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CHAPTER

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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