

MANAGEMENT & MARKETING

(Editor's Note: This quarterly JCO column is compiled by Contributing Editor Howard Iba. Every three months, Dr. Iba presents a successful approach or strategy for a particular aspect of practice management. Your suggestions for future topics or authors are welcome.)

This month, Dr. Bruce McFarlane presents his ideas on developing non-dental referrals. He acknowledges that referrals from our dental colleagues remain our primary priority, but reminds us not to overlook the potential for other referrals in our practices.

Dr. McFarlane's article lists several marketing ideas that can be used within as well as outside our offices. But he also cautions us that we need to create a special practice environment before expecting patients to become ambassadors for us. Meeting or exceeding customers' expectations remains a proven way to foster strong referrals, and Dr. McFarlane outlines seven specific ways to improve our chances of accomplishing this goal.

A combination of both dentist and patient referrals—or as Dr. McFarlane puts it, a well-balanced and diversified portfolio of referrals—is almost mandatory in today's market.

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Dr. Iba



Dr. McFarlane

Promoting the Auto-Referral Practice: Your Long-Term Success Insurance

General dentists are competent identifiers of malocclusions and loyal recommenders of our services to patients who need orthodontic treatment. Year after year, the JCO Orthodontic Practice Study finds that general dentists are responsible for 50% of our referrals.¹

As with any well-balanced stock portfolio, however, diversification of referral sources is an excellent idea, especially as your practice (and your referring dentist pool) matures.

There is already a group of potential referrers in your office who are probably your biggest fans: your patients and their families. There are others out there who could also become spokespersons for your practice. Why not encourage them to help spread the word?

Put on a Good Show

The first part of this concept is to make sure your referrers have something to rave about. Before you ask your patients to become ambassadors for your office, make sure you have your act together. These are a few of the things our office has been doing:

1. *Being on time, both for appointments and for total treatment.* People are so busy today that on-time delivery is one of their highest priorities. This to us is a must, and a frequent source of frustration we hear about other practices. It has required a fair amount of focus on scheduling and treatment goals, but has paid off in our being able to claim that we can truly “walk our talk”.

2. *Communication.* This has a number of aspects, including speaking in plain language to patients, avoiding dental jargon, providing follow-up written instructions for special procedures, using videos for patient education, using CD-ROM and imaging technology for “show-me” explanations, and—perhaps most important—genuinely *listening* to questions and concerns.

3. *Pleasant surroundings.* Orthodontists have the luxury of being able to design an office that is much less “clinical” than the average dental setting. In my office, I think we have capitalized on this with our sense of space, tasteful decorating, and focus on first impressions in our new-patient examination room (Fig. 1).

4. *Technology.* This is a major part of our show. Nowadays, I find our young patients especially to be very “wired” and impressed with our capabilities to use technology for planning, billing, scheduling, education, and treatment, at our physical office as well as our virtual office (www.drmmcfarlane.com). I will continue to give a high priority to a leading-edge feel, despite the time and expense involved.

5. *Gentle, compassionate treatment.* I believe orthodontists have been successful in minimizing the pain and apprehension that once were associated with braces. The orthodontic experience is

more positive today than ever before.

6. *A highly skilled, helpful, and friendly team.* We have been able to assemble a strong team through careful selection, training, and nurturing (Fig. 2). Since staff members spend much more time than I do with each individual patient, I have hired only people who I feel have exceptional personalities. The technical stuff you can teach; the attitude you cannot! I have empowered my staff to deal with patient satisfaction issues without asking, as long as they do so in the same way that they would like to be treated.

7. *Having fun.* Young patients will not talk to their friends about your ability to create an ideal Class I occlusion, but they’ll certainly carry on about your great contests, rewards program, video games, and colored elastomers. We are fortunate as orthodontists to be delivering services that are not terribly threatening. I recommend you take advantage of this by creating a light, fun atmosphere in your office. It will make your days more pleasant, and your office will become known as a cool place to go for braces. Don’t forget to pay attention to younger siblings: 4-year-olds become 12-year-olds.

Ask for Referrals

Once you’ve got a good show for patients to rave about, ask them to rave on! This is a simple concept, but one that may have been over-



Fig. 1 New-patient examination room.



Fig. 2 Dr. McFarlane's team.

looked by you and your staff. Patients may not be aware that they can refer their friends and family directly. They may believe that, as with medical specialists, a new patient requires a referral from another practitioner. A simple, clear sign in your office will help clear up this misconception.

Timing is of the essence. We choose to make the request at the “exit consult”, a gathering of the patient and family members one month after debonding, when the results of their treatment are reviewed and celebrated. Because it’s

usually a positive occasion, it’s a great time to give them a package containing a feedback survey and a coupon for a complimentary examination for a friend or family member (Fig. 3).

Recognition of a patient referral is a nice touch, but there is a need for some restraint here: the perception that you are “buying” referrals can be counterproductive. I use a handwritten (not computer-generated) note of thanks for the first referral (Fig. 4), progressing to a tasteful gift for the prolific patient referrer.

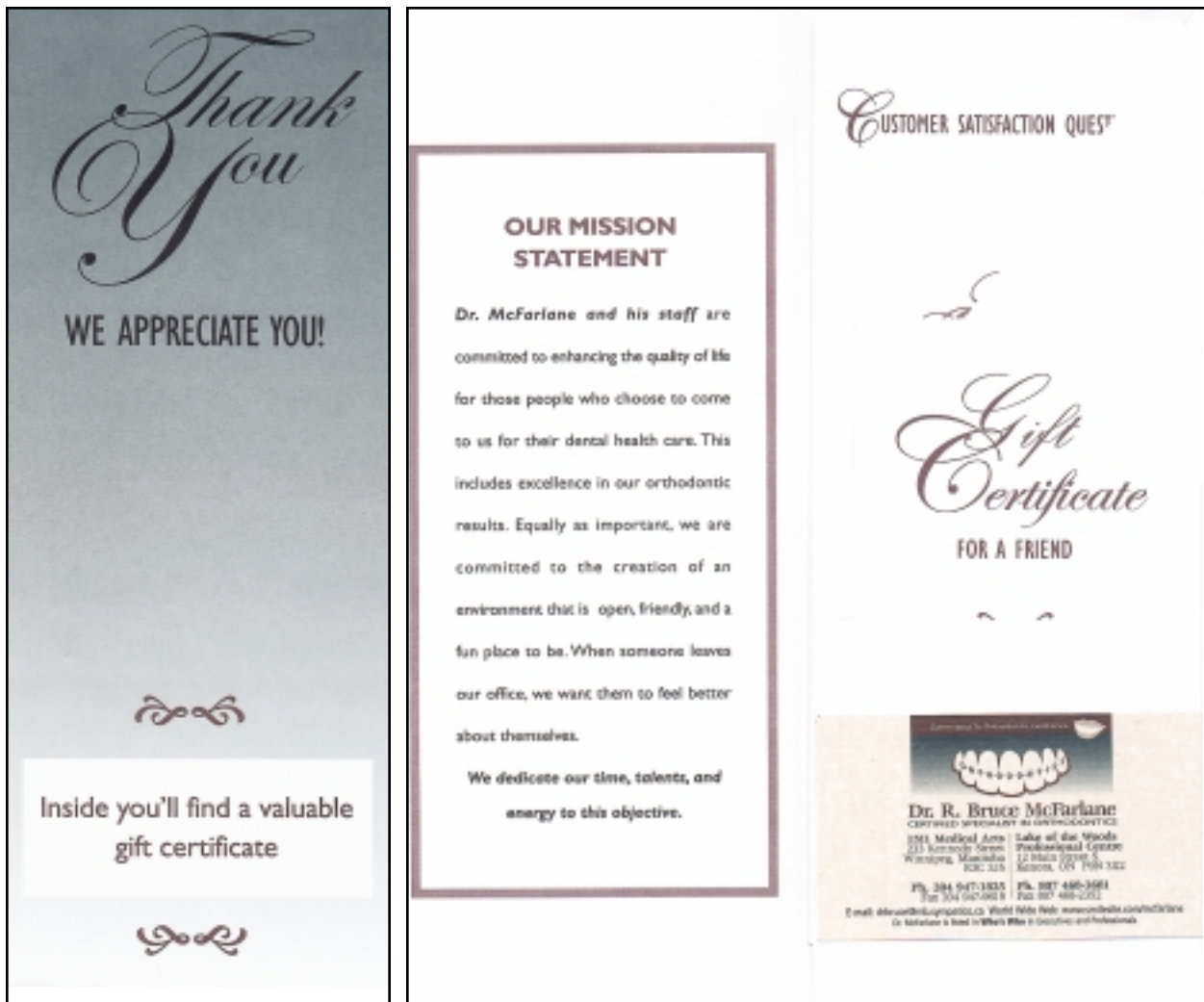


Fig. 3 Exit consult materials.

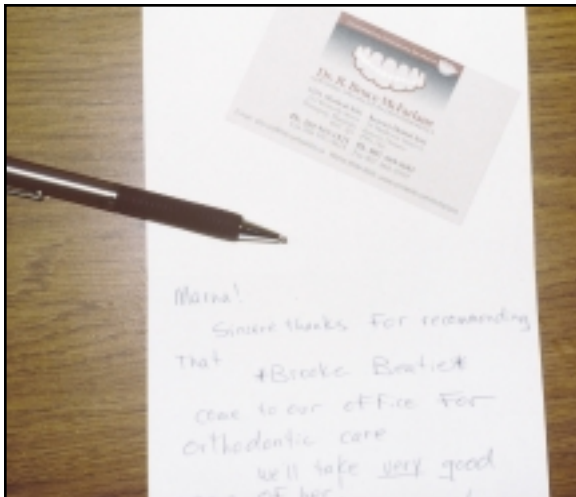


Fig. 4 Handwritten thank-you note.

Seek Referrals from Less Obvious Sources

Dentists and existing patients and their families are the most obvious and fertile referrers for your practice. There are others out there, however, and it may be worthwhile tapping into such sources as:

1. *Community involvement.* Coach a team (Fig. 5), work for a charity, volunteer for a community club. When others in those organizations need an orthodontist, they'll think of you.

2. *Getting your name out there.* You can't be two places at once, but your name can be. My personal opinion is that mass-media advertising is not terribly effective for individual orthodontists. People are bombarded daily by messages from advertisers with much deeper pockets than ours. A targeted, community-based approach, however, can be effective: get your name on some team jerseys, a cultural event program, a children's museum, or a charitable golf tournament (Fig. 6).

3. *Treating dentists' staff and families.* These individuals present a great opportunity to leverage complimentary or reduced-fee orthodontic treatment into many more new patients. There is no better indication of a dentist's confidence in your capabilities than asking you to treat his or her staff or family members.



Fig. 5 Dr. McFarlane coaching soccer.



Fig. 6 Sponsoring a hole at charitable golf tournament.

4. *Encouraging your own staff.* A sense of ownership is an important feature of an effective orthodontic staff. Part of this comes from the knowledge that efforts in building the practice will be rewarded. In our case, a new patient referral directly from a staff member is recognized with a gift certificate from a fashionable store in our neighborhood.

5. *Getting your kids involved.* Your own children may be at or near orthodontic age; why not have them marketing for you as well? My daughter wore all the coolest-colored elastomers and had

all the latest orthodontic gadgets. She managed to create a good deal of awareness around her school, and as a result I have had many “OKfits” (Orthodontist’s Kid’s friends in treatment) in the office (Fig. 7).

6. *Giving a talk.* There are many opportunities to speak to interested groups—at schools, community centers, parent-teacher associations, and more. A simple, short presentation to a small group can develop “brand recognition” for your office when it comes time to select an orthodontist (Fig. 8). It can also be enjoyable for you and your staff.

7. *Using the media.* I recently guest-hosted a morning show on a popular Winnipeg radio station (Fig. 9). I was amazed at the number of people who were tuned in and suggested that I keep my day job. An informational article in a demographically targeted publication can also be effective. A recent article I wrote for Winnipeg’s *Style* magazine has created considerable interest in our community.

Conclusion

There is no orthodontic practice that can fail to benefit from paying more attention to referral sources. I recommend you incorporate some or all of the above ideas to ensure continued long-term success for your practice.

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Fig. 7 “OKfits” (Dr. McFarlane’s daughter on right).



Fig. 8 Addressing fourth-grade class.



Fig. 9 Hosting morning radio show.