

DIRECT RESPONSE DENTAL MARKETING 101 FOR BIG CASE AFFILIATED DOCTORS

The strategies and methods in the Big Case Marketing Programs are based on proven principles from other industries with similar price points for their goods and services as implant & reconstructive dentistry.

The foundation of the marketing and sales systems are built on a number of principles including direct response marketing principles, psychology of effective customer follow-up, systems to help patients self-qualify themselves financially, sales systems to manage each potential patient from the point of initial contact to the point where they say yes to treatment, identification and elimination of barriers in the sales process, and systems and psychologically based scripts for how the team and doctor interact with the potential patient.

This is a primer on some of the principles of direct response marketing. It is by no means meant to be a complete guide of why the marketing strategies work but is meant to help you understand some of the principles you are seeing via the program you are affiliated with at Big Case.

Every member doctor with Big Case Marketing Systems, be they in the Elite Docs Strategies™ Program or at the top level Elite Program™ are encouraged to study direct response principles, especially if you want to be in much better control of how many and when new patients (and the types of new patients) are generated for your practice.

For those doctors who are members of the Elite Program in which ready to use advertisements are handed to your practice, it is also important to understand that you need not become a complete expert (or as diligent a reader of this guide) in the mechanics of the ads themselves as they have been “done for your practice.” To have created such on your own, not only would you need to be a direct response expert but you would need to be a copy writer, ad layout designer, expert on scripting, and have at the end of production connected the ad into a myriad of different yet related systems that cover issues specifically arising when undertaking the systematic and complex process of finding and closing Bigger Cases for the practice. On top of all of this creation you would also be forced to waste valuable resources on testing; most of which would be a total waste of your capital.

THE Direct Marketing Basics

Headlines:

You'll notice a headline on just about everything in the BCMS. You will also notice "subheads" which is a secondary headline below the main headline. There is a reason for this.

The headline of any ad or marketing piece is very important if not THE most important part. Everything needs a headline whether it is an ad, postcard, mailer, newsletter, web site page, etc.

Look around you when you are seeing newspapers, TV commercials, listening to radio commercials. You'll be amazed at how many don't have any sort of headline. Chances are if you notice no headline you have found a marketing effort adrift without a rudder in feel good "image" marketing land.

Feel good "image" advertising is fine for big corporations like McDonald's or Coca-Cola. They can waste literally millions of advertising a "feeling"—YOU CAN'T! During recessions you'll notice many of those "feel" ads shifting back to get the consumer to take action right now even by these multi-nationals. Regardless of recessions or not, dentists can't afford to waste a dime on image first advertising.

In contrast everything at Big Case Marketing is based on the solid principles of direct response marketing which has two key factors that make it instantly recognizable in the marketplace. It has ways built into it to MEASURE and track

results (giving you and ROI number) and it is ALWAYS very specifically addressing and proposing a solution to a major problem or problems that the target customer in the population is seeking an answer for. It also ideally makes an offer (consult, reports/CD/DVD with value, etc.), and if possible has a deadline (expiration of consultation certificates, deadlines for fee quotes, etc.)

Direct response marketing will out pull (outperform on your ROI) over any “image” advertising that doesn’t directly solve a specific problem. This is proven over and over in testing.

Why isn’t their more direct response marketing out there?

First of all it is out there and you have probably responded very well to it over the years but you weren’t aware of it and you weren’t educated to recognize it.

Secondly, this type of marketing doesn’t appeal to the graphic design artists and the ‘leaders’ in the advertising world.

Graphic artists like to make things that are visually appealing (ART!) and win awards with their design (ART!) both of which governs their basic underlying aesthetic and thought process. Needless to say, great art doesn’t necessarily make for great Big Case attraction.

The advertising industry really likes “art” and “image/feel good” style advertising for a very big reason—it isn’t measurable and therefore the results and the advertising exec’s job, income, etc. are safe from scrutiny.

If you read the business pages, you will notice that large corporations are constantly shifting from one large ad agency to another. Burger King™ is a great example as they have literally rotated through every ad agency and started back at the beginning!

The reason is that these agencies are all trying to “out art” each other when the truth of the matter is they all deliver the same lack-luster results to the client that keeps bouncing around to agencies because they have drifted too far away from the measurable principles of direct response.

The two industries that understand the foundation the best are the catalog sales and direct mail industries; both of which employ the same direct response principles proven to work and contained throughout Big Case Marketing’s programs.

What about dental marketing?

Most dental advertising is either designed by graphic designers (creating art that doesn’t sell) or designed by the publication in which the advertising is occurring. Word to the wise:” “creative” departments in any given media are simply there to throw something together--usually copied from other marketing that doesn’t/hasn’t/won’t work and then bill you for the result--or give it to you ‘free’. The creative departments and advertising reps in these medias know nothing about making money from marketing (or for marketing for dental patients)...if they did they, wouldn’t be working there as a rep or laying out ads.

The vast majority of dental marketing is also very incestuous which means everyone is copying what everyone else is already doing. This happens to be a

very a good thing! They are usually copying what the other “no nothings” in the creative departments and media and graphic designers are already generating. This constantly throws most doctors that are looking for the right way to market off the trail. You won’t ever have to worry about losing the scent of the right trail again!

Direct response marketing (and everything at Big Case Marketing) will look different than all of the incestuous material out there in the dental industry. Do not be afraid of this! In fact, celebrate it and prepare to feel quite smug knowing that when you are spending your money you can measure and get a result that puts more money in your bank account and pocket than you spent.

Advanced Concept: Once you are an ‘insider’ to the why’s of direct response, you’ll start noticing ads in all types of industries (including medical and dental) around you that consistently run in various locations and publications over and over which is a tell-tale sign of an ad that is working.

By the way, your marketing efforts aren’t meant to impress your wife, husband, brother, pastor, priest, rabbi, imam, or buddies at the (insert sport) club. It is there to do one thing only and that is to return money to you for you and your business and personal needs. Don’t forget this important point!

[If your wife or husband is badgering you about your marketing, simply pay a graphic designer to produce a glitzy, fluffy, puffy, feel good image ad and then pretend that you have been using it and give her/him some fake ‘tear sheets’ of the marketing piece to show off to whoever they wish.]

The Final Word on Advertising Representatives:

Advertising reps are not marketers. While they can be very nice (I like several of them) and perhaps even lovable, most will claim they know what works when in truth they don't. If they knew what worked, they wouldn't be "selling" advertising they would be creating marketing that makes money.

Why Mass Media?

The key to any direct response marketing, especially for the reconstructive patients, is NUMBER OF EYEBALLS and EARS. The more eyes that can see or ears that can hear your message the better.

Your goal is to let your really big marketing "funnel" gather as many members of the population that have the problem to your solution (missing teeth, broken down dentitions, dental fear) and allow them to self-screen themselves via the sales systems in your practice so that you are only presenting to those that want AND can afford what you are offering. Thus, you don't waste any more time than necessary accomplishing your goals for your business.

Your Local Market:

In all markets, diversity = stability. In each market location there will be 2 or 3 basic marketing strategies that produce most of the leads. While it is okay to rotate ads/concepts, one should never deviate from those basic strategies and ads that routinely perform.

Smaller Markets

In smaller markets, it is likely that a vacuum exists for most dental messages and the vacuum for those waiting to hear solutions for serious dental problems will be BIG. This of course works in your favor, so use it.

Smaller markets are also less fragmented (potential patients are easier to reach) which means that in the 3 traditional mediums may literally dominate the market making each of those venues a great choice. The internet is now ubiquitous and cannot be ignored in smaller markets and must be included as part of the For doctors in small markets that get moving on the internet sooner versus later, they can get an insurmountable lead over the competition as under the current Google analytics, often those who are first with the most information stay first and are difficult to “catch.”

It is easier to test many different strategies in smaller markets and more cheaply because all of the media are far less expensive than in larger areas. .

In the smaller market, it is possible to literally “own” an entire segment of dentistry because of the low cost of media.

Medium Sized Markets

In medium sized markets, the best medium could be any one of the big three. However, because of escalating cost, it is unlikely that you could use all three of the traditional mass media outlets. You will likely wind up with a combination of two of the three traditional medias plus internet.

This market requires more testing but still has many of the “vacuum” characteristics of the small market which means you can fully test without significant risk to find the sweet spots in the media you will use.

Larger and Largest Markets

Welcome to world for those of us that practice in the most competitive environments in the world. Metropolitan regions such as New York, Chicago, London, LA, Houston, etc.

These areas tend to be some of the most heavily applied for market areas for the Big Case Programs because so many dentists are aiming (fighting) for the same target patients and the most savvy doctors want what works and like the idea of eliminating as much of the competition as possible.

In the large markets, the risk goes up for making mistakes and wasting incredible amounts of money. It is likely that only one form of traditional mass media will be in the budget with the remaining focus effective internet marketing (AdWords). Effective marketing in the right media will generate excellent results but you have to have the knowledge to know what to do and not do and you have to be far more careful about your strategies.

Internet use is the highest in larger markets and an effective website using direct response principles must be on your priority list, regardless of which Big Case Program you are affiliated with. As only 1% of dental practice sites are designed with direct response components, just by reading this guide, you are ahead of the game compared to other peers.

SPECIFIC MEDIA

NEWSPRINT

It has the least expensive cost per thousand view than any other media AND has longevity (ads can be kept and saved for weeks (years even) versus TV/Radio spots).

Yes, newsprint is a mutating and possibly a dying medium as most newspapers are ignoring a fundamental business principle of their industry which is “advertising sales, news costs.”

The downside of this industry shrinkage is that the cost per 1,000 customer views is going up because of the shrinking column sizes and rate increases. The good news is that the full mouth reconstructive demographic is STILL reading the paper. Go to your local café and take a look at who is reading the Sunday paper. It will put a smile on your face to see the paper being held by potential patients who are 55+. Because of this, in markets where the newspaper survives in a print format, it will remain a good location for obtaining part of the reconstructive new patients for the practice.

The best location in the publication will need to be tested. Typically the Sunday A section (as close to the front as possible), the free standing “parade like” magazine and the obituary page are the best locations to start with.

In addition, if the paper has a “health” section during the weekday, this is a cost-effective “pick-up” to add to your strategies. This “health” section may be designed for display style ads or Q&A text ads; both are in your IMPS.

Avoid holiday weekends since most people are not reading the newspaper during those weekends (the opposite of what one might surmise).

Free standing inserts have become one of the best secret weapons of the implant & reconstructive dentist as few dentists have the right ad or are even aware of this cost effective option. It’s worth considering teaming up with a couple of other local reconstructive focused dentists to print and insert more often.

In addition, ask to be alerted of any specials such as small column size ads that run everyday which can be another cost effective way to create small drips (of BIG cases).

In general, right hand side above the fold is the best location for readers to notice the ad. Obviously, size matters, larger ads perform better but for large daily papers in major metropolitan areas even this has to be balanced with what even the highest producing implant and restorative practices can spend on customer attraction.

Most newspapers now have their advertising kits and demographics available online. It will usually be buried at the very bottom of the home page in tiny print (‘advertise with us’).

[This difficult to find information is an example of how most newspapers don't want the general public to know that the way they make their money is through advertising and that they need to sell more newspapers to the public to warrant bigger ad revenues. Needless to say this influences everything they do, the content they write and the general "shock" appeal.]

If you can't find this info. on the home page, simply call up their advertising department and ask for a media kit and that you would like them to highlight any part of the paper that targets those age 50 and up.

GLOSSY MAGAZINES

Glossy local magazines are fine for testing if you have significant extra cash that you wish to "play" with BUT should never be your first or main venue since there will not be enough eyeballs seeing these publications to warrant the excessive cost. Readership is in the thousands versus tens/hundreds/millions. Additionally, a significant chunk of readers are usually in local hotels as this is an industry trick on how they can quickly increase their statistics on how many people "read" the magazine. If the total hotel circulation in a market is 5,000 rooms and the rooms are occupied 75% of the time an additional 114K readers per month are miraculously included in the readership. Hotel guests aren't your target.

Look for "Best Doctors" and "Best Dentists" Issues to Drop Your Direct Response Ad into and Collect a Highest Return than Any Competitor. In addition, whether

you make the Magazine's "Best" list the public will see your ad and assume you are one of the best.

Many dentists buy into the "feel good" concept of seeing themselves in these magazines without there being any direct response components to the ads. They also cost a ton of money to place.

Many of these docs would also be the first to copy what you are doing if they noticed you running next to them for a long period of time. I say don't give them any hints that you know what you are doing.

It's a personal hobby of mine to watch the various doctors and their big expensive glossy ads come and go in my local versions of this venue.

They stop running their ads after their contracts expire because the promised return just wasn't there. Then there is a whole new list of docs that buy the ad reps storyline and begin to do the same thing running (surprise) ads that look pretty darn similar to the ones that were there by the previous docs, hmmmmm, makes one wonder.....

INTERNET

In every market, 25-30% of your efforts should be focused on internet strategies.

However, remember the internet is JUST another medium which means that all of the same direct response principles apply because it behaves the same way.

Even though the internet is global, pay per click advertising allows you to very easily apply effective direct response principles right away in your local market.

Apply the materials from your program at Big Case to your website.

Some patients in this complex reconstruction demographic (those needing implants, the fearful patient, even denture wearers) are making their entire buying decision simply by viewing the practice website—that's reason enough to get it in gear and get going.

The key thing to understand with internet marketing is that pay per click is not the magic bullet as most 55+ patients see/hear the web address somewhere offline first THEN they go to the website.

Finally, the best thing about the internet is that changes to your online strategy can happen nearly instantaneously. If you need to change your site, scrap it, or start one, contact Jon@JonRozek.com who is familiar with the BCM Programs.

YELLOW PAGES

The yellow pages is another medium that is undergoing dramatic changes year by year. Many predict the ultimate demise very soon of the printed yellow pages. If there was a media to bet on that will cease to exist in its current format thanks to internet advertising and cell-phone text services, this would be the one as at least with newsprint there is still “news” to be had whereas at some point, who will use the YP to look-up a phone number.

That being said, in some markets (less internet saturated), the YP can still be one way to generate a portion of your cases.

Don't bother with any YP book except for the "gorilla" in your market whoever that might be.

A triple 1/3 column ad is the best size for recognition and to keep the cost under control.

Cost will determine whether this is a venue still worthy of attention in large markets and is evaluate on a per market basis.

Finally, in some markets, YP vendors are beginning to test "pay per call" concepts. Meaning the ad is "Free" unless phone calls are generated. For most practices, the YP company will design a generic ad that gets unqualified patients calling and generates revenue for the YP.

For direct response oriented practices, you will know better to either design or use an ad with a very high qualifying bar meaning you can have a full page ad that only qualified patients will call because of the qualifying bar and that you will thus pay for. If this option presents itself, it's a good idea to grab it.

DIRECT MAIL

Direct mail typically works best for delivering “regular” new patients to a practice. While some of these patients will have serious problems, most will need basic dentistry. The good news is that it is simply and lower cost to deliver those regular patients with a well-designed direct response post-card.

For large cases, direct-mail use means mailing follow-up materials to your internal “house list” that your external marketing creates over time.

Reminding your ‘herd’ that you are ready and waiting for them when they are ready for treatment is an important component of the reconstructive practice. Life is a roller coaster and some patients who weren’t ready either financially or due to some other life issue do become ready as time marches on.

In some practices, 25-50% of the cases are generated from this in-house list.

RADIO

Radio still works very well in most markets IF the right station format exists (55+).

Commonly, this format is talk radio, “talk-back” for those outside the US, and Sports-News.

For Elite Program™ Members review the radio basics guide for frequency, etc. or simply contact the Program media buyer who will handle this for you.

Another option that pays off big is to host your own radio show. If you have the right personality and the time, this is a highly recommended strategy to make you the ultimate dental expert in your local environment.

TV

The proper spot can generate massive patient response thus being prepared for booking consultations is very important since the response is usually big. Practice qualifying systems are also very important as most of the response will come from patients that aren't pre-qualified and that you don't need or want to talk to. How your phones are handled both with screening and what is said on the phone will play a big part in whether TV will be a success or failure.

WITH ALL MEDIUMS

****Always remember: before signing any contract with any media source, test first and sign contracts later after evaluating response. You'll only commit to a contract after you see results and ROI.**

TESTING

For doctors in the Elite Program, the BCMS ads have already been tested for you and tweaks of the "control" headlines are ongoing. When public perception or recognition of a specific implant and restorative procedure has changed and headline changes are warranted Big Case will issue a notice.

When this happens, the headlines shift to take advantage of any new perceptions in public awareness. The rest of the ad layout can stay essentially unchanged.

An example: Speed of treatment is currently a great example of this shift in the public's perception that only a handful of doctors in the entire country have jumped on board to ride out.

Another older but still recent example of such a shift in perception is the introduction of the InvisAlign product which shifted public perception.

FEAR

Remember that fear of loss motivates more than the potential of gain (prevention).

TESTIMONIALS AND ENDORSEMENTS

Testimonial of patients in ad is big booster as well as 3rd party endorsements.

INTERESTING LAYOUT FACTS

Adding a dotted border (dotted line), stimulates ad clipping and causes many patients to actually cut the ad out and save it for later use.

Ad Fonts (The basics):

1. Avoid reverse Type (white letters on a black background) if possible.
2. Use Type Faces with Serif (i.e. Times New Roman)
3. Easiest to See Ad is Black Text on Yellow Background.
4. Don't be afraid of small fonts deep in the ad. The headline pulls them in and they'll use a magnifying glass to get info. if they really want it.

Don't be afraid of seeing that most white space is eliminated. "The more you tell, the more you sell." No kidding.

MAKE THE WAY TO RESPOND (THAT YOU WANT THEM TO USE) TO YOUR MARKETING EASY

Ways for Your Potential Patients Contact You:

1. Patient may have multiple options to contact you or may have only one option, “free report/cd/dvd.” If volume will be very high in a venue, force them into the free report first by way of a screening message. This will keep your staff from wasting time filling info. requests and possibly short circuiting the system designed for patients self-filtering themselves.
2. Contact method also depends on where the ad/ mailing is going. If you want to allow patients to self-screen themselves and to minimize staff time.
 - a. Screening line: Use if response will be high. This allows filtering to be put on auto-pilot
 - b. For lower response rates use the direct to office designated marketing line.
 - c. Web page with entry page tailored for ad for tracking (i.e. implant only entry page)

Speed of Information Delivery

Respond to request for information, regardless of how it is requested (800#, direct line to your office, email, website request) in a rapid manner. Close the consult as quickly as possible. Mail materials immediately. Most of the patients coming to you have put off treatment for a very long time and finally something has happened that got them to respond; whether it was emotions generated by an ad or something that has changed dramatically since they received previous information from you. Patients can enter and exit states of readiness for starting care in short periods of time.

Type of Information Delivered to Those Responding:

For Elite Program™ Doctors, “Special Reports” and other materials have been carefully designed to address every possible component to a problem and reason

that a patient has responds to a reconstructive marketing ad. Those patients that are most likely to buy will read it from front to back and will have made most of their decision by the time they even meet you. You and your staff's job is to follow the systems and strategies detailed in the BCMS to keep the Pathway to Yes™ flowing smoothly to close the case.

Everything patients receive from you must be designed to shorten their decision making time, make them “vote for you” and to completely devastate the chances of another office getting your case. When a patient compares what they have received from two practices, the scale will be decidedly tipped in your direction. All the other steps and strategies are designed to keep the scale firmly tilted to your side of the fulcrum.

Who Responds To The Properly Designed Direct Response Reconstructive and Implant Dental Ads/Messages?

These patients have put things off for so long that their problems are now advanced.

Most of this demographic are now mid- to late- aged baby boomers (45+) down to the youngest of the WWII/Korea era. Fortunately, the economic factors at work are all in your favor with this demographic as a whole and with what they value and will spend money on.

Many of their last experiences at the dentist were traumatic.

Trauma=adrenaline=long memory of the event. Most need sedation because of this and are fearful of treatment.

They have teeth that are “tired” and fatiguing and many of them require full mouth extractions.

Marketing must be designed to both accentuate the fear of loss and the possible gains so that both personality types are addressed and attracted.

Once their problems become larger than their willingness or ability to adapt they become ready and act even though problems and inconveniences have been long standing for years. This would include: inability to eat what they want, social embarrassment, being afraid to bite down hard, loose partials, teeth that hurt under partials, bridges with foul odors, a spouse or associate that has ridiculed them or shuns them.

The Bottom Line: Why Use Direct Response Techniques to Put Bigger Cases into Your Practice?

Obviously, the “disaster” patients that you help get back to living life to the fullest is a major reason. The other two big reasons are that these cases are the most professionally rewarding (prepping single crowns can get to be a bit boring) and are the most financially rewarding (a long list of what that means can quickly be developed). Both of these benefits are excellent and very desirable reasons to attract and close these cases routinely using Big Case Marketing strategies and ads dependent on your program membership.

The profit margins on large cases (if your fees are being done correctly) are significant enough that you can maintain your marketing efforts indefinitely for these cases.

While ROI is more important than a percent, it is not unusual to spend 8-10% of your gross to generate your supply of \$10K+ cases.

A 7:1 to 10:1 return is not unusual and returns can be as high as 40:1 for more advanced principles used in practices that fully understand the concepts. Regular dentistry does not produce margins that are high enough to warrant this level of marketing expense.