we afford our surgical literature. There exists a wealth of knowledge on human resources and marketing that has basically been ignored by health care providers. It is usually only through consultants that we gain exposure to this information.

As a result of this, we are currently reinventing the wheel, which increases stress levels and decreases efficiency. Those successful practices that we examine probably already have an understanding of these principles.

In the past, poor hiring and termination practices may have meant only increased employee turnover and doctor stress. In today's litigious environment, improper human resource skills frequently lead to lawsuits. Wrongful discharge, sexual harassment, discrimination, and many other employment-related litigation are on the rise. For a suit-prone employee, the ability to win a hugely unreasonable settlement holds much better odds than a lottery ticket. Sexual harassment suits have been settled for millions of dollars for innocently intended gestures or actions. This is a frank reality of modern employment law, making it the wrong arena in which to learn by mistake. Suits for sexual harassment are not covered by malpractice or umbrella insurance and are the responsibility of the defendant. Guilty or not, subsequent publicity can be very damaging to the morale and reputation of the doctor. Because most OMS offices involve a male doctor with a female staff, all new practitioners are strongly advised to thoroughly familiarize themselves with federal and local employment laws.

As mentioned previously, most doctors are unprepared for finding, keeping, and terminating employees. Almost every seasoned practitioner bears some emotional scar from improper handling of employee issues. Many in our ranks have been parties to lawsuits for violating the most basic tenets of employment procedures. It is important to discuss some absolute basics. Many of these principles probably existed in the marketplaces of ancient Rome, yet millions of bosses make these mistakes 2000 years later.

It is an absolute infraction to hire spouses or family members as employees. Nepotism will at some time cause employee problems. This opinion is often met with stern disagreement and resentment from many doctors. There are always exceptions to the rule, but there is evidence of countless problems involving family. This is especially difficult for partners or other employees because of the perceived impression of preferential treatment. In addition, the spouse may have the "coach's son syndrome" and apply unnecessary stresses on them. There is no doubt that it is difficult for a partner or manager to reprimand one's spouse, and ultimately it is rarely the other person who must leave the practice. In many state-of-the-art practices observed since the early 1970s, it is rare to find an exceptional practice with family members as employees. Two common exceptions are family members helping in the inception of practice, as a cost savings device, or casual summer employment for odd jobs.

It is also an unwise practice to hire relatives of current staff. The same pitfalls apply, and many embezzlement schemes have involved this type of situation.

Although it appears painfully obvious, professional doctor-employee relationships should stay just that. In this era of sexual harassment, even the most benign of gestures can be grounds for a successful suit. Several cases throughout the country have involved very expensive and embarrassing outcomes for a surgeon. Lawsuits have been brought for telling off-color jokes, inappropriate body contacts that were described as "back rubs," and commenting on an employee's attire or physical traits.

Another common violation of the doctor-

employee relationship is the manipulation of monetary funds. Some doctors may pocket cash that comes across the front desk and feel that it is untraceable. If a staff member witnesses a doctor evading taxes or doing anything illegal, the doctor now has a partner. If the doctor can steal cash and no one knows, then the employee may feel justified in practicing the same behavior.

A doctor spends as much or more time with staff as with his or her family, and there exists a temptation to bare one's soul. However, there should always be some distance between the doctor's private life and what the employee knows or hears. Exceptional surgeons have had their reputations damaged by the statements of a terminated and disgruntled employee. Do not underestimate the diabolic nature of a scorned employee. They will use any weapon of destruction, so do not provide them with ammunition.

Typical Staff Positions

Initially, a new oral and maxillofacial surgeon will more than likely require a staff of at least three employees. The American Association of Oral and Maxillofacial Surgeons (AAOMS) recommends that two employees assist at surgery and that someone tends to the front desk and clerical duties. Some new doctors may economize by using two employees and placing the telephones on a recorder during surgery; however, availability to referring doctors is compromised. There is no doubt that as soon as a doctor can afford adequate staff, he or she will enjoy a safer and more efficient practice.

The easiest positions to fill are surgical assistants. There exists a strong pool of dental assistants, nurses, surgical technicians, and other assistants. As with any business, previous experience is preferable. A seasoned assistant can actually teach many things to a new doctor. It is also preferable to hire an assistant who can also obtain hospital assisting privileges. As with all positions, a friendly, compassionate, presentable, mature assistant is optimum. One potential problem in hiring new employees is the age and experience levels of the applicant pool. This pay and experience level frequently abounds with young, inexperienced females. Many of these people have little experience, and their reliability and maturity levels may be insufficient to suit one's needs. In addition, this segment of potential employees is often transient owing to schooling, relationships, and childbearing. This type of employee can grow into an excellent staff member. This, however, is more likely in the presence of superlative, experienced staff members who will have the opportunity to mold the new employee into a polished employee. Hiring this type of person without the nurturing environment can lead to many employee-employer difficulties.

Filling the job of practice receptionist is a much more challenging situation. This employee is literally the ambassador of the practice and more than any other employee can add or detract from the practice. This person is usually the first person who gives an impression of the spirit of your practice. In many cases, prospective patients call the office and are bound by many barriers. Pain, expense, inconvenience, apprehension, third parties, and lack of appreciation of services are just some of the common barriers between the doctor and the patient. Many of these patients are "shopping around" to find a caring and reassuring environment or the ability to tailor finances. An exceptional receptionist will act like a magnet bringing these patients into the office, whereas a rude or noncompassionate person may distance them. This position calls for multitasking, especially for the new practice with a small staff. Besides the receptionist duties, this employee must assist in coding, billing, insurance, accounts receivable, and collections. All of these functions are as vital to the success of the practice as the skill of the doctor. This position requires a mature experienced individual and will command a higher salary. This is money well spent because this person can literally help shape the future of the practice.

Hiring

Selecting the proper employees is a skill that can elude even the largest of businesses. There are scientific statistical methods for selecting the proper person for a job; however, the real answers are simple when applied to real life. For the sake of compari-

son, we will call a perfect employee a 10 on a scale of 1 to 10. In most progressive practices a 7 or less is unacceptable. If a doctor can surround himself or herself with 9s and 10s, marketing can be as easy as showing up for work.

Because the caliber of employee is paramount and usually directly proportional to the success and stress level of any practice, the importance of this factor is obvious.

The question of where to find good employees is faced by all those in business. Experience is very important, and the optimum situation is to hire someone who has worked in an OMS practice. Hiring an employee from a colleague's office should be avoided, unless it is discussed up front with the neighboring doctor. A new doctor can count on intimidating existing practitioners, and there is no need to start off in a deeper hole.

Local dental societies usually have newsletters with employment sections that can prove useful. The want ads in the local newspaper are a traditional means of finding help. Do not place anyone's home telephone number in an advertisement for applicants. It is not unusual to have many, many calls at all hours of the day and night. Instead, a post office box to which to send résumés is preferable. If the new doctor does not have hiring experience, it is suggested that a qualified party assist in the interview process. It is important to hire someone with the correct "fit" that will augment the personality of the doctor. Many employment situations are uncertain, but someone who conveys feelings of suspicion should not be hired. The OMS office is no place for a demure introvert. Hire someone with good eye contact, a good smile, and an enthusiastic attitude.

As the practice prospers, additional employees will be added. It is not unusual for an OMS practice to have three to five employees per doctor. As is discussed later in this section, employees in many offices feel that they are understaffed when, in reality, they are actually overstaffed.

New doctors are frequently at a quandary as to starting salaries. By surveying colleagues in the general dental community, one can establish a scale for given positions in a given community. Additionally, many of the "throwaway" dental periodicals list regional staff salaries as well as regional fees.

One of the major employment incentives for many people is insurance benefits. In the health care professions it is virtually a given to offer health insurance as a benefit. Although there are many means of doing this, some of the most common are as follows. Many companies offer group health plans at a substantial savings, whereas other employers give their staff a monetary sum for the employee to use to obtain the plan of their choice. Because many employees may have coverage from spouses or other family members, they may not need all the benefits that another employee would. So-called cafeteria plans present a menu of options that employees may choose from and are a popular option. Other benefits include sick leave, holidays, uniform allowance, and retirement benefits. Most doctors have pension and profit-sharing plans and therefore are required to match funds for employees. This is a tremendous benefit and is often overlooked. An employee with longevity can save thousands of dollars in 401K plans or similar vehicles. This benefit must be fully explained to be appreciated and extends the gift of ownership to one's staff.

The Interview Process

Interviews need not be exhaustive and should be standardized. There is a true art in being a good interviewer. This involves the art of listening—listening not only to what the employee says, but being able to read between the lines as to what the employee represents.

First, the dress and demeanor of an interviewee is important. Given the fact that most people are at their best dress and behavior at an interview, it is usually safe to assume that what you see is the best you will ever see. If dress or demeanor is inappropriate at an interview, it will only go downhill.

As stated earlier, an enthusiastic individual is ordinarily a good choice. An applicant who does not smile and show strong eye contact is usually a poor choice.

An additional caveat is an applicant who speaks negatively of previous employers. This should be a severe warning, especially for individuals who claim to be "victims."

There is little doubt that the new employer will be the next "bad guy" on their list.

Experience should be high on the list of employment attributes. Training someone to do a job is acceptable, but for a new doctor it merely creates additional stresses. It is better to hire a "teacher" than a "student" for the new doctor.

It is important to remember that the applicant is also interviewing you as a boss. When an employee resigns, they are effectively firing you as a boss. It is a two-way street. One good question to ask is what the applicant liked or disliked about his or her previous job. This can reveal key information about how they may fit in at your office. It is important to know whether the applicant can meet your standards in terms of overtime and Saturdays and other requirements.

The next most important thing is to be able to relate your vision and the goals of your practice. It is preferable to present written documentation of who you are, where you are going, and how you plan to have this applicant assist your journey. Many doctors do not have these guiding principles in writing; therefore, an employee cannot relate to goals that are nonexistent. Again, it is important to provide this applicant with the job description and discuss it in detail. If you desire an exceptional practice, you need to employ exceptional people. If you do not have written job descriptions, you must settle for mediocrity. The doctor can make an audiotape or videotape containing the guiding principles and visions of the practice. This will standardize the interview process and simplify this task.

If you have properly defined your goals and visions, you can effectively ask potential employees whether they want to play on your team and follow your rules. If you have not defined the rules of the game, how can you possible expect the employee to play? If an applicant states that he or she could not comply with expectations, this person has done both of us a tremendous service, because it may have been months of frustration before the employee quit or was terminated. This information could not have been obtained if the job description and guiding principles were not clearly defined.

Employee references can be very patronizing or very significant to hiring. Unfortunately, legal precedents have been set, and it can be grounds for a suit. Many employers are very happy to get rid of a problematic employee and do not want to have any backlash from a bad reference, so their word may not be accurate. Or, an employer may be afraid to give an accurate reference for fear of legal recourse. It probably requires speaking to several individuals to actually obtain an accurate picture. To simplify this process, it is important to ask the previous employer whether he or she would hire that employee again. It is also prudent to ask whether the applicant possesses the attributes that are in the following section. This at least gives some standardization to the referral process and allows the new employer to find out the applicant's ability to fit in to their office.

Any employer must be extremely careful about providing a negative reference. If an applicant can prove that you have prevented them from gaining employment, you may be liable. Millions of dollars in damages have been awarded to employees who were able to prove defamation in lawsuits. Be very cautious about giving a verbal or written negative reference, especially to a stranger. Many large companies only verify employment history, that an employee was hired on a given date and worked there for a given period of time. These companies refuse to comment on subjective questions.

If an employer wants to provide a negative reference without jeopardizing himself or herself, the statement "I cannot comment on this employee under advice from my attorney" should make the point without creating liability.

There is no doubt that hiring the incorrect employee can cost thousands of dollars. The cost of training, the loss of efficiency, and the negative impact are immeasurable, but they cost money and they cause stress.

Personal Characteristics of the Perfect Employee

There are seven attributes that make a perfect employee. For the sake of measurement, we will refer to a perfect employee as a "10." What we desire is to be able to screen for employees that are a "7" or above. The following considerations will greatly assist this evaluation process:

1. Competency and presentation

2. Unconditionally committed
3. Givers or takers
4. Offensive or defensive
5. Superstar or team player
6. Joyous
7. Self-managing

Competency and Presentation Competency is the foremost attribute to be considered. In any service-oriented business, customers or patients expect and seek a certain level of care and service. When a person goes to a nice restaurant, he or she knows in advance that it will be expensive. In return for that expense, a high level of service is expected (i.e., prompt seating, polite treatment, accurate ordering, fast service, and attention to detail). A waiter or waitress who cannot meet those expectations is incompetent. If you order a rare steak and salad with dressing on the side and get a well-done steak and a salad drenched in dressing, that is incompetence. This incompetence will, across the board, cause unhappy customers and eventually harm the reputation of the owner. What is frustrating here is that the restaurant owner may really have paid attention to detail. He or she may have a beautiful facility with ample parking. He or she may purchase only the finest ingredients, and may have hired the best chef in the area. Despite all the attention to detail, a single incompetent employee may shatter the owner's dream of having a fine restaurant by negating the attention to detail. There is a difference between inexperience and incompetence. If the waiter were wearing a badge "waiter in training," the customer may expect a lesser level of service. This employee may become an excellent waiter or waitress, but should not be turned loose on the public without supervision.

Presentation is also a very important factor to consider in our business. The discipline of OMS involves cosmetics, aesthetics, and health. One of the most powerful marketing principles is the appearance of the doctor and staff. Slovenly, out-of-shape staff, yellow teeth or yellow fingers from smoking, or excessive body piercings are not the image we are trying to convey. An obese employee who is bubbly and neat may be an asset, but someone with cellulite bulging from dingy polyester white scrubs does not assist your marketing efforts.

Unconditional Commitment The ideal employee displays commitment with a lack of conditions. A good example would be a resident in a training program. A resident cannot allow anything to take precedence over the work. He or she would not dream of telling the program chair that a deadline was not met because he or she ate lunch and did not have time. In that environment lunch is not a priority, and work takes precedence. When called to the emergency room in the middle of the night, the resident cannot say, "It's late, call me in the morning." These are examples of unconditional commitment.

Business owners have much more incentive to be unconditionally committed than do the employees, because they reap more of the benefits or failures. For this reason, it is rare to find this level of commitment in an employee. One thing about any society is that people identify and bond with cohesive organizational units that convey a common goal. Fraternities, sororities, social clubs, bowling leagues, and scouting and church groups are examples of situations in which people unite and develop sometimes extreme loyalties. There is usually little monetary incentive in these groups, but as social animals, people will extend great efforts for "the cause." These social characteristics extend into office settings, and when employees bond and identify, they will put forth great efforts for the good of the practice. When you have a good leader, clear-cut goals, and the correct employees, the ensuing is a beautiful machine. Doctors who have exceptional and profitable practices probably are good leaders and have exceptional employees with a well-defined common goal.

An unconditionally committed employee will perform within reason to accomplish the task at hand. An applicant who will not work overtime or on Saturdays or follow your rules is only conditionally committed and does not meet this criterion.

Finally, an employee may be unconditionally committed to you but not your vision. If an employee is only committed to you and you come into work with a poor attitude, then they will also take on your attitude. If the employee is, however, committed to your vision, then they will remind you of your commitment to excellence and point out

that your attitude that particular day is not what the goals define.

Givers versus Takers A giver is a loving, compassionate person who truly enjoys giving of himself or herself. These people understand the win/win concept and fully realize that the more they give, the more they will receive in return. These people exude a generosity that is not measured in physical gifts but in the more important subjective sense. These people give gifts of advice, time, compassion, empathy, and service. This is what is wanted in an employee.

Takers, in contrast, operate in the win/lose environment and believe that in order for them to win, someone else must look bad or lose. This is the person who reminded the teacher that he or she did not collect the homework assignments in school—the goal was not to serve as a reminder, but rather to look good at the expense of others. This is a malignant personality trait and is manifested in all sections of society.

An oral and maxillofacial surgeon who refers to other oral and maxillofacial surgeons as competitors instead of colleagues is another example of a taker. Any person who speaks negatively about something in order to enhance his or her own identity is a taker. Although it is impossible to screen for this attribute in an interview, this behavior must be identified and these people removed from your staff. One bad apple can spoil the whole bunch.

If, as an employer, you ever come across the "what's in it for me?" attitude, you must take action. If an employee must have someone lose for them to win, the losers will be the boss, the other staff, and the patients.

Offensive and Defensive Employees This categorization refers to one's ability to accept change. Change is the basis for all molecular structure, and all of life—from the subcellular level on up—involves motion, change, and energy. If you examine successful people and successful practices, you will see that they thrive on change. Change should breed excitement, but for many people it breeds fear and insecurity. If a doctor is truly interested in approaching excellence, then he or she must continually change all aspects of the practice to increase efficiency and service. Staff should be challenged and rewarded for changing. In a successful practice, staff looks at forms, policies, furnishings, and so on and brainstorms as a group on how to improve them. Accepted employee suggestions can be validated by monetary rewards.

Some employees are intimidated by change and take the "if it ain't broke, don't fix it" attitude. This is poison in a motivated practice.

Employees who encourage and accept change are termed *offensive*, whereas those employees who fear and resist change are termed *defensive*.

The author recently made significant changes to the current charting system in his office. These changes meant altering the status quo of everyone's interaction to the structure and handling of the office charts. It was truly enlightening, as an employer, to witness the offensive staff immediately recognize the potential for increased efficiency and service, whereas the defensive staff members could see only problems. For these defensive staff, this meant doing things differently, and even though it was actually less work on their part, they resisted because of their personality trait.

It is appropriate for staff to challenge change; in fact, in the proposed charting system some shortcomings had not been considered, and the author was enlightened by challenge from the offensive staff. It was interesting that the pitfalls put forth by the defensive staff were less founded on improving anything.

We all like change because it counters boredom. If we all wore the same clothes every day and ate the same food at every meal, life would not be as interesting. The same holds true in the workplace.

A successful leader understands that all change may not be effective and must concede to the staff that a given plan is not working. It is all right to make mistakes; however, do not dwell on them, but rather move forward and by trial and error enhance the service to your patients.

Successful practices have offensive players.

Superstars versus Team Players The term *superstar* is not a positive description in the sense we are using it. A superstar is that type of employee who can do it all. Although this might be appropriate or even desirable for your first employee, there will be problems when you begin adding staff. The superstar manipulates situations so all the attention swirls around him or

her. It is not about winning the game, but about how many points they scored. Superstars feel that because of their previous experience or superior intellect they can "do better."

They feel a superiority and are often overprotective of the doctor and the practice. Their attitude is that they must "save" the practice from the incompetent hands of the other employees. These employees may take some time to recognize, because they seem so dedicated on the surface. If one examines the attitudes of their coworkers, it will become evident whether they are respected leaders and role models or self-servingly critical.

There are ways to ferret out this personality type. They frequently place themselves in situations that "no one else can do." For instance, they are the only ones who can back up the computer or the only ones that do the payroll. They thrive on being needed for important functions. They frequently do this to become indispensable. They may cause many employee problems and realize that the other employee will be fired, because the practice cannot run without the efforts of the superstar. You cannot fire these employees because no one else can perform the vital functions like backup or payroll. The key to neutralizing superstar status is cross-training. Give several staff members responsibility for critical functions. This is good business sense and lessens the chance of fraud and embezzlement.

These examples do not mean that one person should not have responsibility. The difference is in the person. Whereas the superstar wanted other staff kept in the dark, the team player would have communicated the important responsibilities to the other staff so the office would function in his or her absence. Look for, hire, and reward team players; they will make your life and practice less stressful.

Although OMS is not physically challenging, many doctors go home at night exhausted and stressed. They are not exhausted from doing surgery; they are exhausted from having to constantly manipulate staff members to keep peace. Superstars embezzle from the practice. They do not steal money, they steal energy. They are like sponges, and they steal the energy and excitement from the other staff or even patients. To counter this type of behavior in these "indispensable" staff, the doctor must constantly manipulate situations and environment. This is what becomes stressful and exhausting. Surround yourself with team players and you will be energized. Synergy occurs when the total is greater than the sum of the parts. Team players, offensive staff, and givers blend harmoniously to cause synergy.

Enthusiasm, Joy, and Energy Knowing that we spend a significant part of our time with our staff, it makes sense to seek enthusiastic, joyous, and energetic people. Happiness and enthusiasm are contagious and are self-perpetuating. Friendly people with high energy levels are a welcome addition to any group of people. If you truly believe that there are no dress rehearsals in life, then you should make the most out of every waking second. For movers and shakers there is no room for pessimism. OMS is not particularly exciting for the patient, but an enthusiastic, joyous, energetic staff member can greatly enhance the service and happiness level of patients through attitude.

Surround yourself with enthusiastic, joyous, energetic employees with the other previously mentioned attributes and your practice will prosper.

Self-Managing Once you have found staff with the positive attributes, you need to make sure that they are self-managing. There exist employees who know just what to do but will not perform unless directly supervised. This is a drain because you need two people to do the job of one. There is nothing wrong with the concept of a manager, but if you must literally stand over someone to ensure progress, you have an employee who is not self-managing. Self-managing employees are a pleasure to work with and take all the effort out of management.

Termination

One situation that holds back progress and perpetuates turmoil is the ignorance and hesitancy of doctors to terminate an employee. One must make a decision to run a practice or an employee repair service. There is no doubt that terminating an employee is a decision that is wrought with emotional and legal ramifications. Firing

someone or being fired can provoke so many emotions for both parties that many doctors procrastinate or endure years of unnecessary stress because they cannot bring themselves to "pull the trigger."

In this situation, we again ignore the tenets of big business. In the corporate world, termination and the factors leading to it are clearly defined. It is not uncommon for employees to be terminated in the presence of coworkers while a company security guard hands them a box in which to place their belongings and then escorts them to the door.

It is very traumatic for an employee to be terminated because it signifies failure and humiliation. It is even worse when the employee feels that he or she was unfairly terminated. If an employee is terminated for being tardy and has the retort that "Mary Ann is always late," your credibility is lost and you may open yourself up for a wrongful termination suit.

The best way to avoid termination is to use correct hiring principles. This may sound trite, but in most offices hiring is such a haphazard event that it becomes a roll of the dice. There is an amazing lack of attention to basic human resource policy. Well-established offices often do not have written job descriptions, policy manuals, employee documentation files, and other basic information. Every office should have written policy on exactly what it takes to be an excellent employee and what it takes to be terminated. In addition to this, employers must be consistent with these policies with every employee. If employees do not know the goals of the practice, the day-to-day policies, and what is expected of them, then how can they be expected to perform? Without structure, one has chaos. Unfortunately, many practices new and old function in a chaotic state.

For all these reasons, every practice needs a "map" and a "compass." The map is the policy manual, and the compass is the leader of the practice—the doctor. No one can get from point A to point B in unfamiliar territory or inclement weather without navigational aids. Can you imagine an NFL team with no one designated as the quarterback? If there were no leader and anyone could call any play at any time, chaos would rule and the team would never advance. Similarly, if the team had a quarterback who knew all the plays but there were no playbook for the rest of the team, the same chaos would rule. Any successful team must have a leader and a playbook, and any pilot must have a map and a compass. Similarly, every office must have a leader and rules of the game (see later).

When the performance of an employee begins to falter, the leader must conscientiously ask whether it is an employee or employer problem. Often, the perceived employee problem is actually a leadership problem. If it is truly an employee problem, and if the employee can be salvaged, then a written warning and a second chance may be extended for a probationary period. If the employer feels that the employee is not catching on or is unsalvageable, then it is better to approach the inevitable as soon as possible. It is also important to document employee shortcomings and proof of counseling the employee. This is critical in terms of defending a wrongful discharge suit or an unemployment claim.

If the proper pretermination steps have been carried out, the actual task of termination need not be complicated. The single most important point is to have the entire script well thought out and clear in your mind. This is no time to ad lib or fumble around; absolute clarity is essential. It is also important to realize that if you are unhappy with the performance of a staff member, they are probably aware of this and they are also probably unhappy, and sometimes the termination of employment is actually a relief on the part of both parties.

A Friday afternoon is an optimum time for terminating an employment relationship unless a significant infraction such as theft or substance abuse has transpired. It is important to have a private environment away from other employees, and it is mandatory to have another employee, preferably of the opposite sex, present to document and witness.

The doctor can very simply tell the employee that the employment relationship is not working. The doctor can further tell the employee that he or she is a fine person but not a good fit for the practice. It is not necessary to delve into specifics because this opens the door for argumentation or comparison with other employees. If the employee pushes in that direction, take control

of the situation, reiterate that the topic is not open for discussion, and then move on. It is imperative not to insult the employee and leave him or her with no self-esteem. If the situation is applicable, offer the employee the option to resign with severance benefits or be terminated with no benefits. You can enter the interview with two predrafted letters, one for resignation and one for termination, and give the employee a choice. If there may be legal implications or retribution, the practice attorney may also be present. It is acceptable to have a manager or attorney do the actual firing, as long as the proper channels are followed. In fact it may be wise for the doctor to distance himself or herself from these proceedings and stick to doctoring.

Although it may seem cold, it is an absolute necessity to obtain any keys, credit cards, or any other practice possessions immediately. There are many cases of documented sabotage involving the violation of this. An even greater temptation for sabotage is termination of an employee with 2 weeks' notice. This is a perfect invitation for this person to be unproductive or diabolic within the office. A prudent employer will already have a replacement lined up to step right into the position.

As mentioned earlier, some doctors will commit serious errors in judgment by taking money from the front desk, having affairs with staff, or allowing staff to know personal or family information. It is after firing an employee that they become disgruntled and expose any deceit or retribution. This is a real and all too common situation. Do not fall victim.

PROFESSIONAL CONSULTATION

The term *consultant* has been mentioned several times already, and it is appropriate to expound on this now. We all seek advice from outside sources, especially in situations in which that person has a higher level of knowledge of what we are doing. Most oral and maxillofacial surgeons would not take apart their own car engines if it stopped running, nor would they consider taking the transistors out of their television if it fell into disrepair. There are infinite examples underlining the fact that our lives revolve around professional advice. This being a fact, it is difficult to believe that so many doctors are resistant to obtaining outside consultation. Our autonomy sometimes gets in the way. Anyone who runs a practice has very strong emotions and opinions about the way the practice runs. When you add partners to the scheme, these emotions and opinions increase. It is very difficult to make prudent decisions in the face of emotional issues. Anyone who has made decisions to institutionalize a parent, euthanize a pet, terminate a marital relationship, or deal with similar issues will testify that emotions cloud the clarity of the issue, making it very hard to make these decisions. In these instances we usually turn to those we trust to separate the issue from the emotions. This emotional attachment to our practice often causes warped perceptions of the way the practice runs. To make rational decisions, one must see the big picture.

A good metaphor for this situation would be a person enjoying a scenic boat ride along a beautiful river. The person in the boat is overcome with the beauty of the trees, water, and wildlife. The boat ride is absolutely wonderful, except there is something very ominous happening. There is a person in an airplane that is flying over this boat who can see more of the picture. The person in the plane can see that 10 miles down river is a huge waterfall that will kill everyone currently enjoying the boat ride. The person in the boat is disadvantaged by not seeing the entire picture, and the person in the plane can avert disaster by radioing the captain of the boat about the impending disaster.

This metaphor illustrates the role that a consultant can play in your practice. Given the level of quality that we all seek in everyday life, it is unfathomable that so many doctors are resistant to these ideas. Adapting an old adage, a doctor who refuses to seek business advice has a fool for an advisor. There is the other pitfall of "pseudo consultation." This involves taking advice from the wrong people. Frequently, surgeons turn to accountants or attorneys for this type of advice because these individuals are familiar with the practice. Most of these professionals have little practice management experience and often prove to be poor advisors.

A frequent excuse for not seeking outside assistance is cost. Some doctors say that

they quite simply cannot afford it. Successful general dental practices have multiple hygienists doing recall visits. The dentist may pay these hygienists $200 per day. This can be a significant expense; however, these dentists may make a clear profit of $1000 per day after paying the hygienist. Many dentists never hire a hygienist because they "can't afford one." How can they afford not to? A qualified practice management consultant may charge up to $10,000 for several days of work. If this person can institute changes that affect your accounts receivable, billing, coding, and staff relations by several percentage points, the payoff in profit and stress reduction may be 10-fold. Yet many doctors are resistant to this concept. If a doctor is truly interested in excellence, he or she must take the first step. For many people, they cannot ever commit to take that step.

Initiating a Marketing Plan

The specifics of a marketing plan are very important. Their importance is only relevant after a doctor and staff are committed to understanding the theory and mindset of excellence and patient-centered care.

Doctors have a dual commitment that is nonexistent in most other businesses. They have taken an oath and are expected to sacrifice for the well-being of humanity. Going to the emergency room in the middle of the night to treat a patient without funds is a good example of some of the problems that set doctors aside from other profitable business people. In addition, what doctors do is expensive, and traditionally people have had a low priority for paying doctor bills. No one would be shocked by going to a restaurant, ordering a meal, receiving a bill, and having to pay on the spot. This mentality has, in the past, not carried over to doctors. Things are quite simply different today, and doctors must adapt to be profitable. Most doctors are compassionate and realize that their profession assists many people who may not have the ability to pay. On the other hand, without sufficient profit, the business will not thrive to a point to provide that service. Doctors walk a tightrope with patient care and medical ethics on one side and the need for aggressively structured business on the other side. An improper mix can detract from their humanity or force them out of business.

Some doctors find the mere mention of profit objectionable or unprofessional. This is a capitalistic society, and our economic thrust is on profit. Profit is not a four-letter word, but loss is. There are few people in business who do not desire the amenities that society offers. Having a profitable business allows one to pursue a career in a more content manner as well as offsetting the mix of indigent treatment. Many of the frustrated practitioners in OMS are frustrated because of their lack of profit. Their poor hiring and firing practices, lack of formal policy, and leadership are impeding their profitability and enjoyment, and this is all part of the marketing equation.

It is important to examine the role of the doctor in the image of the office because, after all, image and marketing are inseparable. Most successful practitioners have a passion for their profession. A marketing plan starts with clinical excellence. A doctor needs to be well read and attend continuing education concerning what is current. By doing this, he or she is satisfying a public thirst, and that is a thirst for what is new. People are constantly intrigued by newer and better ways to accomplish mundane tasks. The mere incorporation of lasers or minor cosmetic procedures will enhance the image of the practice, but only if you let your patients and referral base know. This lack of communication is a pitfall for many doctors.

Communication is the essential measure for a successful practice and in this age of computers has never been easier. A doctor should view his or her practice as a team, a family, and a center. This center is the nucleus for what is current and best serves the patient. Generalists will list lack of specialist's communication high on their list of complaints. The generalist relationship is such that they see a given patient and his or her family several times each year for many years and develop a special communication with these patients. The specialist may see most patients for two or three visits and be faced with the barriers of pain, expense, and fear. It is definitely more difficult to develop this level of communication experienced by the general dentist in several visits. We therefore must work harder and

be more impressive. When a general dentist refers a patient to a specialist, he or she may not see that patient for months. If the oral and maxillofacial surgeon failed to send a referral letter detailing the surgery, it is very embarrassing for the dentist, because he or she is ultimately responsible for the global care of the patients. A smart specialist would realize that anytime they could communicate with their referring doctor it is free marketing. Each time your letterhead crosses the desk of a referring source, it makes a subliminal marketing impression.

The previous areas of discussion are primarily philosophical but are nonetheless paramount to the understanding of the global nature of marketing. The following basics can be applied to one's individual practice. These topics are by no means exhaustive; they only scratch the surface as to some important guidelines. At an AAOMS seminar, five practitioners presented a slide show of a patient's journey through their office. This lecture focused on each doctor's image, physical plant, referral and marketing strategies, patient care, and so on. There were many simple but thought-provoking ideas presented. The point is that satisfying a patient is an inexhaustible process, and there are endless means of improving service and thanking referral sources.

While considering the basics of a marketing plan, try to imagine your favorite restaurant. What is it that you like about it? It probably has a clean environment with friendly and accommodating staff. The service is probably excellent, and the food is unparalleled in presentation and taste. The restaurant probably has reasonable prices and has amenities such as staff who remembers the patrons, easy parking, and a way of always making you feel that you are the only customer even on the busiest nights. Try to apply this thought process to all the details of your practice. No matter how busy, we should attempt to make each patient feel that he or she is the only patient in our practice.

IMAGE AND LOGO

The most basic of basics in marketing is identity. The first thing that you need to do is to be remembered. Can you imagine if one of the most famous soft drink companies did not stress its logo? All people would remember is "that" company with the good taste. The cola wars are a Madison Avenue example of how essential image is. These companies spend billions of dollars making sure that society remembers their name.

Some image marketing is so effective that a product name becomes the moniker for all products of that type. When you hear someone ask for Scotch tape or ask for a Xerox, they probably are speaking in a generic sense. This psychology applies to health care marketing, and without a logo, it is much more difficult to gain an identity.

There are many ways to create a logo. One can consult the yellow pages for a graphic artist or marketing firms or do it oneself. The logo should represent the doctor and the practice. If sailing is the passion of the doctor, a tasteful logo centered around a sailboat makes a point and is fun. Once created, the logo should be service marked to protect its unlawful usage. The logo should be distinctive and colorful and should be used whenever possible—on prescription forms, all stationery, newsletters, invitations, and virtually anything that represents the practice, including scrubs. When people see this logo, they think of the practice. If the logo is not distinctive, it is not as effective. The commonly used logo of a retrognath, a prognath, and a normal profile has been overused in our profession. It is also effective to have a slogan to complement one's logo. It should say it all in a nutshell.

UNIFORMITY

One of the beneficial aspects of the stringent Occupational Safety and Health Administration (OSHA) requirements was the widespread acceptance of surgical scrubs in the office. Having freshly laundered scrubs with the practice logo and the name of the employee embroidered on the scrub top is a functional and professional look and also designates the players of the team to the patients. The office is one place that you should be able to tell the players without a program. Using the sports metaphor, all teams have uniforms. The issue of name tags for employees is also important. When

a patient is placed in the unfamiliar environment of an OMS office, the patient can become very intimidated. The unusual sights, sounds, and smells coupled with the fear of surgery and pain do not present a relaxing environment. The patient, in this situation, looks for any vestige of warmth, friendliness, or compassion and will bond with these people, thus mitigating these fears. When you can call someone by his or her name, this automatically puts a person one step closer to a bond. In fact, when one examines the habits of very successful people, they inevitably are quick to remember a new name and use it frequently in a conversation. The fact is that people like to hear their name in conversation. Many doctors write the first name of a patient on the chart in very large letters that may be seen across the room so the entire staff may refer to the patient by name. Some offices use a chalkboard with messages such as "Welcome Bill Smith" inside the treatment rooms. In any event, it is very helpful and should be mandatory for all employees to have some sort of name tag. If for no other reason, it will allow a patient to be specific when they compliment or criticize an employee's performance.

BREAKING THE ICE

The anxiety associated with visiting a doctor is sometimes palpable. Some people become sympathomimetic and obviously stressed. There are many subtle techniques that most seasoned practitioners use to place patients at ease and make a positive experience.

Nothing is more important than a smile. Because of the stress associated with this career, doctors must sometimes force a smile, but no doctor or employee should ever enter a treatment room without a smile. No other body language is as reassuring. In addition to smiling, patients like to be touched. Classic medicine from thousands of years ago talks of "the laying on of hands." There is something about appropriate compassionate touching that helps the doctor-patient relationship. A handshake or a pat on the shoulder is sometimes all that is necessary. Unhappy patients who feel rushed through one's office will frequently say, "The doctor didn't even touch me."

Posture is also important when speaking to any patient, especially an apprehensive patient. No matter how rushed a doctor is, he or she should always sit down some time during the patient conversation. It is better to be at eye level with the patient, and this shows that you are "into the patient."

Masters of communication will always begin a professional visit by making small talk with the patient. People are impressed by the fact that a busy doctor would ask about their hobbies, families, vocation, and the like. Again, taking 30 seconds to informally chat with a patient can lessen the appearance of being too busy. A patient is impressed when you remember a personal fact months later, and astute communicators will make a notation on the chart (such as "patient likes riding horses"). This is a way to make someone seem appreciated.

Some patients are difficult to warm up, and complimenting them is a useful way to begin a conversation. Admiring the color of a dress, the smell of a perfume, a piece of jewelry, or the patient's children are all easy compliments. Complimenting the work of the patient's dentist serves to reinforce the patient's faith in his or her dentist, and patients frequently repeat this fact the next time they visit the dentist, which has a positive marketing appeal for you.

There are many times when doctors are truly rushed in trying to accommodate overbooking, emergencies, and all the other problems with a busy schedule, but by paying attention to these details, it can totally change the perception by the patient. In addition, if a staff member precedes the doctor and does the same type of communicating, a cumulative effect results. Every doctor and staff should always ask whether there are any questions before discharging the patient. With positive communications, one can accomplish in 5 minutes what may take 25 minutes otherwise. By providing a variety of informative material on the doctor, the office staff can help pass the time in a constructive manner as well as assist your marketing.

THE ART OF WAITING

Waiting is one thing that patients hate. This is one reason to refer to the lobby as

a reception room and not a waiting room. Industries such as fast food companies, banks, and retail stores have done many studies on waiting. Fast food chains have found that people do not mind waiting as much if their order is taken immediately, even if there is a significant wait afterward. People who cannot wait are served first; drive-through windows take precedence over the customers inside. Retail businesses have found that customers pay less attention to time if they can get something for free. This may be a bowl of candy or coffee from a self-serve coffee station. Doctors can take advantage of this type of psychology. In addition, if a patient is going to experience a long wait, they will do much better if they are informed. A progressive office updates the patients on the status of the wait and offers anyone the opportunity to use the telephone to take care of other business or reschedule the appointment. People become quite agitated when held in limbo. Again, if you are truly interested in marketing, make these patients comfortable, provide them with useful information about your office and services, and give them something to do.

Always apologize to patients for an unreasonable wait and tell the patient that his or her time is just as valuable as your own. In addition, the fee can be adjusted in the interest of patient relations. Explain to the angry patient that time was devoted to a patient with an emergency, and if it were the angry patient who needed the services, he or she would have been given priority and others would have had to wait. An apology letter can be sent to patients who have experienced substantial waits.

Running behind on a schedule is a fact of life in many offices, but some common sense and special attention can mitigate patient dissatisfaction. This is marketing in its purest form.

PHYSICAL PLANT

When instituting a marketing plan, few things are as important as the home base. Although the first impression of one's office usually begins before the patient arrives at the office, the first 5 minutes in the reception room probably determines much of the patient's attitude. It is important to remember that this profession is concerned with well-being and aesthetics, and our offices must represent this. From time to time, sit in the reception room during business hours and just observe. It is interesting to see how people interact with our office and to make observations ourselves. There are many intimidating and offensive things that occur in our offices; we are sometimes oblivious to these factors as a result of our accommodation. When we walk through the fragrance department of a large department store, we are usually impressed by the mix of fragrances; however, the employees behind the perfume counter do not notice the smell. In this case, the smell is a positive factor, but the smell of burning flesh from a cautery, strong disinfectants or medications, burning dentin, and so forth are certainly not palatable to your patients even though you and your staff do not notice them. The same thing can be said about noise. There are few things more offensive to anyone than the sound of a drill or the shriek of a patient in pain. Couple this with the sound of a patient with airway problems or anesthetic gagging, and you are subjecting your patients in the reception area to a cacophony of scary and unwelcome sounds. How are they supposed to feel if they are next to be treated or if it is their family member in surgery? All noxious sounds do not come from patients. In a professional environment, we must be very careful about conversations of the staff and doctor being audible to patients. In the Capitol Building in Washington, DC, there is a popular attraction that illustrates the peculiarities of acoustics. If one stands in a certain spot in one of the large rooms adjacent to the rotunda and whispers, the conversation may be heard with clarity in another area 60 feet away. It is astounding that the acoustics carry a whisper that far.

This same acoustic situation can and does exist in offices. There are many well-documented situations in which patients have overheard remarks from staff or doctor conversation, personal telephone calls, or employee bickering. Also, patients may misinterpret what they think they heard. In many offices, receptionists make collection calls or speak with patients about sensitive financial or health information. Inappropriate conversations can provoke ill will or even legal problems.

Sound attenuation techniques are recommended for the reception room, the surgical suite, and the doctor's private office. In addition, it is important to maintain professional decorum at all times in the company of patients.

An office need not be elegant to make a good impression. Practice management experts will attest that cleanliness is one of the biggest factors that affect the impressions of patients. In this day and age of potentially fatal communicable diseases, sterility and cleanliness are paramount. Many practitioners have signs posted throughout their office extolling their extra attention to sterilization and the like. This is pure marketing. An important point of marketing is that if you go out of your way to improve service for someone, it is imperative to let them know. When we send cleaning to a dry cleaner and we get a shirt or blouse back with a sign attached to a button informing us that the cleaners saw that the button was missing and replaced it, we recognize extra service. Just think how frustrated you would be if you packed that shirt or blouse for an important out-of-town meeting and getting dressed prior to the meeting you had no button. In this case, the dry cleaner was showing exemplary service and you only realized it because of their efforts to point out their extra work. Had you unpacked the clothing for the meeting and did not have a sign on the button, you would have never realized the extra effort. When you go above and beyond the call of duty to extend service, let your patients know of your efforts or the efforts may go unappreciated. As consumers, sometimes we pay in excess for a superior product. We have all purchased something that was more expensive than usual, but we purchased it because it was explained to us that only the best parts were used and the guarantee was exceptional. People will pay more money for goods or services they deem exceptional. If your office is exceptional, you need to point it out in every respect to your staff and patients.

It is a great promotion to have the staff compliment the doctor and vice versa. Many times patients make telephone rounds with multiple offices to find the one that "feels" best. If a receptionist tells a patient "Oh you will love our doctor, she is so gentle and friendly you will just love her" or "He really goes out of his way to make sure you have as pleasant an experience as possible," a patient who was riding the fence or telephone shopping may come to the office simply because of the complimentary nature of the staff. In return, it also says a lot about a doctor if he or she compliments his or her staff in front of a patient. Most of us are probably very appreciative of our staff but fall way short of expressing these thanks. By complimenting a staff person in the presence of a patient, you sincerely elevate the morale of the employee and reinforce the cohesive nature of the team to your patient. If there is one fault that we all are guilty of as employers, it is having an employee who does 99% of things correctly and jumping on him or her for the 1% that is done wrong. The world needs more compliments.

It pays to take a weekly stroll through your entire office when there are no patients present to visually inspect the state of your facility. Some subtle details will jump out that may not be noticeable in "the heat of battle." Outdated or wrinkled periodicals, dirty carpeting, unhealthy plants or flowers, messy aquariums, outdated or worn furniture, dirty windows, and crooked pictures are just a few things that should be inspected by the staff and doctor on a regular basis. The clinical areas must be clear of objects like wire, alginate, and bits of suture that are sometimes difficult to notice.

Redecorating the entire office every 5 years is a good idea, whether you think it needs it or not. First of all, it probably does need renovation, and secondly, it is amazing how such little things such as paint, wallpaper, and furniture can increase morale. Although unfinished or pine furniture was once popular, it now portrays a yard sale image. Many of us spend as much or more time in the office than at home. For this reason alone it should be attractive and represent you and your interests.

IDENTIFYING A TARGET MARKET

Image and marketing are inseparable. Every businessperson struggles for a way to identify their target market and spread the word of their goods or services. There is no disputing that word of mouth is a very effective means of marketing, but it is also the slowest. The many methods by which to

carry out mass marketing are discussed later.

Identifying the target market for any business is very challenging. It may cost several hundred thousand dollars to find out that Pepsi drinkers are 23-year-old Republican college graduates. Fortunately for our profession, our target market is obvious. For the vast majority of us, general dentists or dental specialists are the funnel for our business. Ten general dentists could support an oral and maxillofacial surgeon if they were prudent practitioners and properly screened their patients. The problem for most of us is that we are not the only show in town. There are usually many choices for a dentist, so why choose our given practice?

An entire text could be devoted to this question alone. Initially, many established referral relationships begin when a practitioner enters practice, and if the service is appropriate, continue as habit. Why did this dentist originally begin referring to a new doctor? Age distribution has an influence in that many dentists refer to specialists of comparable age. They may know each other or at least have things in common. Many established doctors may refer to a new doctor because they have empathy for the new practice or simply because the doctor is new and different. Perhaps they feel that the new doctor has skill in the latest techniques. There are many reasons why an established general dentist may stop sending patients to an established practice and begin sending to a newer or different practice. The biggest problem, however, is that it has to do with a change in service.

When a practitioner first enters practice, he or she is usually enthusiastic and hungry for business. Because of this, new practitioners do all the right things. They see any patient at any time, they work until the job is done, they are quick to express their gratefulness for referrals, and they are extremely friendly to patients and referring dentists and will bend over backward to get new business. They are humble but confident and are usually excited if not supercharged about OMS.

With this willingness and attitude in mind, it is easy to deduce not only why new doctors get patients but also why experienced doctors may lose patients. Obviously, most of us lose some of the vigor we once had, but too many doctors fall into a false sense of strength as a specialist and assume that a decade-old referral relationship will continue out of habit. This could not be further from the truth. If a doctor continually decreases his or her level of service, they are literally inviting competition into their referral area. When considering a marketing plan, remember to try and do as many of the things that made you successful and never let your guard down out of confidence. It requires much less energy to maintain a favorable referral relationship than to try to retrospectively re-enter one.

PRE-ENTRY MATERIALS

The best time to market is always. Many doctors are under the impression that they need not concentrate on marketing to patients until the patient contacts the office. This is not true. First of all, many doctors mount tasteful and effective media marketing campaigns (the specifics are discussed later). More importantly is the ability to obtain a favorable position with the gatekeepers of your target market—that is, the general dentist. A busy general dentist is very similar to a busy emergency room doctor in that he or she needs to get problem patients out of the office in order to stay on schedule. They will take the path of least resistance to get the patient to another caregiver, usually a specialist. If your office is easy to get a patient into, you are in the most favorable position; if your line is busy or your receptionist makes the general dentist's staff jump through hoops, then you are in an unfavorable position. A prudent specialist will constantly adapt his or her office to make it easy to make an appointment.

There are many techniques to facilitate a favorable referral position. Many doctors supply the referral base with pamphlets with pictures of the doctor and staff as well as pertinent information about the surgical experience. These brochures often have a map to the specialist's office as well as important telephone numbers. Some practitioners include some promotional gifts with the brochure such as refrigerator magnets, fast food coupons, discounts for surgical evaluation, adolescent-oriented coupons, and the like. A presurgical packet makes a nice presentation for a patient to receive

and helps the patient identify with the specialty office before ever walking through the door. This is a very efficient and time-saving method, which allows the office to schedule more patients and experience less waiting. In addition, patients provide more accurate information when they can fill out forms at their leisure.

Because most general dental offices have panoramic radiographs of their patients, they usually send them to the oral and maxillofacial surgeon for the patient's appointment. Sending the referring office a self-addressed, stamped Panorex mailer greatly facilitates this process and puts the office in a more favorable position. There are hundreds of ideas being used by successful offices. The challenge is to constantly think of service-oriented ideas to better serve referral bases and patients. It is fun and rewarding to challenge your staff to dissect everything that constitutes your office and try to reassemble it for better patient service.

Synergy in Marketing

Synergy occurs when the whole is greater than the sum of its parts. This can be applied to marketing only when the doctor involves his or her staff. A doctor can have the best marketing mind in the world but be tremendously reduced in effectiveness if the staff is not involved. McDonald's fast food chain has an unusual policy of training their managers and franchise owners. They require these executives to literally begin at the bottom. Managerial trainees must flip burgers on the grill, run the french fryer, and make milkshakes for several weeks before putting on their white-collar clothes. Many businesses take this grassroots approach because it brings home an important point. A manager is more effective if he or she understands everyone else's job. In addition, this experience will stimulate the innovative mind to figure out a more efficient and profitable way to get the job done.

It is a shame that doctors do not spend one day a year being a receptionist or surgical assistant. We would gain much insight into our practices. The staff hears, sees, and feels things that elude the doctor.

If a doctor has the right staff (if you do not, you are negative marketing), they will exponentially complement the marketing experience. It is essential to communicate and formally launch a marketing campaign. It is very effective to refer to this as a patient service enhancement campaign. Forego patient appointments and have a half-day meeting. The purpose of this meeting is to point out to the staff the importance of patient-centered care and to explain the benefit of superlative service. Each staff position should have a specific job description, and it is imperative to challenge the staff to be innovative and try to improve each detail of the patient's experience. The doctor must be prepared to reward the staff with some type of incentive for their contribution. This is a win/win situation, because when the staff wins, the doctor wins more. Once you have challenged the staff and they respond to the challenge, an energy level is created that is almost palpable. The ensuing enthusiasm serves to further fuel the synergy engine and draws the entire team to a common goal—superior patient service. A doctor can be continually amazed with the endless ideas submitted by the staff and frequently ask, "Why didn't I think of that?"

The author requires each employee to submit at least two ideas and rewards them with a monetary bonus. An employee who does not submit two ideas cannot be reviewed until this is completed. An employee without an idea on how to improve patient service has no place in an office in pursuit of excellence.

Failure to enlist your staff in the marketing of your practice will deprive you of your most effective and most economical asset.

In 1995, the American Society for Quality conducted a survey on the reasons that customers switch service providers.* The results were as follows:

- Death—1%
- Moved away—3%
- Influenced by friends—5%
- Lured away by competition—9%
- Dissatisfied with work—14%
- Attitude of indifference on the part of an employee—68%

This survey probably applies to every type of business on the planet. Most of us can relate to a restaurant that has great food but mediocre service; one rude waiter

*American Society for Quality, 1995; unpublished material.

or waitress can ruin the best of products or service.

Obtaining Outside Consultation

The importance of this strategy was discussed in the beginning of this chapter, and additional discussion is warranted as it relates to the topics at hand.

Oral and maxillofacial surgeons are leaders by virtue of what they have achieved. Our ranks hold a most impressive array of talented men and women. The author is always impressed when attending our annual meeting by the caliber of our membership. Many of us entered this specialty to be independent, and it is sometimes difficult to look to others for assistance. Use of outside consultants can be one of the most beneficial things that is done to benefit a practice. For many oral and maxillofacial surgeons it would be unthinkable to consider a consultant, because they feel that they know their practices or cannot justify the expense. With the proper consultant, this is very far from the truth. We all feel that we know our practices, but we are blinded by a subjective factor, and that factor is referred to an emotion. All practitioners desire their practice to prosper, but unnecessary stress and inefficiency burden many doctors. These doctors assume that practice has to represent this drudgery and are destined to tolerate it for their careers. They have cheated themselves and given in to the assumption that OMS "is not what it used to be" and cannot be enjoyed. They feel that they have an intimate knowledge of their practice and community, but they cannot see the burden that their emotion has created.

This same situation exists in our practice because a trained professional can see and appreciate things that we cannot. "A fish cannot see water because he is in it all the time" sums up the need for outside consultation, which can be a constant breath of fresh air and change. It has been especially effective for partner relations, managerial selection, associate buy in, employee relations, and plotting the course for the future. To spend $10,000 or $12,000 in order to make five to ten times that in profit seems obvious, yet many doctors still wish to do it themselves. The monetary gains are probably overshadowed by the gain in efficiency and decrease in stress.

Not only problematic or inefficient practices require professional consultation. Thriving, prosperous practices also need preventive maintenance.

Often, the product of a consultation visit leads to gross changes. Closing or opening satellite offices, terminating senior staff or associates, changing fee structures, and altering buy in and buy out policies are a few of the changes that may be recommended, but these can all be beneficial for the entire practice.

Where does one find a qualified consultant? Many professional associations maintain lists of consultants recommended by the membership. One caveat is that just because a consultant calls himself or herself qualified, does not mean that he or she can carry the load. The field of health care is replete with "consultants," and a former dental hygienist may not have the professional background to make hard business and accounting decisions. Another beneficial source is the Medical Group Management Association (MGMA). This is a nationwide professional organization with very valuable health care resources. Any practice with a manager should require membership in this group. They have publications, multispecialty practice figures and forecasts, employment opportunities, and a vast array of printed material available. This organization can recommend a list of qualified consultants.

When considering a given consultant, always ask for references and check them thoroughly. Good people come highly recommended. Maintain a reasonable expectation of any consultant. Most mature practices have problems that took years to occur and cannot be fixed overnight. A good consultant will be able to focus on the main areas of weakness and initiate short- and long-term goals for the practice. A successful oral and maxillofacial surgeon would no more consider practicing without a consultant than without malpractice insurance.

Procedure-Specific Marketing

There are procedures that provide more clinical and economic satisfaction than the

removal of carious teeth. It is these rewarding operations that most doctors wish to proliferate in their practices. It probably can be safely stated that the best means of marketing dentoalveolar procedures is to market to the general dental offices. Although this certainly holds true with such expanded procedures as implants, temporomandibular disorder (TMD), surgical orthodontics, and cosmetics, the general dental office in itself may not be the optimum marketing target. For one thing, certain referring dentists may not do or believe in such areas of surgery as TMD or implants. There are practitioners who have a pool of possible implant or TMD patients, but because of previous bad experiences or failure of the dentist to stay current, their patients may be told on a daily basis "Implants don't work" or "TMJ surgery is ineffective." Obviously, this type of referring dentist does not have the "go see the oral surgeon" mentality that more frequently exists with other dentists. It is for reasons like this as well as the broader markets available that procedure-specific marketing can greatly enhance one's patient base.

The first and foremost factor in subspecialty marketing is clinical excellence. Unless a doctor is on the cutting edge of education in a given area, he or she cannot profess excellence. Being on top of continuing education allows one to possess information that may be disseminated to referring colleagues. It sets one apart as an expert and opens the door to preferred referral and confidence. Equally important is the need for the oral and maxillofacial surgeon to achieve good treatment results. Nothing succeeds like success, and this certainly applies to specialty marketing. Once this type of relationship is established, it is not uncommon for a given referral source to continue to send patients to another oral and maxillofacial surgeon but send the procedure-specific cases to you because of your efforts and results. In many cases this allows one to "get a foot in the door" to obtain all the patients referred from a given office. Without technical excellence it is much more difficult to market to referring doctors or the public, because they may be more informed than the treating doctor. A specialist preaching antiquated techniques will soon lose the confidence of referrals.

Another reason that general dentists may not be an adequate target for procedure-specific marketing is that cosmetic surgery and diagnosis are beyond their training or interest. This brings up the second important point in procedure-specific marketing—educating your target market. It is absolutely imperative that your primary marketing target, which is the referring dentists, is knowledgeable and aware of your services. The key is to educate this group to be aware of indications for the techniques that you offer. Given the emphasis on aesthetic dentistry, there exists a fertile market and opportunity to present literature and discuss cosmetic facial procedures.

The specialist with these goals in mind needs to prepare information packets for referring dentists to give patients as well as an educational event to inform the dentist and their staff.

The second half of the successful equation for procedure-specific marketing is the dissemination of information to the secondary target market, which is the public. This is discussed in the following text.

INFORMATIONAL MARKETING

Before focusing on specific marketing for TMD, cosmetics, implants, and surgical orthodontics, there are several powerful marketing tools that should be discussed. They are often overlooked by many practitioners, but these techniques are very cost-effective and apply to all procedures. They are discussed here because of their broad applications.

Internal Marketing

This is the most overlooked marketing tool in our profession. We are in a unique situation in that our reception rooms hold a captive audience. On a daily basis, patients are escorted to our offices by individuals of varying ages. These patients require a sometimes significant wait and are frequently bored. Many people bring books or trust that doctor's offices have magazines. The latest issue of *People* magazine will do little to promote your procedure-specific marketing efforts.

If a surgeon is truly interested in culti-

vating given areas of practice, then every person who walks in that office becomes a prospective patient or referral source. Many of our colleagues are doing dramatically expanded OMS procedures, yet the majority of potential patients a few yards away remain unaware.

With the multiple advances in personal computers (PCs), it is easy to produce excellent display and educational materials that only 5 years ago would have required expensive professional assistance. Now, anyone with a PC, desktop publishing software, and a color inkjet printer can make display-grade quality pictures, pamphlets, newsletters, and a multitude of other promotional materials. In addition, some imaging systems or computer programs allow for presentation of procedure-specific educational materials. For those without computer systems, there are many fine videotapes for marketing our services in the reception room. A patient can be bored in the waiting room or pass the time by looking at before and after photographs, case presentations, educational videos, and interactive CD-ROMs. People thrive on information, and especially in this environment will read or look at anything put before them. This is not only an effective marketing tool, but it can also create an area of interest for staff members to develop and in which to become involved. This enhances the team concept because it makes the staff feel like they are contributing more directly.

A reception room can have Norman Rockwell pictures or posters of functional and cosmetic patients in the pre- and postoperative stages. If the surgeon is a contributor to the professional or media literature, it is very effective to display these articles in the reception room. Anything that shows the public one's expertise or interest in specific expanded procedures is of great marketing advantage.

Although the patient can gain much information from a well-displayed reception room, it is also imperative to give them information to take home. Brochure racks with informational and educational procedure-specific pamphlets are very popular with patients. Plastic surgery and facial plastic surgery colleagues have realized this for a long time. It is not uncommon for someone to take a brochure home and look at it some time later and return to the office.

Doctors who pursue the powerful potential of internal marketing will attest that many patients comment, "I didn't realize that oral surgeons did that." If a surgeon feels it too aggressive to place pictures on the wall, then tasteful coffee table photograph albums can serve the same purpose.

In all considerations of marketing, one must constantly ask the question "How can I spread the word about the procedures that I enjoy doing?" The answer is to take everything to the next step. If you are making promotional media for your own office, try distributing it to the offices of your known referral sources. A tastefully prepared album demonstrating the given procedure or procedures may well be a welcome addition to the reception rooms of your referring dentists.

Finally, a doctor can actually tell patients about one's expertise or enjoyment for given procedures. It is amazing how much people talk, and word of mouth is and always will be the ultimate marketing tool.

Newsletters and Media Packs

True to all marketing, informing a target referral or a target patient market of one's services is the key. We assume that most general dentists and patients are well acquainted with our professional capabilities. However, even newly graduating dental students are frequently ill informed about our capabilities.

Newsletters have become very trendy, and many of them are probably discarded without being read. The key to effective use of this powerful marketing tool is presentation and content. A photocopy of a newsletter on a folded white 8½- × 11-inch piece of paper just does not get attention. One can literally spend thousands of dollars in the development of a professional newsletter, but it can be done for almost nothing with a PC and a copy center.

People like reading news. It does not even have to be news that relates directly to your specific procedure. Almost everyone will listen to health-related news. Articles from the *New England Journal of Medicine* or the vast array of health news and studies available on the World Wide Web serve as good filler. If a doctor is truly pursuing excellence in a specific procedure, then he or she is

probably well acquainted with the current literature. Great articles can be built around scientific journal literature. Anything new, controversial, or of interest is likely to draw attention.

In most referral circles, referring offices are well acquainted with the specialty office and some personal information may be of interest. Intraoffice news such as courses attended by the doctors, articles published, awards of doctors and staff, and other similar items may hold interest. There are many things that can be disseminated through newsletters. Office hours, new staff, seminars, insurance and coding information, and the like are very relevant. Pictures, graphs, tables, and use of color all enhance such a publication.

In the use of a newsletter, there are several pitfalls. In order to be effective, the newsletter must be consistent. Many offices begin with a very energetic newsletter and a commitment to continue, only to fizzle out after one or two issues. A well-constructed newsletter is work-intensive, and setting realistic goals is paramount. It is far more effective to have a quality quarterly newsletter than a mediocre monthly publication. It is useful to finish the future issue before the present issue is released. This forces the office to have issues "in the can" for future release. It is also important to involve everyone in the practice. If each employee and doctor is responsible for a given duty, the workload is dispersed and organized.

If one is serious about a referring office appreciating the newsletter, the quality and quantity cannot be overlooked. If you are truly providing useful information, then the chances are that your referring offices may wish to keep the publications. A personalized three-ring notebook with your office name and logo will give the doctors somewhere to store your newsletter and enhance its perceived value.

A media pack is the equivalent of a fragmented newsletter intended for one's referring offices. An example may include brochures of your office, scientific article reprints, promotional freebies for the referring doctor, actual case presentations of aesthetic or functional results, medical emergency tips, personalized pens, magnets, and Post-it notes, and so forth. This marketing tool is intended as a promotional "care package," and its contents can be innovatively constructed with the efforts of your staff.

In marketing to referring sources, there is an important link that is missed by many offices, and that is the referring staff. As has already been pointed out, it is frequently the general dentist's assistant, hygienist, or receptionist who actually makes the referrals. It is very uncommon that these individuals receive a direct thank you from referring offices, and once done it leaves a serious impression. Never underestimate the power of ancillary referring staff.

Media Networking

Our nation, as well as the world, has been made smaller by the ability to report news events as they unfold. In 1864, it took weeks for some rural people to find out about the assassination of President Lincoln. Most of us, on the other hand, observed the events of Operation Desert Storm live. There are many sources of news and information, including satellite, cable, network television, local television, magazines, newspapers, and other printed material on national and local levels. With all these sources of news, these companies have the constant need to report anything of interest. Editors literally scramble to find anything that might interest their respective media.

This need for news coupled with the rapid advances in our specialty provides a fertile situation for newsworthy material. The baby boomers are now into their 50s, and our society is as health conscious as ever. People want information about health and disease. It is not unusual to turn on the television set and see an actual surgical operation. Virtually every form of media has a health news section, and oral and maxillofacial surgeons need to take advantage of this.

Many of the procedures we perform produce dramatic results and are therefore newsworthy. In addition, we are doing many new procedures that are even more interesting to the general public. Even such simple operations as dentoalveolar surgery hold interest to the public because the public and their families will undergo many of these experiences.

There is a multitude of ways to gain this

type of exposure. In some cases, editors call local doctors to inquire about specific procedures. This is a hit and miss situation. Some doctors employ professional marketing firms to initiate a media campaign and usually obtain adequate results at a significant expense. The methods used by professional agencies are basically saturating any and all media sources. This requires the compilation of press releases and distributing them to the usual sources. This basically is a simple procedure and requires little more than the ability to write and send out some mailings.

Instead of spending money on professional services, the average practitioner can do this in house. A press release is no more than a short story with an interesting headline. "Thousands of Americans have found new life through the help of dental implants" would be a typical headline, followed by a three- or four-paragraph description. It is important to keep these releases informational and not promotional and to focus on the operation and not the doctor. Generally the author will be quoted, and the marketing is in the name association with the technique. Sometimes, depending on the topic, the editor may do an in-depth article and a subliminal promotion is usually appreciated by the public. It is important to remain accurate and quote average success rates. Sensationalism or factitious information can severely reflect on the credibility of the editor and the company.

It is important for anyone who begins this type of media promotion to understand that the return may be one hit in 50 releases and not become discouraged with the ratio. It is really persistence that frequently wins out. In addition, many health editors file this type of information only to use it months later when a related topic or article surfaces. It definitely helps to have a working relationship with local newspaper, television, and radio news or health editors.

Home Pages and the Internet

This is a very exciting and historic time in computer history, with the development of the Internet. This technology will change drastically the way goods are marketed and purchased; however, it will take several more years before security and a common Internet monetary scheme are worked out. This will affect the profession in many ways: the ability to order supplies, obtain continuing education credit, give or listen to academic lectures, participate in telemedicine, and communicate with our referring doctors and patients.

Currently, the Internet is a buzzword, as individuals and companies scramble to make a profit from it. The Internet was begun as a multisite academic repository of databases for military purposes, and purists resent anyone trying to profit from its use. In contrast, entrepreneurs from every walk of business including OMS are trying to devise a means of profit. At the time of release of this article, there is only a handful of OMS offices with websites listed on the common search engines.

At the present time, having a website is little more than a novelty. The author initiated and maintains one of the first surgical home pages in his state. Although our office has significantly marketed our presence on the Internet, other than being pioneers, there have been no significant marketing advantages. Patients contact the site periodically to communicate with our office, but most "hits" consist of curious individuals surfing the web.

The future holds great promise for a website. As more and more patients become computer literate, it will be advantageous for OMS offices to be on line. Some institutions are currently making patient appointments using the Internet, and patients can gain useful information from a well-constructed home page. Hours of operation, insurance information, pre- and postoperative instructions, explanation of surgical procedures, doctor biographies, and education and informational material are just some of the topics that can be included on a home page. As we become more and more interactive, patients will use the Internet much as they currently use the telephone to communicate. When the security encoding advances, patients will be able to check laboratory results and biopsy information from a doctor's home page. The use of the Internet will be interactive and probably serve as a combination of telephone and television. We will probably be able to make rounds via the Internet in the future.

With the anticipation of expanded services, at this time a home page is primarily

a novelty. As doctors become more computer literate, they will construct their own home pages or pay someone to do the same. It is an item to brag about or have fun with, but sooner or later, everyone will have one. The current use of a home page is similar to an advertisement in the Yellow Pages before all homes had telephones; it was useful for some people, but beyond most.

It is probably not advisable to invest thousands of dollars into a website until the usage becomes more mainstream. Currently, the use of a website poses many ethical questions, such as practicing medicine or dentistry across state lines. Furthermore, AAOMS Mutual Insurance Company has issued a directive stating that malpractice coverage may not be extended for certain practices of soliciting patients on the Internet.

Financial Plans

Many practitioners fail to see payment options as a significant marketing tool, but this can be a true practice builder. The United States economy has been fueled by making it possible for people to purchase goods and services without paying for them at the time of purchase. Stores such as Sears and JC Penney established this concept years ago and issued charge cards. This system has existed in our society for many years—from the corner store to the biggest businesses.

Insurance coverage may likely shift to a significant patient responsibility, and many patients may be left without any coverage at all. These trends accentuate the need for a financial program. For most patients, OMS is a middle-class luxury and is a low priority for payment. It is not uncommon for a patient not to even realize that he or she has impacted third molars until the dentist points them out. The patient is then referred for their removal and undergoes inconvenience, discomfort, and expense without any real perceived appreciation. People do not mind paying for something they perceive as important, but they are quicker to default on items or services without perceived value.

If one extends payment plan options, the target market must be informed in order to turn this into a marketing tool. Obviously, a sensible ratio between cash payment and credit should exist for each practice, and one does not want an excessive amount of payment plans. One must keep in mind that when someone is extended credit, this is actually an interest-free loan. Most doctors do not want to be in the banking business, but those with true business sense realize that a vast potential exists.

Although there are many honest individuals who will be compliant, payment options must be set up with the noncompliant patient in mind. Payment options must be stringent and have signed contracts spelling out what happens in the case of default. Most of us are used to paying home or automobile loans, and if we were to default, we would face consequences. The same type of system must be instituted when formulating a payment plan.

First, one must determine the credit risk of a patient. Many practices maintain a modem connection with a credit bureau and can check on the record of a patient. It is not uncommon for people to have good credit with banks but multiple infractions with health care providers. Needless to say, a patient of this category is a poor risk. If a patient defaults on a payment plan, the balance is due immediately and will go to a collection agency with the signed patient agreement. The agreement also states that the patient is responsible for the attorney's fees. If default consequences are not explained up front, the plan is ineffective.

There should be certain requirements to qualify for credit, and a credit report should be filed. Some patients remain ineligible, but the majority of applicants do qualify. There is a down payment required at the time of surgery, and experience has shown those patients unable or resistant to this have a high default rate. For instance, if a surgical procedure has a $1000 fee, one third of the amount is required on the day of service and the remaining balance is extended for three to six equal payments. The patient is issued a computer-generated coupon book similar to car loan coupons and an expected payment schedule. As stated earlier, if payments are tardy or missed, the account may be turned over to a collection agency.

This concept can be promoted in the Yellow Pages as well as to referring sources and in our reception area. Many referrals

can be obtained by making it easy and possible for someone to benefit from our services. In this day and age of impersonal business, many patients view this as a compassionate measure.

Many offices charge a reasonable interest rate on their loans, and this can be a profitable situation. It also takes some of the sting out of lending money. There are several proprietary services available for medical and dental treatment; however, patients may be more resistant to these.

Yellow Page Advertising

In telephone directories of different cities it is interesting to see which ads stand out or make a marketing statement. Generally, marketing techniques are more favorable if they are new, different, or otherwise distinguishable from that of other practitioners. Yellow Page advertisements are a confusing conglomeration of "gentle" and "friendly" dentistry and the like. Almost every advertisement looks or reads the same. Merely adding a picture can make a patient take notice. Because patients often seek doctors of their own gender or race, a female or Asian doctor may wish to publicize this. If a practice has doctor or staff who are fluent in a given language, this may also be noteworthy. Expanded services, hours, and techniques all are things that call attention to your advertisement. Size, location, and the use of colors and logos can contribute to having your advertisement noticed. Commenting on strict attention to sterile technique may also draw attention.

Although Yellow Page advertisements are of great importance to general dentists, they may or may not assist the oral and maxillofacial surgeon to that extent. In most localities the average person has a general dentist for their primary dental care. The average patient in need of specialized service will either be referred or ask for a referral to a specialist. People who consult the Yellow Pages for dental or oral surgical care frequently do not have a primary care dentist, and their needs are of an emergency nature. These patients generally have very low "dental IQs" and are frequently financially disadvantaged. There are, of course, exceptions to this, and some people consult the telephone directory for convenient locations, out of curiosity, or as a self-referral. If a practitioner is interested in staying busy, then all patients are an income source, regardless of social or income status. A patient treated for a simple emergency procedure may refer many friends to the office. Another possible scenario is assisting a patient who is out of work and who when they become employed may remember the favor.

Using this logic, it may be better to keep Yellow Page advertisements plain and simple, depending on one's locality, because they generate mostly dentoalveolar procedures. It is fine to have a very formal advertisement that extols the virtues of cosmetic and expanded training, but this may well be wasting money on the wrong target market. Carefully and accurately tracking "phone book" referrals can identify the true target market, and advertisements can then be designed to cater strongly to them. Even patients under the care of a dentist may use the Yellow Pages to price shop. For all these reasons, Yellow Page advertising is probably beneficial.

Seminars

Most regional dental and medical societies require continuing education minimums for doctors. Providing quality, accredited complementary continuing education has multiple benefits. It provides a requirement and a service to the referring doctors and staff and in addition promotes your office and your surgical abilities. If the oral and maxillofacial surgeon has good information and is a captivating public speaker, then in-house seminars can be very effective. As with anything else, if the quality or content is lacking, it will create negative public relations.

If the oral and maxillofacial surgeon is more comfortable not participating, then our specialty is replete with qualified speakers on interesting and useful topics. An effective means is to publicize the event 6 to 8 weeks in advance with a reminder 3 to 4 weeks in advance. A convenient venue is a local hotel with conference rooms and the ability to provide lunch for your attendees. This is a way for one specialist to take 80 referring dentists to lunch at the same time. As stated previously, always challenge your efforts to include referring office staff. They

greatly appreciate having a day out of the office and also obtaining continuing education credits. All attendees of any seminar expect to leave with informational materials. It is very advantageous to provide personalized folders with well-done handouts or appropriate information. Another exceptional touch is to provide a letter of documentation of attendance and a presentation-grade course diploma. This can be done quite professionally on a PC or by local copy centers. One can go to the extra expense of framing the diplomas for preferred referrers. Personally delivering these diplomas presents a convenient means of dropping in on a referral source.

Such topics as Oral Surgery for the General Practitioner, Medical Emergencies in the Dental Office, Dental Implants, TMD, Practice Management Issues, Financial Planning and Investing, OSHA Update, Malpractice Issues, Pharmacology Update, New Horizons in OMS, and any issue that may affect your target market such as Direct Reimbursement are good topics for seminars.

A vital secondary target market exists in patients of record and potential patients. The same seminar vehicle but tailored to the public can be very productive. Promotion of this type of event is best done through newspapers and other local media. One can also have promotional posters printed and posted in referring offices' public bulletin boards. It is imperative to keep these seminars factual and educational and refrain from testimonials or an obvious promotional tone. It is advantageous to maintain an RSVP list and lecture registration list with attendees' names and addresses. They are usually prospective patients with a significant interest in your topic and should become part of your promotional mailing list.

The public response to this type of seminar may vary. Sometimes local hospitals will sponsor this type of lecture series as well as pay for its promotion. This is very desirable because it enhances the educational aspects and insulates the surgeon from the promotional nature of such an event. Once a practitioner develops a reputation for speaking prowess, other groups are frequently eager to obtain such presentations.

MARKETING TO TEMPOROMANDIBULAR DISORDER PATIENTS

So much has changed in this field that even doctors who are recent dental school graduates may be uninformed about certain topics. With all of the changes and shifting attitudes, this is an excellent field in which to educate both the referring doctors and the public. This need for re-education allows an interested practitioner a "foot in the door."

This is one area about which many interesting scientific articles are being written. Disseminating these articles on a regular basis increases awareness of the literature while stating your commitment to this area. It is also of great benefit to give your referring sources printed information with your office name inscribed. When someone has problems or questions, this packet of information given to them by a dentist will answer questions and identify you as a specialist.

Physicians are an important link in the marketing effort for TMD patients. As anyone who treats a lot of TMD patients knows, many patients see their physician first when suffering from TMD problems because they do not know what the problem is. In addition, many patients consult with ear, nose, and throat physicians thinking that their TMD manifestations represent otolaryngologic problems.

One of the biggest deficiencies in most OMS practices is the failure to send referral letters to the patient's physician when the patient has been referred by a general dentist. Because the patient's dentist generates most referrals, he or she will invariably receive a letter detailing the diagnosis and proposed treatment of the patient. Many practitioners fail to send a copy of the consult to the physician. This is important for several reasons. First of all, it is the physician who is the "gatekeeper" of the patient's total health. The secondary reason is the marketing advantage of that physician seeing your letterhead, logo, and name in a repetitive fashion concerning a specific procedure—in this case, TMD. Although especially applicable to TMD, this same reasoning holds true for all OMS procedures. Sharing of information is good medicine and good marketing.

Pharmacists are also good potential referral sources because of their exposure to patients with medical problems. Physical therapists work with many patients with bone or soft tissue pain and have proved to be a good referral source.

Some practitioners moderate their own TMJ support groups, and this actually serves as a beneficial forum for the surgeon and the patient. The patient is exposed to patients with similar problems and disabilities. There is an enabling force generated from the support, compassion, and assistance of someone who has been there. As for the surgeon, the other patients can tell the new patients what to expect and what is realistic. This can be very effective informed consent and may prevent the patient from having unrealistic expectations. An interesting forum for these groups is to have speakers from various disciplines speak on related topics.

One key issue of procedure-specific marketing is to inform anyone who will listen. This disease entity is diverse and affects a significant portion of the population. There is a multitude of medical, dental, nursing, physical therapy, and hospital groups that are eagerly looking for speakers. Another effective audience is professional support groups for conditions that may share a relation with TMD, such as chronic fatigue syndrome and fibromyalgia. Nonmedical professional groups, such as insurance claims associations and legal and paralegal groups, have interests in TMD and seek speakers. Finally, public groups such as Rotary, Lions, parent-teacher associations, geriatric organizations, church groups, and the like solicit speakers on a regular basis.

If one is truly interested in "spreading the word," then public speaking is an effective outlet to reach target groups. Although there may or may not be individuals in the audience who need care, almost every person in attendance has the capacity to pass this information on to someone who does require your services. It is also imperative to hand out written material with a business card because of the short memory of many people.

IMPLANT MARKETING

The placing of dental implants and related augmentative procedures has become the mainstay of many OMS practices. The placement of implants generates significant fees and interests many types of general dentists and specialists. The growth of dental implants since the mid-1980s can attest to the great job of disseminating public information. Our profession and membership have spearheaded marketing campaigns targeting referring doctors and prospective patients. This procedure was of great public interest owing to the novelty of the technique as well as the success of the procedure. This is an example of something that can literally change a patient's life and have great perceived value.

The first basic requirement of an implant-oriented practice is patients with missing teeth. As elementary as this may sound, many offices spend much time and money trying to perpetuate their implant practice yet ignore the patients under their nose. Virtually any patient with a dental extraction is a candidate for an implant or augmentative procedure. A practice interested in increasing the volume of implants must do across-the-board marketing. As stated previously, procedure-specific marketing is impossible without expertise on the subject. If an oral and maxillofacial surgeon is planning to market to his or her referring dentists, then the surgeon's knowledge of restorative dentistry as it relates to implants must be superlative.

Successful implant campaigns must, like other specific procedure marketing, include the entire staff. All of one's staff—from receptionist to assistants—must have a working knowledge of implant basics. These ancillary staff members are frequently more effective salespeople than the doctor. These staff people are able to present facts to patients in a better manner than many doctors and have a trusting influence on patients. Some very successful implant practitioners give their staff a monetary incentive for each implant done. This is a great team builder and creates a win/win situation.

It is important to remember that during your marketing efforts one may inadvertently step on the toes of a referring dentist. It is possible that a patient referred for extractions may have planned treatment by the dentist for crown and bridge. If that patient returns to the dentist enthusiastic about implants, the surgeon may become a persona non grata. It is fine to discuss or

give information to an implant candidate, but patients should always be cautioned that this might not fit into the referring doctor's treatment plan. In addition, when a discussion occurs about implants, a letter should be sent to the referring dentist and to the patient outlining the proposed treatment. The letter to the dentist should state that this patient is an implant candidate if the dentist feels that this treatment course is indicated.

In any marketing campaign, follow-up is everything. This is where most surgeons drop the ball. Because we see hundreds of patients with missing teeth, a letter and informational packet should go to every one of these patients. Never assume that the expense is beyond any patient. You have the ability to make it affordable. A spreadsheet or database should be kept on each prospective patient with dates of the initial contact, the first patient letter, the first letter to the referring doctor, and subsequent reminder letters. Persistence is imperative. A follow-up reminder letter should be sent at two reasonable intervals to the patient and the referring doctor.

Informational packets should be prepared in a professional folder and contain informational literature, pictures, descriptions of actual cases, and patient experiences. If one is serious about implants, these packets should be everywhere and routinely mailed to any group of possible patients. American Association of Retired Persons (AARP) groups, senior organizations, and related groups should be high on one's list.

Because most referring doctors are more concerned about restoring implants, a vital need for continuing education exists. In the author's experience, this is one of the easiest seminars to host as a result of the interest of restorative dentists. As many as 100 local dentists can be attracted to hear a nationally known speaker. Because the field is so rapidly changing, anyone on the cutting edge will have an eager audience. For the price of a few implants one can take a large group of dentists "to lunch" and provide useful information and continuing education credits by hosting such an event.

Most implant-oriented surgeons will attest to the fact that referring sources appreciate personal attention for implants. For many dentists implants are still a new experience, and some professional handholding can build good bonds. Discussing a case in person is an excellent means of visiting the office, and becoming acquainted with the staff serves to further cement the bond. Many restorative dentists also enjoy watching the actual surgery, and the dentist and staff should always be welcome. Remember, procedure-specific marketing takes a significant time investment up front. Once you have gained the confidence of the referring base, the reward will follow as long as your ability is recognized. Some implant-oriented surgeons provide their good referring sources with prosthetic instrumentation to make it even easier for them to restore implants.

Parlaying this personal attention to the next level is the intention of a study group or study club. In this scenario, multiple doctors with similar interests gather with the specialist to discuss treatment and restorative options. The brainstorming and networking in this environment is very beneficial to the dentist and surgeon and again helps create a bond.

It is important to remember to make it easy to refer a patient to your office. As stated at the beginning of this chapter, there are many barriers to actually getting a patient into the office. Some successful oral and maxillofacial surgeons' offices take the time and money to place the abutment and return the patient to the referring doctor ready to be restored. Some offices do not charge for implant consults or credit the cost of the consult toward the implant. Providing a guarantee to the patient is a strong selling point. Some practitioners will replace or refund a failed implant, minus the cost of the implant, for a period of 1 year.

Because the single largest barrier to implant case acceptance is money, it is wise to anticipate and assist in this area. The first question for most patients is "Will my insurance cover this?" A friendly, knowledgeable insurance person is a key advantage to an implant-oriented office. A well-versed insurance person may be able to obtain at least partial coverage for a patient.

A useful tool can be a large white marker board to list potential implant patients. On the horizontal is the patient name, and vertically across the top of the board are the specific marketing follow-up parameters. Examples of these are information packet,

letter to patient, letter to general dentist, first follow-up letter, insurance verification, and payment options explained. Under each category would be the date and initial of the responsible employee. This large board format serves as an obvious reminder of the team effort and goals as well as providing an organized means of preventing potential patients from falling through the cracks.

Insurance denial is the point at which most potential implant patients are lost. When a patient is denied coverage, the finance team should immediately assist the patient. Financing a good credit risk allows someone to afford your services, and receiving $100 per month for a year is much better than zero dollars forever. This step must also occur with the restorative dentist to be truly effective. Consequently, the dentist must extend the payment plan as well.

One group that is often overlooked by marketing doctors is senior populations. These people are frequently retired and have raised their children and paid for their homes and other debts. This is one group of patients that may have money to spend as well as a specific need for implant services.

Patient testimony is often associated with snake oil salesmen, but when done educationally and for informative reasons may be very effective. A prospective patient with an expensive and complex case may feel much better and more confident after relating to the experiences of a similar patient. A marketing-oriented practice can maintain a list of supportive patients to use as references for implant procedures.

COSMETIC SURGERY MARKETING

Since the early 1960s we have witnessed an explosion in the scope of our profession. We have advanced from dentoalveolar and trauma specialists into orthognathic surgery, which increased our aesthetic awareness and opened the door for the progression into the facial cosmetic arena. This says a lot about the aggressiveness and ability of our ranks.

Although at the current time full-blown cosmetic practices constitute a mere fraction of our membership, this area promises great excitement and growth potential. Aesthetic surgery is especially attractive to the oral and maxillofacial surgeon for a variety of reasons. Cosmetic and nasal surgery have been done with osteotomies for some time. Oral and maxillofacial surgeons have an excellent understanding of the face and are enthusiastic about providing surgical techniques that someone actually wants or looks forward to. The ability to perform outpatient ambulatory surgery allows us a cost-effective forum, and with the current state of managed care, all specialties are looking for noninsurance reimbursement. This underlines the point we have alluded to several times, that people will spend money on something they perceive as adding value to their lives. With the aging baby boomers, there is a more fertile market than ever. The door is wide open for our specialty, providing we make cosmetic surgery training fundamental to our training programs.

For those of us already in practice, the challenge to keep up exists along with the ability to expand our practices. In the future, people may well wander into an OMS office and ask for a face-lift. For now, however, we must elevate the public's awareness of what it is that we exactly do.

Again, we are very lucky because we have a captive audience in our reception rooms on a daily basis. All of us who have done osteotomies and genioplasties should have enough before-and-after pictures to construct an interesting display in the reception and evaluation areas. Again, to successfully market a technique, one must posses expert status and have significant experience with the technique as well as its complications. For this reason, one should tread lightly and not overmarket commensurate to experience. Genioplasty, facial liposuction, facial mole and lesion removal, repair of split earlobes from pierced ears, chemical facial peels, collagen injection, subcutaneous alloplastic augmentation, and laser surfacing are procedures that can be performed in the office and are easily within the capabilities of most oral and maxillofacial surgeons. With a basis of these procedures, one can build a cosmetic surgery base with little expense. Some doctors may be satisfied with only these procedures, whereas others will progress to eyelid, nasal, and face-lift procedures. These obviously take a significant commitment on the part of the doctor and on our specialty as a whole. Fortunately, there exist many worthwhile courses to en-

hance our education. The down side of this is the time it requires away from the practice to obtain these skills. Another drawback may be the dental practice legislation in some states. Most of us practice under the auspices of the dental laws, and they need to be constantly updated to remain current with our progression and advancement. It is imperative that our political ranks pursue this in all states.

A much simpler means of expanding one's practice into the cosmetic arena is to hire an associate with the proper training. The word *proper* is important because it is essential to obtain hospital privileges to truly progress in this area. Although some of our membership is unfoundedly intimidated by the double degree, it is definitely in the best interest of our profession.

Once a doctor feels competent enough to compete in expanded cosmetic procedures, it is important to consider several issues. Most cosmetic surgery practices cater to an affluent patient base. For most patients, aesthetic surgery is a luxury, and these patients are used to luxurious environs. An office dedicated to cosmetic surgical procedures cannot project the proper image with unfinished pine furniture and NASCAR magazines. These offices must look as nice as the living room of the clients seeking your consultation. Formal furniture with a professional decoration scheme is of utmost importance. Most patients seeking facial cosmetic procedures are female, and this is an important statistic to keep in mind when designing the office. Fresh cut flowers, formal furniture, and art are common in many cosmetic practices.

Confidentiality in cosmetic surgery is an important issue, and neighbors or acquaintances do not necessarily want to be seen in this environment. In addition, the reception room is not the place for a prospective candidate for a laser procedure to view a 48-hour postoperative dermabrasion patient. Private entrances and cubicles can assist this situation immensely. When this patient walks through the door, he or she is immediately escorted to a clinical suite. Also an effort can be made to see all postlaser patients at a given time slot when no other patients are present. Patients seeing similar patients may be subliminal marketing because it makes these patients realize that the doctor performs a great number of these surgeries. Some patients may hold your office staff to strict confidence and request total anonymity and sequestration from all other patients. Although this is difficult, it is an absolute necessity if you intend to lure cosmetic patients. In addition, it is imperative that one's staff never let anyone outside the office know that a given patient has had a cosmetic procedure. Gossip in this area can be the kiss of death for marketing.

Cosmetic surgeons are very keyed into informational sources and have a vast array of informational and skin care products available for their patients. A cosmetic-oriented practice should be well stocked with literature explaining various procedures and techniques because these frequently open the door for various procedures. When performing chemical peels or laser resurfacing, there are many products that may be sold through the office that will assist the patient and can be an income stream for the practice. In addition, it is an added convenience for the patient to be able to purchase required products without going somewhere else. Many plastic surgery practices have ancillary staff who generate significant income from consultation and sales of pre- and post-treatment and maintenance products. This should not be overlooked, but the staff must be well trained. One of the most effective means of training the staff is to have them use the products and personally experience a peel. This is a most effective marketing technique. Women listen to other women and trust your staff as well as look to them for support. A patient "on the fence" can be influenced by a staff person telling the simplicity and virtues of the treatment.

Trained aestheticians are individuals with cosmetology training licensed by the state. Their experience can be invaluable for a cosmetic practice. These individuals actually create an entire separate practice, and patients schedule with them as they would another doctor for evaluations and treatments. Although aestheticians work in close harmony with the pre- and postoperative patients as well as the doctor, the perceived separateness adds a specialized marketing aura to the office. The role of these employees is to market and care for the cosmetic patients, thereby freeing the doctor to perform more surgery.

Several well-known cosmetic offices on the East Coast are extremely plush. They

actually offer a "spa-like" atmosphere for female patients. Patients enter, change into spa robes, slippers, and headbands in a locker room, and are pampered by the entire staff. The staff are all high-class, impeccably groomed personnel who sport very high fashion uniforms similar to those seen at a cosmetic counter at an upscale department score. The allied staff tutors the clients in skin care, hair removal, weight loss, and cosmetic surgery. The fees are very high, and the appointment book is full. This certainly is not the paradigm of most OMS offices, but there are many lessons to be learned about cosmetic clientele. To tailor this atmosphere to your office is the challenge.

ADDITIONAL MARKETING PEARLS

In consideration of cosmetic marketing, the training of the doctor is paramount, in that he or she is able to deliver a safe productive procedure. It is not infrequent at this point in time in our specialty that many oral and maxillofacial surgeons are for the first time performing procedures that they have studied through continuing education courses. Although this serves to offer the prospective patient a cosmetic service, there is difficulty in marketing a procedure with which a practitioner has had little experience. This holds true for any type of doctor, not only oral and maxillofacial surgeons. It is not uncommon or unreasonable for the prospective patient to inquire about the number of procedures that a practitioner has performed. It is paramount to always be honest in these queries. Applying the concept of "one needs to spend money to make money," it is reasonable that when one begins performing a new procedure that a discount be allowed for a limited number of patients in order to (1) obtain a sufficient number of patients for procedures, and (2) facilitate the affordability of a procedure for patients who are good candidates but have limited funds. When presenting one's commitment to advanced training and relative inexperience with the new procedures, patients understand and are quite willing to serve as initial subjects in exchange for discounted fees.

Another means of providing a discount to patients in a tasteful manner is to reduce their professional fee for participation in a study. Because most practitioners who begin a new procedure use rigid controls, the need for comparison is obvious. The effectiveness of various postoperative skin medications for peel and laser patients can be compared by using one side of the face for a control. When doing skin peels and laser resurfacing for the first several times, a fee reduction can be offered for those patients who participate in the study and allow the use of photographs to study and show other prospective patients. This opens the door to patients who are good surgical candidates and exhibits your commitment for the scientific approach. The bottom line is that it is a legitimate means of obtaining those first patients and increasing the number of procedures done. One cannot develop credibility without sufficient patient volume. It is more important in a marketing scheme to treat 15 patients at a reduced fee than to treat three patients at full fee. Some practitioners allow financial principles to get in the way of the ability to gain valuable experience.

There is one single tool that is invaluable for cosmetic marketing—a camera. There is absolutely no substitute for well-documented case presentations. Even if a doctor has performed only 10 procedures, having excellent photographic documentation makes it look like 100 procedures. Any doctor who is entering the expanded cosmetic arena should photograph everything possible and use these photographs to heighten the awareness of his or her capabilities. There are patients who seek confidentiality; however, most patients are quite willing to allow the use of their pictures. It is also easy to block out the eyes or not show the entire face if requested.

SKIN CARE AS A MARKETING TOOL

Most patients who go to an OMS office are unaware of the expanded cosmetic services available. There is no better means of developing new cosmetic patients than to inquire about their skin care regimen. This stimulates conversation and interest and serves as a gateway to specific consultation. Samples of Retin-A and bleaching agents can be provided, and patients can be assisted with the initial treatments. It is very common that these patients see results and

want to "go the distance" with other treatments. Once you begin converting third molar patients to laser resurfacing, you will feel the marketing energy.

Many patients who see the results of a skin care regimen will desire a face peel. This is a safe and economical procedure that is done in the office with local anesthesia or sedation. There are various types of trichloroacetic acid (TCA) peeling methods; Obagi Blue Peel (Worldwide Products, Glendora, CA 91740) is particularly useful for doctors who are novices to skin peeling. The system is safe, it is well packaged in specific kits for the patient, and the packaging provides directions so that the doctor is well aware of exactly what to do. If the directions are followed and care is used with the patient selection, complications are extremely rare. Although the benefits are more striking for sun damage than for wrinkles, they are significant, and the patients can see immediate results from an affordable procedure.

Many cosmetic surgeons choose to sell skin care products out of their offices. This applies to the most established practices and is not viewed as unprofessional. This is a profit-generating situation and provides convenience and consultation to the patient. A well-trained staff member can successfully initiate this type of service.

A likely transition after the surgeon has gained experience with face peel is laser resurfacing. Because these procedures are extremely similar in their physiologic and histologic changes, it is a natural progression for the surgeon, and the experience gained with face peeling can be applied in the field of laser resurfacing. These two procedures are at this time covered under the malpractice protection of the AAOMS Mutual Insurance Company and should be in the armamentarium of all oral and maxillofacial surgeons pursuing cosmetic surgery.

Specific Marketing Techniques

PATIENT SURVEYS

The quintessential marketing question is "What is it that I can do to better serve my patients, staff, and referral base?" This also translates into "How can I be more profitable?"

Individuals spend thousands of dollars to find this answer when it is actually right under their nose. Ask your patients, staff, and referring doctors what they want and how you can better serve them and they will tell you for free. A $1 bill can be inserted in the return envelope with the survey as an extra incentive for return of information.

The survey need not be exhaustive; in fact, the more to the point it is, the more participation you will probably have. There are several schools of thought on how to execute this type of polling process. Many doctors feel that anonymity is important to obtain true and unbiased input. Some doctors use a professional marketing firm to do this, although this may be unnecessary. If one feels strongly about the possibility of bias, a neutral return address and post office box can be used. There are some practitioners who rent a post office box and have envelopes and stationery printed with a fictitious company name, such as "Martin Market Research." The survey contains a cover letter that states that they are a market research company conducting a survey for Dr. X's practice. Proponents of this type of approach feel that referring offices may be more candid with a third-party firm than they would be with the office.

Although there are multiple methods of referral surveys, the author prefers performing surveys from his own office on his own letterhead. The experience has been that referrals are in fact very candid and specific and frequently sign the survey. The author gives the responder the option to sign or remain anonymous.

In this business atmosphere and with the prevalence of junk mail, it is difficult to get people to fill out a questionnaire. However, 10 to 15 yes-or-no questions followed by an open-ended space can be sufficient for gaining specific input on how to improve your office.

Some of the basic questions asked are as follows:

- Is it easy to refer patients to our office?
- Are our hours of operation convenient?
- Is it easy to reach us for emergency patients?
- Is our after-hours answering service polite and effective?
- Do your patients generally relate a positive experience when returning from our office?

- Do our insurance and billing personnel serve your patients well?
- Is our office efficient in communicating about your referrals and prompt in returning your referral records?
- Does your office enjoy our educational and social functions?
- Do you have any suggestions for future social or educational functions?
- Please list any positive comments you have about our office.
- Please list any negative comments you have concerning our office.
- Please list any additional comments that may assist our office in serving your staff and patients.

These questions are merely examples of basic survey questions. It is less important what you ask than the fact that you care about asking. An office that does not take advantage of this powerful tool on a regular basis has surely missed the marketing boat.

If a given referral source makes a negative or interrogatory comment and signs the survey, it is important to respond in writing as soon as possible. Failure to do this is ignoring the truthful critique of that doctor and may be taken as offensive.

It is possible to oversurvey a referral base; this task should be done every 2 years. Also, precision surveys may be used. This is a very specific survey concentrating on a single subject or procedure. Another type of precision survey can be mailed only to referral staff and is not intended as a doctor survey. These can be even more accurate because it is often the staff that actually makes a referral. The general dentist may simply tell the assistant or hygienist to "Send this patient to the oral surgeon for their wisdom teeth." From that point on, it is the staff of the dentist that deals with the patient and the specialist. In the consideration of a marketing plan, never overlook referring staff, because they may be your greatest allies.

Although a referral survey is an integral instrument for an office interested in excellence and patient-centered care, it tells only half of the story. To really discover how to better serve your patients, ask them too. Tremendous insight into the perception of patients can be gained from random patient surveys. The operative word here is *random*. There are obviously multiple phases of the surgical experience, and depending on which phase a given patient is in, responses may or may not be accurate. For instance, a patient who has been to the office for an evaluation may be very pleased, whereas a patient with a dry socket and a postoperative nerve dysesthesia may be disgruntled. By the same token, a patient who had an excellent experience with the office all the way through the procedure may become unhappy 3 months later about his or her lack of insurance coverage and the resultant balance owed to the office.

Because of the temporal differences, one would not gain a true representative sampling of the global office experience unless all sectors are queried. A suggestion box in the reception area and a monthly random sampling of patients in various phases of their surgical experience can be useful. It is also significant to reinforce the need for statistically significant responses; sending out 10 surveys may be futile. However, any input is better than wondering, and this is especially important for negative criticisms.

The next link in the survey triad is your own staff. As I have mentioned previously, the staff is your most powerful marketing tool. They work closely with patients in ways that doctors never see. Your staff has input that is vital to achieving excellence and a patient-centered office. Ask them, listen to them, and reward them for making things better. Once you have input from the survey and begin to institute changes, you will begin to notice a difference. It is also at this point that your patients will notice a difference. When this whole process gains momentum, a beautiful thing happens, and it is called marketing. You can actually see and feel it. It is no coincidence, and it can and will work for anyone willing to take some time and follow some basic steps.

BUSINESS LUNCHES

If there were a time-honored public relations entity, it surely would be the business lunch. Many a big deal has been negotiated over a restaurant table, and many a referring doctor has been courted over the same.

This is a minimally effective area as a public relations tool, with notable exceptions. Our lives have become more and more hectic, and people have adapted in a variety

of ways. Many people who sat around the breakfast table with the family as a child are now gulping down breakfast in the car on the way to work. Lunch for many business people is a time to return telephone calls or catch up on the morning's work. It is safe to assume that most medical and dental offices run behind schedule. Trying to force-fit a harried luncheon date of a social nature can make a usually pleasant experience undesirable. By the time two people drive to a destination and order food, it is already time to leave. Instead of enlightening a referring doctor, a rushed lunch may actually be an imposition. Exceptions to this are extended lunch hours that would allow both parties time to relax or the situation in which the referring doctor is a good friend. In the case of a strong existing friendship, there is much less social strain in courting the other doctor. Another disadvantage with lunches is that multiple specialists pursue referring doctors and they sometimes are "lunched to death." A referring doctor may actually be put off by the thought of a long lunch but be embarrassed to decline the invitation. It is perhaps best to schedule a dinner or a weekend event that is not so bound by time constraints. Obviously, these are individual matters and do not apply to every situation; nonetheless, the subject warrants consideration.

It is sometimes wise to leave a referral relationship strictly the way it is. It is human nature to try to become close to someone sending you business. The referring office is probably sending you patients because you and your staff treat their patients well. Sometimes the best thing to do is to concentrate on the treatment and not the social value. A referring doctor need not become your best friend, but you do need to find means of thanking them. Really successful offices are those that know how to say thank you. Once you figure out how to do this by different means on a consistent basis, you have figured out marketing.

GROUP LUNCHES

Although it has been mentioned that lunch networking is not in great favor, there is a simple means to take a doctor and staff to lunch without ever leaving one's office. Make up a list of offices that you intend to market—two thirds of these offices can be stable referring offices and one third can be marginal offices you would enjoy working with on a larger scale. Your receptionist can call the office to announce your intentions of providing lunch for that office, and then fax them a calendar and three menus from local restaurants. They return a date and everyone's order. The day before they should be called to remind them of the lunch. The receptionist picks up the meal and delivers it to the doctor's office. If at all possible, the receptionist stays and joins the doctor and staff at the lunch. Along with the lunch, the receptionist presents a refill of referral brochures in a plastic stand, prestamped and preaddressed Panorex envelopes, and various other practice promotional materials. The same thing can be done with breakfast bagels or pastries. A supply of nonperishable food, such as plastic kegs of large hard pretzels, can be kept on hand and taken to offices when employees return radiographs or visit offices for other reasons.

COMMUNITY SERVICE

It has been said that what one gives to his or her community, one will get back 10-fold. This applies to the field of OMS. There are many benefits to being an active participant in community service programs. First, it gives a local doctor a means of paying back and thanking the community. In every community there is someone who cannot afford our services but is in great need. This type of charity work really brings a good feeling to the caregiver, and inevitably the community will notice. A caring doctor donating his or her services to those in need is an impression that sticks in the mind of the citizenry and frequently generates publicity that further reinforces the giving role. It is a powerful means of assisting the less fortunate and building a reputation for compassion.

CALL ON HOLD

One can promote a practice with call on hold devices. In a well-run office, patients on hold will be minimal. Few things put patients off more than a long hold, especially for those calling for an initial appoint-

ment. It is better for the receptionist to take a number and return the call within 5 minutes than to put the patient off. A long hold on the telephone is basically telling the patient that his or her call is not a priority.

However, all offices will experience holding telephone patients, and the recorded promotional messages can be helpful. Make a script that stands out from others; these devices are very popular, and many seem to have similar dialogues. These devices may be purchased inexpensively from communication companies or telephone stores, or for a higher price a professional company will take care of the hardware and scripting.

CALLING POSTOPERATIVE PATIENTS

This is the single most important public relations technique for a doctor. No other type of marketing can do so much for so little investment.

Many oral and maxillofacial surgeons call their patients in the evening to check on their status. These "phone rounds" are quite rare in the medical world, and many patients are literally taken aback by the fact that their surgeon took the time to personally call. Many patients say that the reason they returned to the office or sent another patient was the fact that the doctor called them after surgery.

If the doctor cannot call the patient, then the surgical assistant should call, or the receptionist can dial up the patient the following day to have the doctor say hello. The impact, however, is much more significant when the doctor personally calls the patient the night of the surgery. If a surgeon did no other public relations, he or she would get a lot of mileage out of this technique.

SOCIAL EVENTS AND GIFTS

It is human nature to socialize with those with similar interests. Most professional meetings begin with a social hour of some type.

Those progressive practitioners who are dedicated to the pursuit of excellence usually know how to celebrate. Celebration is not to be confused with revelry, but deals with the pride of reaching specific goals and setting new ones. Content, motivated practitioners with constantly growing, profitable practices know how to celebrate. These doctors celebrate their happiness and dedication to their practice on a daily basis. These doctors are upbeat people who rarely frown. Their energy seems supernatural to some people, and their enthusiasm for serving their patients and "just doing oral surgery" is inspiring to watch. It is this type of doctor that needs to speak to dental student classes to show the potential of the specialty.

In addition to the daily celebration of practice, those in a well-versed marketing-oriented practice will share their goal setting, optimism, and celebration with their referral sources. Almost everyone enjoys a party, and it is refreshing to gather those in one's referring base for a nonbusiness experience. Many successful practices find a way to thank their referring sources through social interaction.

There are many types of social affairs used to serve as receptions to thank the various people who send business to the practice. The first question one needs to consider is whom are they trying to thank. Referring sources for OMS usually comprise general dentists and staff, dental specialists and physicians, ancillary referring sources, and patients. Some practices have a large party and invite all sources—doctors, staff, and patients.

Many doctors do not enjoy or wish to socialize around their staff. Many doctors, rightfully so, are reserved in the presence of their staff and will be inhibited about relaxing and enjoying themselves. This is not opportune for social situations and should be taken into consideration. Some offices make it a point to entertain small groups of several offices and staff to specifically focus on the importance of staff appreciation. Two yearly social events can be held—one event is more formal and usually preholiday and intended for doctors and guests only; the other event is more casual and is designed for doctors and staff, with a focus on the staff participation. This latter affair can be geared more toward the younger generation and could include a rock band and party. Fewer doctors may attend this type of function, but the staff participation can be quite good, and the doctors who do attend can also enjoy the experience.

To be effective, an affair should be held

on an annual basis to underline its festivity and importance. It is also easier to plan a party with a theme. Possibilities are Caribbean cruise parties, "wear any hat" parties, wine tasting parties, sports-oriented parties with competition, country-western barbecues with dancing, shrimp feast parties, Halloween costume parties, New Year's Eve parties, pumpkin-carving parties for doctors, staff, and families, roller skating parties for patients and referring offices, or taking referring groups to baseball and hockey games. A family-oriented event can be held at a sports park or similar facility. These parks offer golf, batting cages, miniature golf, arcade game, and other recreational activities. The family forum consisting of referring sources, spouses, and children is a fun event and usually has significant participation. Some surgeons sponsor such competitive events as basketball, billiards, horseshoes, lawn bowling. and croquet tournaments. This involves a large group of offices and staff and proceeds to semifinals and finals. Everyone has fun, and it involves doctors and staff.

Name tags can be supplied for everyone—both those from the host office as well as the attendees. If office staff are present, they can be identified by different color name tags or by special T-shirts made for the event. Host staff can circulate through the crowd and make sure that everyone has a name tag. It is also imperative to have a sign-in list to monitor who is attending the event. This information is important to monitor progress or decide what type of event works best. If alcohol is served, designated drivers can be available to drive anyone home should they be needed.

It is also possible to hold megaparties costing as much as $25,000. These are more formal functions and can include special features such as a caricature artist and a gift of a bottle of wine for each guest. There are several considerations when spending this much money on a referral event. First, it is questionable whether one receives a dollar for dollar return for monies spent. Second, it is difficult to decide whom to invite. The most productive referrers are obvious, but how does one handle marginal referrers? Almost all potential referring sources can be invited; however, many people may come to the party but not send patients to the practice. In addition, some doctors may send patients only in time to qualify for an invitation. Cutting back on the invitation list may put off some doctors who were marginal referrers and they may stop sending patients altogether. Finally, the intense work needed to plan such an event can became cumbersome. One must carefully follow up and weigh the referral benefits of such a function. Any time an event becomes commonplace, it loses its impact, and these dollars may be better spent elsewhere.

Everyone is appreciative of a gift, and referring doctors are no exception. The practice can set policy for specific circumstances. For example, if a colleague is ill or a baby is born, the practice can send a floral arrangement. This is also appropriate when a doctor opens a new office or hires a new associate. An account with a local florist can facilitate these gifts.

Many practices give holiday gifts to their referring doctors, and these can be very appreciated. It may be best, however, to say thank you more than once a year. Progressive practices are those that know how to thank their referral sources all year long in many different ways.

People appreciate personal or usable gifts much more than something of little value or a one-time use. Examples are calculators, Mag light flashlights, sports radios, Swiss Army knives, wine or liqueurs, Fax machines, restaurant gift certificates, car wash coupons, movie theater tickets, auto detailing certificates, limousine services, power tools, Godiva chocolates, computer software, and sporting event tickets. Because of the diverse nature of referral sources, it is sometimes difficult to choose an appropriate gift.

You cannot please everyone. From time to time a referral source may send back a gift or be insulted by a gift gesture, stating that our good service is all that is necessary. In this situation, a donation to a local charity in the name of the doctor and staff can be given.

PROMOTIONAL MATERIALS

Hundreds of oral and maxillofacial surgeons maintain an inventory of promotional items; in the marketing profession these are called swag. Your name and/or logo can be

put on such items as pens, pencils, toothbrushes, refrigerator magnets, Frisbees, office emergency brochures, T-shirts, scrub tops, Swiss Army knives, flashlights, Post-it notes, coffee cups, plastic drinking cups, sports bottles, key chains, baseball hats, and paperweights. These can be distributed to referring doctors, patients, and prospective patients.

It is nice to always bring a simple gift when visiting a referral source, and these types of items are perfect for that. Our office gives our postoperative patients a sports drinking bottle with our logo that contains the postoperative instructions, gauze, a refrigerator magnet, follow-up appointment, prescriptions, and a coupon for a local fast food restaurant. Lectures at local high schools are good events for distributing Frisbees; other materials can be provided to other groups, depending on the age of the audience. People really appreciate these, it helps them remember you, and it is a minor office expense.

ACTIVITY SPONSORSHIP

One of the goals of marketing is recognition, and community sponsorship provides recognition while at the same time helping individuals. Sponsorship can be provided for different types of community groups, including Big Brothers and Big Sisters, religious groups, scouting, Rotary, YMCA, minority groups, athletic teams, and charity organizations. Some of this activity involves direct participation or speaking, whereas other involvement can be sponsorship or buying uniforms with your name and logo or placing advertisements in athletic programs. Most aggressive marketing offices follow the tenet that "every little bit helps."

Computers in Marketing

Depending on who you ask, an imaging system may or may not be essential in the field of cosmetic surgery. The well-informed cosmetic patient expects imaging as part of the surgical experience. In the early 1990s, it was quite a statement of technology to be able to morph a picture to show someone what he or she might look like with a new chin or new nose. This technology is now taken for granted, and modern imaging goes far beyond these boundaries. We will all progress to the digital office in a few short years, and those of us who make this transition now will be regarded as having state-of-the-art, cutting edge technology, which is a powerful marketing tool in itself. Most of us are encumbered by paper, film, slides, and video. The correct imaging system can free a doctor of many of the inefficient means of record storage as well as create presentation formats and make one's images work for the practice.

The future of imaging will consist of totally computerized images that track the patient through the various phases of the surgical experience. Many of us do this now, but trying to find a single slide out of a collection of 5000 is not time- or cost-effective. In addition, conventional film means a delay to obtain the images, and the images may not be adequate when received. With modern imaging technology, it is simple to take pictures with digital cameras and immediately have them to work with on the computer. Image editing software provides the ability to enhance, augment, and reduce images in a variety of ways. Presentation programs in imaging software allow the surgeon to present interactive "slide shows" of all the phases of an operation, including preoperative, intraoperative, and postoperative views. Showing actual pictures of the last 30 genioplasty procedures you have done is a far more effective marketing tool than having the computer redraw a fictitious chin. A computer can produce anything, and the image it creates may be unrealistic. The real proof is in the doctor's actual cases. If one is truly interested in the development of a cosmetic practice, then it is necessary to take a lot of pictures and possess the proper imaging system to process them.

Controversy exists over whether to give the patient a hard copy of a surgical prediction. This is a personal choice, but the patient must be made aware that this is a computer rendition and not an implied surgical result.

There are many avenues available to market the cosmetic practice. Lecturing is a popular method because of the level of public interest associated with this topic. There are many social clubs and organizations

that actively seek lecturers. This is grassroots marketing and will interest both male and female members. However, to truly tap the prospective market, one must gain exposure to female clientele. There are many women's clubs, and speaking to groups like these can be a tremendous marketing experience. In addition, beauty shops, makeup counters, and clothing stores are good marketing sources when a presentation is tastefully done. Ear piercing kiosks at malls, tanning salons, and health clubs are also excellent sources of prospective patients. Providing referring dentists and obstetrics and gynecology offices with personalized informational brochures on cosmetic procedures can also be effective, although many doctors may not display such material. Some practitioners publicize the fact that they offer significant discounts to staff of medical or dental offices. The strong testimonial from a satisfied medical staff person can provide powerful marketing.

Most of the marketing techniques applicable to procedure-specific marketing that have been discussed earlier in this chapter are effective in the cosmetic arena, especially authoring short articles or media interviews.

Many doctors are computer resistant, and it is unfortunate. Keeping abreast of new technology can enhance one's practice and marketing efforts in many ways. One of the problems of a busy practitioner is the lack of time. When serious about procedure marketing, one must maintain accurate records of surgical procedures and follow up these patients closely for an extended time. With computer spreadsheets and database software, it is simple to recall patients or details concerning a procedure. For instance, by simply maintaining inexpensive software, searching your implant database for all Asian females with postoperative infections in 1989 would a simple process. Having statistics at your fingertips is important for several reasons. If one professes expertise in a subspecialty, then one should be able to quote accurate figures relating to success and complication rates. In addition, contributing to the scientific literature is simple; the information is readily available, and this represents most of the effort. Lastly, this database gives the procedure-specific doctor the same good feeling as does a favorable investment statement; one is proud to view the fruits of one's labor. Sharing this type of information with colleagues will promote respect and underline your commitment to that given procedure.

With the rapid advances in computer technology, it has become much easier to communicate. Affordable scanners give the doctor the ability to digitize pictures and slides and use them in lectures, or they can be sent by modem to any place in the world. With the Internet, doctors can discuss a case through a telephone hookup and simultaneously look at pictures and radiographs. With the chalkboard function they can even point, underline, and circle given areas of a photograph in real time. Netscape's Communicator browser allows for all these functions. A practitioner can, for the price of a local call, send images of patients to satellite offices, insurance companies, or referring doctors.

Any doctor who is serious about marketing needs to have a good camera and use it constantly. If one doctor performed 100 procedures with no documentation, whereas another doctor performed 10 procedures with great follow-up statistics and many pictures, the second doctor could do better marketing because of these valuable tools. Many times, the one who better communicates the information is more successful. Most surgeons do take many pictures, but for decades they have been encumbered by slides or pictures. Academic-oriented oral and maxillofacial surgeons can possess thousands of slides, and it is very cumbersome to keep these organized and archived. Anyone who lectures on a regular basis has experienced the drudgery of spending hours searching carousels for a specific slide. With modern software and imaging systems, this labor is a thing of the past. Affordable digital macro cameras are now available that totally eliminate the reliance on film and developing. Anyone who has ever taken a special intraoperative picture and found it to be overexposed when it was returned from the developer, or anyone who has taken a picture of an out-of-town patient and discovered that the eyes were closed, will value digital photography. A color liquid crystal diode (LCD) monitor allows one to view the picture immediately. These digital images are loaded onto the computer, and the doctor has total control over editing. Images may be enhanced, colored, cropped,

rotated, or scripted with text or patient names, among many other functions. What is most interesting for the marketing-oriented surgeon is the ability to instantaneously make professional lecture slides. Programs such as Microsoft PowerPoint and Lotus Freelance Graphics allow for simple addition of text and graphics. These data files may be sent by modem to a film processor for output as lecture slides, but that may soon change. By 2010, finding a carousel projector will be as difficult as finding an eight-track tape player today. Once the slides are made on the computer, they can be presented from a laptop projector connected to a digital projector. Because all of one's slides will be archived, they can all be visually or numerically sorted for use in a given lecture. If one is giving a TMD presentation and desires a slide from the orthodontic lecture, all that is required is to drag that slide into the presentation. These lectures, once constructed, can be saved to disk or CD. Walking into an auditorium with a single CD rather than 12 carousels is a joy. This technology is here now and is affordable. Anyone truly interested in cutting-edge marketing needs to be involved with this powerful and fun medium.

Converting one's 2×2 lecture slides to a digital picture is also easy with scanners. It is, however, a very time-consuming process, and the sooner one purchases a digital camera, the further ahead of the game one will be. In addition, the rapid evolution of high-resolution color inkjet printers enables the doctor to have near-photographic quality prints in seconds. This can be very handy when showing morphing changes to a patient or referring a patient to another doctor. Some additional uses are using these prints in desktop publishing, for intra-office display, or for sending an orthodontist a before-and-after picture in your referral letter.

The computer will play a larger part in all aspects of our practices in the future and can enhance our marketing efforts today.

Managed Care and Marketing

The fee-for-service environment along with the laws of supply and demand have set the stage for referral favoritism. We are now in the midst of a managed care revolution, and many rules are rapidly changing. Although no one likes the fact that we are doing more and being paid less, we must learn to adapt to this environment. With all the negative talk, one positive effect of managed care is that it has made many of us better businessmen. Doctors have been notorious for being remiss in many business functions and, because of the previous profitability, could afford to be sloppy with their business practices. Now, the ensuing changes have forced many doctors to take a hard look at their coding, billing, collection, purchasing, and other business line items in order to control costs and raise profitability. Some doctors have actually found that the attention to business detail has made them more profitable than before.

Because managed care companies recruit closed groups of participating doctors and specialists, there may be no choices as to specialists. In other words, we may have a captive audience of general dentists who have no choice but to refer patients to our office as a result of contractual participation. This negates many of the previous referral tactics that have been traditionally used to gain preference. There is still no substitute for superlative patient care, but depending how long managed care stays popular, the traditional specialist marketing may become much less of an issue.

Your Front Desk

As we have already stated, your staff is your greatest or worst marketing asset. Because doctors are usually far away from the front desk, many of us are unaware of what is truly going on. The author has sent "sham" patients to make appointments unknown to other staff and doctors in the office. The office administrator or consultant is the only other individual who knows the identity of the "patient." At the next staff meeting, the mystery patient presents input and observations. This has served to be quite informative as well as keeping everyone on their toes. Individuals can also call to make appointments to check on the courtesy and consistency of the staff. It is also interesting to drop a $20 bill in one's petty cash to see what happens with the monthly reconciliation.

An exceptional receptionist is the keystone of a successful office. This person can bond with prospective patients or drive them away in hordes. The key to being busy is to make it easy to make an appointment at your office. As stated earlier, there are many barriers to OMS. It hurts, it is expensive, insurance is complicated, it adds inconvenience, it causes apprehension, and many of the procedures we perform have little perceived value by patients. A great receptionist will work on these barriers with the prospective patient and turn an inquiry telephone call into an appointment. When a patient calls and has obvious fear, a good receptionist can inform him or her how good the doctor is and how gentle and painless the surgery is. If a patient calls and is concerned about finances, an astute receptionist will bring the patient in for a complimentary consult and explain that the practice has payment options. If a patient calls and is concerned about insurance hassles, the proficient receptionist will mention the name of the personal insurance person in the practice who processes insurance claims. If a prospective patient is concerned about inconvenience, a good receptionist will work the patient into the schedule to suit them. Many patients call various offices to shop for price or just a general feel of office demeanor. A smiling, energetic, enthusiastic receptionist will "attack" these patients with kindness and service and win them over. We use the word *smile* because although you cannot see a smile on the telephone, you can certainly sense it. All of our offices have signs at the front desk that says, "Always answer the phone with a smile." This is truly the first rule of service. We all have bad days from time to time, but they must stop when the telephone rings. It is absolutely essential to treat every telephone call as if it were from your best friend. Remember that the patient is our boss. Some very trusted and competent employees should not be allowed to answer the telephone because of their "rough edges" when dealing with the public.

There are many simple techniques that an excellent receptionist can relate. When a new patient presents to the front desk, a receptionist usually asks, "Have you ever been a patient here before?" This question may be insulting to a patient who may have a purged chart and may have had a $15,000 osteotomy several years ago. The more appropriate greeting is "When was the last time you were in our office?" At worst, the answer will be "never." When a patient of record calls, the employees should act obviously excited and engage in a minor conversation. People appreciate being remembered or recognized. In this harsh world of automated answering, a smiling, friendly voice is a rare find. This is paramount when any referring doctor calls. If your front desk people do not know something personal about your referring doctors, then you have the wrong staff. "Dr. Niamtu, it is so good to hear your voice, how have you been, are you still deer hunting?" is much better than "How do you spell that name?" Making contributions to someone's office and not being recognized is a real turn-off. Even new employees should act as if referring doctors and patients are old friends.

Cancellations occur in all offices. There are patients who make appointments but fail to keep them for various reasons, usually relating to finances, time, or fear. It is best for a receptionist to reschedule a broken appointment before the patient hangs up. If the appointment is canceled, the patient should be placed on a ledger and be called multiple times to reschedule the appointment. Staying busy requires handling broken, missed, or canceled appointments.

These same characteristics need to carry over to the clinical staff also. Clinical and clerical positions are usually distinctly different, and if communication is lacking between "the front" and "the back," then the office cannot be efficient. If one examines successful, profitable offices, they invariably find a harmony between clerical and clinical employees. The key to this communication is cross-training. It is impossible for individuals to truly appreciate someone else's job unless they have done it themselves. We earlier alluded to the policy of fast food chains requiring their managers to spend time on the grill and french fryer as part of their training. The author, during a citywide blizzard, assisted in answering the office telephones and from that day on gained respect for the ability to manage multiple telephone lines and maintain a friendly attitude. If an office stresses cross-training, then every employee will know the rigors of each other's job. If your receptionist cannot take a Panorex or assist in surgery, or if

your assistant cannot make appointments, then you are shortchanging your patients, your staff, and yourself.

The clinical staff also has very special requirements involving patient service. A good assistant is a buffer between a busy doctor and apprehensive patients. On the evaluation, these employees can fill in the blanks that the doctor has not discussed. They can assist in patient treatment decisions and can quite often sway a patient toward a given treatment plan. Compassion is essential for these staff members. The ability to calm apprehensive patients and hold the hand of a preanesthesia patient can truly mold the entire surgical experience. This is no place for a gruff employee.

Putting it All Together Through Communication

Many theories and techniques have been outlined relating to marketing and patient service. We have used the description *content, happy, and profitable practice* many times throughout this chapter. Anyone who has built this type of office will testify that it is a task of significant proportions and the pursuit of excellence is never-ending. It is said that excellence is a journey, not a destination, because there is no finish line. Someone who is truly dedicated to his or her profession and practicing with enjoyment and profitability will pursue the following tenets:

- Hire and maintain the correct staff.
- Provide leadership and enthusiasm.
- Make clear what is expected through a policy manual.
- Train the staff to be patient-centered service providers.
- Reward them for their efforts.
- Pursue excellence in all facets of your practice.
- Know when to terminate an employee.
- Constantly improve the level of training and communication.
- Always be a teacher and a student.

These are key to set the stage for organized marketing. Without these, there is no marketing, unless it is negative marketing. A common misconception is that marketing merely involves the physical techniques mentioned earlier. A surgeon cannot market alone, and an uninformed or undertrained staff cannot market at all.

Constant communication and consultation are paramount in keeping the team sharp. No football team would ever reach the Superbowl without practice. For the oral and maxillofacial surgeon, this practice involves staff communication. Any progressive practice has regular meetings with the doctors and managers as well as the staff. Even though one's staff may know what to do and what to say, it has to be continually stressed to stay aware and sharp. Enthusiasm is contagious, and the same may be said of the lack thereof. This team spirit must be perpetuated. The author has monthly staff meetings with the partners and manager, quarterly staff meetings with all staff, and an annual retreat for staff focused on communication, patient service, and continuing education. In addition, the manager has regular meetings with various locations. One does not need to have a large practice to do this, and in fact communication is much easier with a smaller office. Everything in this chapter applies to all offices, regardless of size.

To enhance optimum communication, one must have policy and consistency in all positions. As already stated, every game has rules, and to win, one must be aware of all the rules. The winners in OMS have happy, profitable practices, and the losers are those who go home exhausted and frustrated and dislike what they do for a living.

The following principles, referred to in the author's office as the "Rules of the Game," take precedence over all other forms of communication. All partners, managers, and employees are aware of the rules, and they are posted throughout the office in bright Day-Glo laminated frames. It is very important for every person in the practice to have an intimate knowledge of the rules, and like referees in sports, the owners and managers must have even greater understanding. This is an excellent list from which to build, and a valuable tool to show a prospective employee who you are considering hiring. We will examine each rule and its implication as it relates to OMS.

1. *Be willing to support our missions, values, and guiding principles:* This rule, although very obvious, is the

most often overlooked. Many OMS practices do not have a written policy manual with distinct job descriptions and a clear outline of the vision or goals of the practice. If you do not communicate these to an employee, how can you possibly expect him or her to support them?

2. *Speak with good purpose:* Gossip among doctors and employees is one of the most destructive forces in an office. This involves speaking about someone without his or her presence. This is done by idle, unchallenged employees and can undermine your entire staff and effort. This should be strictly prohibited and grounds for termination. This also applies to those who say one thing and do another. Leaders must practice what they preach. As your mother said, "If you can't say anything nice, don't say anything." This especially holds true for pessimists.
3. *Be open and honest in your communication with each other:* Actually expressing one's true feelings is sometimes very difficult. We are often reluctant to hurt someone's feelings, rock the boat, or cause friction, so often it is easier to agree with someone or support his or her improper behavior because you may be intimidated about expressing the truth. This is one of the most difficult things for some people to do, but if this rule is not followed, the others are meaningless. One must be able to look partners, managers, and employees in the eye and tell them exactly how one feels. If this is done with consistency, a person will be respected. For this to work, all individuals must take a pledge to be open and honest. This breaks the ice and paves the way for open-ended communication. Failure to do this will perpetuate the problems of communication that plague many practices.
4. *Complete agreements and be responsible to others and yourself:* When people sit down to iron out problems, it is human nature for everyone to want to jump on the bandwagon and to volunteer to take responsibility to make a change. This frequently involves a task, behavior change, or a sacrifice. All too often, those who are enthusiastic starters often lose their vigor or neglect to follow through on the task or the behavior they promised. This is common and is one of the main reasons why some practices never get out of the hole. It is imperative that when someone agrees to do something, that he or she takes the responsibility to follow through and that the leader of the practice takes the responsibility to coach him or her through the stated work and insists on its timely completion. When a person fails to follow through on a task, he or she lets himself or herself down as well as the practice.
   a. Make only agreements that you are willing and intend to keep.
   b. Clear up any broken or potentially broken agreements at the earliest appropriate time with the appropriate person.

   This is especially important. If one is missing his or her promise or timeline, then it is important to discuss this with the correct person at the correct time. The immediate leader for this staff position must be made aware of the possible lack of follow-through immediately. Complaining to the incorrect person may be gossip, and failing to notify the leader promptly will compound the problem by procrastination.
   c. Do not commit to others unless there is agreement.

   Because a given individual feels that he or she has the correct idea or action does not make it correct. This must be clearly communicated to the group and a positive response must ensue, which requires rule number 3.
5. *If a problem arises, look first at the system, not the people, and then make the correction:* If there is one thing that many employers are guilty of, it is this. As we stated earlier, it is usually true that most employee problems are the result of the employer, not the employee. Employees often take the brunt of criticism when the employer is guilty of being a poor leader. Again, if there is no policy manual, no job descriptions, no vision

or goals, then whatever occurs is happenstance or coincidence. Your chances of having an enjoyable, profitable practice are then like the odds of winning the lottery. Virtually any employee problem can be traced to improper leadership. Next time you are disappointed with an employee, stop and look in the mirror and ask yourself as a leader, "Did I do everything possible to make the rules and goals known and set clear standards to be followed in this case?" It takes a big person to do this, but so often a leader cannot answer this question in the affirmative. A true leader will admit his or her shortcoming and do better, but a poor leader will continue to be a blamer.

6. *Don't be a blamer:* No one likes taking criticism or being wrong, but blaming others for one's failure or shortcomings only perpetuates mediocrity. The three hardest words to say are "I was wrong." Once a person can speak with honesty and admit this, then they will be respected and open the door to other individuals to exhibit this honesty. For this environment to exist, the other staff must be supportive and accept apology and honesty and not persecute the individual or dwell on the admission.
7. *Commit to add value by making more out of less:* In order for any business to thrive, each person must add value. It is when staff or doctors detract value that stress and waste occur. The key to operating a successful business in this day of managed care and business is to be lean, economical, innovative, and value conscious. This is not only in physical spending, but also on decisions and the entire aura of the practice. Waste in policy or expenditures will severely affect the ability for some doctors to enjoy their work and make a profit. Each staff member should constantly challenge each other and the practice to do more with less, and when a suggestion is valid, that employee should be rewarded.
8. *Have the willingness to win and allow others to win:* In a win/win situation, the attitude is "if I allow others to win, then I win also." With an employer, the win is even bigger. In a competitive world, many people are used to winning to be promoted or to advance. Unfortunately, many of these people feel that they can win only if someone else loses. This creates a back-stabbing environment, and for the person to win, someone must lose. If this person is your employee, then the practice will ultimately lose. These people are very goal oriented and are difficult to control. A win/win person, on the other hand, progresses and advances just as fast, and with fewer waves, because they realize that by allowing others to win, they will win and may win bigger. It is this type of employee who portrays altruism and is a valuable asset to any practice.
9. *Focus on what works, and retreat on what does not:* Many times the best intentions are put forth with ideas or policies, only to have them fail or fall short of the intended benefit. A progressive leader realizes that some ideas, no matter how good they seemed, are not feasible. These leaders will admit the shortcoming, regroup, and attack the problem from another angle. A poor or resistant leader will not admit to the shortcoming and beat a dead horse even knowing it is not in the best interest of the practice. Some leaders remain hardheaded and will propagate poor policy just because they cannot admit to being incorrect. No matter how good it sounded, if it does not work, move on. It is also important not to focus too much on the past. If one is surrounded by individuals who will not forget a mistake and continually reflect on what did not work, the proper environment is not being fostered to admit a mistake. Do not dwell on the past; learn from mistakes, and move on.
10. *Encourage the risk of innovation:* One must focus on the very best communication for the staff and the best service and care for the patients. This often requires going outside of the usual parameters for practice and service. If one follows the usual

details for running a practice, then one will have a usual practice. To have an exceptional practice, one must constantly challenge the leaders and the staff to think of innovative means to better the communication and patient service and care. Sometimes staff members are shy or hesitant to provide input. Sometimes those who provide input are ridiculed or ignored or, worse yet, go unrewarded. Big business learned decades ago that it pays to have good ideas and one should pay for good ideas. If someone makes a suggestion that makes a difference, they deserve reward. They win, you win bigger, and your patients win biggest.

11. *Don't shoot the messenger:* As the story goes, upon hearing bad news, the king would kill the messenger. None of us wants to hear bad things about our practice, but to ignore them only makes things worse. The adage "Ignorance is bliss" is only for someone who wants to work in a stressful and nonprofitable environment. A good leader must demand to know what is bad as well as what is good and must allow the staff, patients, and referring doctors to have unencumbered input. If you make it hard for someone to tell you negative things, you will never hear them. This is not reality. Sometimes it requires a negative to make a positive. True leaders have an open door policy for constructive criticism and will act accordingly. Before criticizing someone, first try to understand the principles of the policy and always offer criticism in a positive and constructive manner, as stated in rule number 3. Encourage critique.
12. *Raise the "red flag" when overloaded:* Leadership requires energy, and sometimes, with the best of intentions, we put too much responsibility and burden on ourselves. Even though we think we can handle it, we become overloaded and begin to break rule number 4. This actually encumbers the practice and skews all the other rules. We all have limits in the amount of responsibility that we can handle and must maintain a good mix of relaxation and outside activities. If one becomes overloaded in trying to make something better, this may actually make it worse. We all tend to multitask, and sometimes instead of advancing a few prime goals we wallow in stagnation. This leads to inefficiency and burnout. In addition, if our managers "raise the flag," we can appreciate their honesty instead of admonishing them months later when we see that the projects are not done. It is far more advantageous to admit overload and ask for help to keep the practice on track. Never be afraid to ask for assistance, and never create an environment where this is frowned upon.
13. *Always maintain a sense of humor:* Life is a short ride, and we all have only so many heartbeats to enjoy it. Sometimes we take things too seriously. There is a time for seriousness and a time for levity. Most influential and successful individuals find humor in life and make the best out of all situations. As oral and maxillofacial surgeons, we live in a high-stress environment and face sometimes grave decisions on a daily basis. No matter how bad things seem in a given crisis, history tells us that they will pass and improve. Optimism is a virtue and is contagious. Try to smile every second and try to find humor and laughter in life.

Conclusion

Marketing is not a specific task, but rather a lifestyle. If one examines very successful practices, there is invariably an excited, energetic leader with an enthusiastic and caring staff who enjoy what they do for a living. Marketing, as this chapter has illustrated, goes far beyond the bounds of a gift or party and is a total commitment to excellence and the desire to share this with one's patients, referring doctors, and the public in general. Marketing is very individualized, and the same techniques will not work for every doctor or locale. Each one of us needs to find his or her own comfort level and do as much possible with what he or

she has. Marketing need not be advertising or strident promotion. Subtly informing target patients of your services can be accomplished in many ways. Oral and maxillofacial surgeons are very innovative individuals, and this chapter could not possibly cover all the various strategies of marketing. I have attempted to dissect the theoretical aspects of marketing and to present various options. "The customer is always right," "Do unto others as you would have others do unto you," "Offer an excellent product at an affordable price," and "Always be a teacher and always be a student" are phrases that may be centuries old. Certain common sense factors in how one presents a product or service will have an enormous impact on the success of the business and one's happiness in the profession.

Whether an office consists of multiple doctors and locations or is a one-doctor, five-employee single office, the theories and techniques presented here apply across the board.