



Ronald E. Goldstein, DDS
Clinical Professor
Oral Rehabilitation
Medical College of Georgia
School of Dentistry

Dr. Goldstein also serves as adjunct professor of restorative dentistry at the University of Texas Health Science Center, adjunct clinical professor of prosthodontics at the Henry M. Goldman School of Dental Medicine, Boston University, and former visiting professor of oral and maxillofacial imaging and continuing education at the University of Southern California School of Dentistry. Dr. Goldstein is the author of Change Your Smile and Esthetics in Dentistry.

[QA: Goldstein intro to come]

Effective Dental Marketing: Clinicians Share Their Successes

any TV or radio spots, but have always accepted invitations to be a part of a reputable and professionally done segment.

Tom Trinkner, DDS—I have used some magazines in my area but publication use is limited to a small local market; I've gotten a much better response from talk show formats on local radio stations. I have also appeared in several segments for the NBC affiliate of our local television station. My goal is to bring attention to what is happening in dentistry, not to be self-serving. To meet this end, the segments are usually informative presentations of new techniques and materials or question and answer style interviews.

Which forms of media have you found to be most effective?

Cary E. Goldstein, DMD, PC—The radio spot was quite effective, but I have found that the best marketing is well placed articles in local magazines. These articles give the office something unique and lay persons trust the press.

Brian LeSage, DDS—My personal preference in my market area is to be part of an editorial piece where I would answer several short questions and then have a nice catchy, professional advertisement on that or an adjacent page. We get the fewest "tire kickers" on the phone and generally get a 5:1 return on investment.

Tom Trinkner, DDS—I have found TV appearances to be the most effective format for me personally. Presenting information to the public from an expert position builds remarkable credibility for my practice and the field of dentistry.

Do you hire an outside firm or do you handle marketing yourself?

Cary E. Goldstein, DMD, PC—I do all of the marketing myself and then hand off the details

to a staff member.

Brian LeSage, DDS—No, I take a very active role in marketing. I have tried PR firms used by my plastic surgery colleagues in the area but it has never worked out. Most of these publicists will only represent one dental client at a time.

Tom Trinkner, DDS—I used a PR firm at one point in time and found that marketing is better handled internally. I feel like I have the best knowledge of exactly what kind of presentation I want for my practice and what kind of patients I want to achieve through that marketing.

Is there a certain percent of practice revenues that you think should be budgeted for marketing?

Cary E. Goldstein, DMD, PC—We generally use a figure of 2% of revenues for marketing—a system that has given us an annual budget of about \$25,000 during the last few years. The first year we used the money for new logos, paper products, and some magazine ads. These were extremely ineffective and quite costly.

Brian LeSage, DDS—I would say that between 3% and 5% of gross is the minimum one should consider.

Tom Trinkner, DDS—The new trend in practices across the country is budgeting a high percentage of revenues for marketing. I'm guessing between 8% and 10%. I personally do not implement that level of marketing within my practice. I think, for myself, a smaller number works. I'm trying to develop a practice with fewer patients and a higher percentage of comprehensive treatments. The desire and the type of dentistry you're going to do should determine the amount of marketing. In my particular case, the excellence I am committed to and the slower more methodical comprehensive treatment seems to be attracted through other means than marketing for my practice.

What techniques do you use to internally market your practice?

Cary E. Goldstein, DMD, PC—We use our customer service to help market ourselves. We strive to provide the best one on one service in the back and front areas of the office. We call all invasive procedure patients the night of or the morning after; I try to make all of the calls myself. We provide TV's in the ceiling for our patients, they love this and send a lot of their friends and family to us. We highly train our staff with role playing and manuals, provide great customer care, and they always have a great knowledge of dentistry. We ask for referrals and send thank you letters for every referral we receive.

Brian LeSage, DDS—This is absolutely my preferred method as it costs so little and is so value adding to the practice. It takes the entire team to comprehend the practice philosophy, integrity and methodology. My office philosophy has evolved to be "we are ladies and gentlemen caring for ladies and gentlemen", and "good is the evil of great." I personally spend a minimum of one hour with every new patient that is seen in my practice. This generally becomes the beginning of a long rewarding relationship of trust and comprehensive dental care.

Tom Trinkner, DDS—We currently use patient newsletters and reproductions of clinical articles that I have written. In addition to that, we use computer graphics and Power Point presentations so patients understand the procedures that they are undergoing and feel more comfortable in the dental chair. We occasionally carry out exit interviews to ensure that the patient's experience has been good; and literally ask those patients to refer others they think might want the kind of dentistry that our practice is able to yield. We feel very strongly that our service and our commitment to excellence is the

best form of marketing. Patients leave our office and freely tell other “like-minded” people to come into the practice.

Do you feel that advertising has confused the American public in regard to determining who to go to? Why?

Cary E. Goldstein, DMD,

PC—Yes, the advertising does confuse. Through my experience in purchasing and arranging the advertising, I see first hand how underhanded it can be. Simply by placing more ads than other offices, you are able to gain a “reputation” or build a false one, quickly. There seem to be no real guidelines of how and what to advertise in den-

tistry. We usually have to make our own offices look great to make our competition look bad.

Brian LeSage, DDS—Absolutely for the naive and ill informed individuals. It takes some research on the consumer’s behalf, but if someone does seek clinicians with well documented and substantiated credentials, “fluff” advertis-

ing becomes acutely obvious.

Tom Trinkner, DDS—I think that there is an absolute issue with the American public being over exposed to so much advertising. There is a tremendous push right now for advertising. I know personally that many of the dental practices in my local area are very limited in their ability, whether is be from technical excellence of lack of experience, to deliver that which is marketed to the public.

Do you feel that individual dental offices’ marketing has adversely affected the public’s ability to choose based on expertise?

Cary E. Goldstein, DMD,
PC—Yes, the public has no idea of our expertise. Advertising can make the worst dentist look terrific. There should be some criteria that is advertised to the general public so that they have a method of choosing a dentist, rather than asking a friend or looking in the yellow pages.

Brian LeSage, DDS—I would gave the same answer as I did for the last question.

Tom Trinkner, DDS—I think the public is very susceptible to powerful graphics and images that are visual in nature. Unfortunately, I think the public has been skewed by the “big, full smile, very white, nonanatomical smile” as something that is considered to be attractive. Unfortunately, what the public does not understand, and may not be aware of is what truly natural dentition and natural smiles look like based upon tooth morphology and certainly smile design. So, it is within our goal to continue to make patients aware of the difference between unnatural esthetic dentistry and truly natural tooth morphology and esthetics, and we work very diligently within our practice to define those differences. One of my goals in education is to continue to teach other young dentists and clinicians how important it is to work on what natural beauty really is, and try to focus on having a clear vision of what direction they would like to see their esthetic cases go.

In Practice

Some advertisements imply superior abilities and success. Some offices do not deliver what they advertise. Have you had patients who were disappointed with their results from offices who advertise in this manner?

Cary E. Goldstein, DMD, PC—I cannot say that a patient has

come in and stated that they went to a dentist based on their ads and were unsatisfied.

Brian LeSage, DDS—Unfortunately, it happens way to often. There are many causes for this and it is not always the clinician selling the sizzle without delivering the beef. But this is the cause frequently. To be fair, there are many

patients that have unrealistic expectations and no dentist/ceramic team in the world can give them back their natural teeth or what they perceive as beauty. In my office, in our consultation appointments, my goal is to have the patients understand realistically what we can achieve in aesthetic dentistry. I am deliberately lower-

ing their expectations so when it does come to the deliver I am exceeding their expectations.

Tom Trinkner, DDS—Without a doubt, I have had unhappy patients come in who had been treated in other restorative and esthetic practices. I think the dilemma certainly may be part of the esthetics skills and the knowledge of the treating dentist, but I also think that there is an incredible lack of communication and most likely lack of knowledge in some of our laboratory technology that may be partnered with this treating clinical dentist. Therefore, it is imperative that the team be formulated and that relationships be established so that we can deliver a product that is functional, that is aesthetic, and meets the long-term needs of the patient—something the patient is happy with.

Do you think there is a lack of truth in much of the dental advertising? If so, what do you think can be done?

Cary E. Goldstein, DMD, PC—I cannot say that a patient has come in and stated that they went to a dentist based on their ads and were unsatisfied.

Brian LeSage, DDS—I feel most advertising embellishes the clinician's expertise and credentials. This is not limited to the dental field; we see it in every field from plastic surgery, dermatology, age reversing creams and ointments, diet pills and programs, etc. It goes to the adage "buyer be aware."

Tom Trinkner, DDS—Certainly, I think there has to be some sort of initial guidelines, either the ADA or through our state associations. I think that if this continues to move in this direction it will certainly compromise our entire profession. I know some of my mentors spent a great amount of time trying to educate the younger dentists because it starts with our recent graduates and how they look at their future. Certainly, we can all benefit from comprehensive, excellent dentistry. I think when we lower ourselves to marketing and not able able to clinically understand the parameters of that, it may not yield successful dentistry, we are hurting ourselves. ■