



Marketing the Endodontic Practice

PART III: Advanced Practice
Marketing



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The AAE's *Marketing the Endodontic Practice* series offer guidance in everything from how to develop relationships with new dentists to how to work with the media and build patient relationships. Each initiative directly or indirectly is meant to lead to a common goal – to drive more referrals to endodontists and your practice, in particular.

Part III: Advanced Practice Marketing is meant to serve as an advanced supplement to the other resources in the series. In some instances *Part III* draws on content from *Part I* and furthers recommendations associated with those best practices; in other cases you'll find wholly new concepts and content. We look at approaches and concepts intended for the more advanced marketer or a practice advanced in years and sophistication with its marketing efforts, especially and including related to establishing business and marketing metrics for your practice.

All of the marketing resources draw on AAE's market research data for its content and approaches. The emphasis is on the role endodontists and general dentists share in saving natural teeth and providing the best patient care. In fact, one of the key quantitative research findings from the AAE's **GP REFERRALS RESEARCH** has been the imperative of the endodontist role in general dentist outreach – dentists are looking for improved communication from endodontists.

Measuring Success

Marketing the Endodontic Practice Part I goes through all the steps to develop a strategic marketing plan in which each activity is complementary and targeted. Your **MARKETING PLAN** serves as a roadmap to help you achieve your marketing goals. But what are those goals and what kinds of metrics can you incorporate into your marketing planning to both guide your efforts and help you determine if you are achieving success?

Let's start with some definitions.

- **Metrics:** Units or standards of measurement
- **Key performance indicators (KPIs):** Metrics that help you understand your performance against objectives and include targets to track progress
- **Goals:** Measurable, achievable action or state

As you look to develop or refine your marketing plan, the following KPIs will help you to define what success looks like and what you hope to accomplish through your marketing efforts. The hierarchy of these metrics begins with very tactical things you want to accomplish and bridges to the business goals you're trying to achieve as follows:

1. **Activity KPIs:** Communications actions such as brochure developed or dentist outreach conducted
2. **Output KPIs:** What happened as a result of the activity, such as the number of people who attend an event or how much time people spend on your website
3. **Outcome KPIs:** How you changed audience awareness, perceptions and/or preferences, such as improving how referring dentists think you partner with them
4. **Business Result KPIs:** Business results such as the number of patients referred by a general dentist or the number of new referrers



Thus, activities drive outputs, which drive outcomes, which lead to business results. For instance, as illustrated below, your activity may be to conduct dentist outreach, with an output KPI of achieving certain attendance at CE courses and a certain quality of visits, which – along with other marketing efforts – drives improved perceptions (outcome KPIs), which – in turn – supports your business objectives of increasing referrals among the designated dentist target group.

ACTIVITIES▶	OUTPUT▶	OUTCOME▶	BUSINESS RESULT
<p>Sample KPI: Dentist outreach</p>	<p>Sample KPIs: CE attendance, quality of office visits</p>	<p>Sample KPI: Perception of our practice</p>	<p>Sample KPI: Number of referrals</p>
<p>Sample goals: Among dentists who refer less than five patients per quarter, begin sending them our bi-annual newsletter, visit them four times during the year and invite them to our CE course.</p>	<p>Sample goals: Among these same dentists, achieve at least 50 percent attendance at our CE courses and secure at least a 60-minute meeting that includes the chief dentist for the office visits.</p>	<p>Sample goals: After an initial benchmark survey with these dentists, by one year later, increase their positive perceptions of our practice quality of care, patient service and partnership by XX percent.</p>	<p>Sample goal: Among dentists who refer less than five patients per quarter, get 20% to double average referral rate by December 20XX.</p>

Setting Business Goals

Drawing from your business plan if you have one, it is important to begin by determining what your measurable business goal(s) are to ensure your marketing KPIs help achieve them.

You might say: *I want to increase the number of referrals I get.* But that doesn't set any context for how you're trying to get from Point A to Point B in a more defined way. When we talk in terms of measurable goals, you need to identify the who, what, how much and when components.

For instance, a measurable business goal for a practice might be: **Among dentists who refer their most difficult cases and those who refer many of their cases but not the majority (who), we want to increase the number of referrals (what) by 5% (how much) in the next 2 years (when).**

See the **MEASURABLE BUSINESS GOALS** worksheet that follows. This takes you through the exercise of identifying your business goals. You only need to fill out a few blanks but the worksheet requires some real thinking about who is it you're targeting and how much you want to make happen in what period of time.

Know that these goals are not static by any means. It is very common to adjust your business goals year to year based on factors such as the current marketplace (*e.g.*, trends in competitiveness and the economy) and how you progress (maybe you were too aggressive or not aggressive enough in your benchmark goals). What's important is to begin to set goals to give yourself a point of reference for how your practice is doing.

Notably, you need to set realistic benchmarks and timeframes for your goal-setting. A substantive, sustained effort over two years warrants measurement with a possible checkpoint one year into it. In contrast, you wouldn't measure changes in referrals after a couple mailings to dentists over six months.



Measurable Business Goals Worksheet

This worksheet will help you identify measurable business goals to serve as an anchor to determine what kinds of marketing/PR activities to pursue as part of your marketing plan.

Target Audiences

Who do you consider to be your general target audiences for your public relations/marketing efforts?

For instance:

- Referring dentists
- Dentists who are not yet referring
- Patients

Are there niche groups within your target audiences that you would further delineate as the focus of your efforts? For instance, for dentists*:

- Specific doctors or practices
- By years in practice
- By demographics (e.g., male/female)
- By geography
- By amount/type of referrals

* See **AAE GP REFERRALS STUDY** for U.S. stats on dentists most likely to refer

Given those considerations, identify here your primary target audiences:

1. *E.g.*, Female dentists in practice for 6-10 years within a 20-mile radius
2. _____
3. _____

Business Goals

Based on having identified your audiences, develop one to three measurable business goals that will serve as a guide for how you will determine your business and marketing success.

Here is a template to guide how to write a measurable business goal, which should include the components of who, what, how much and when:

Among _____ (who), we want to _____ (what) by _____ (how much) in the next _____ (when).

Here is an example of a measurable business goal for an endodontic practice: **Among dentists who refer their most difficult cases and those who refer many of their cases but not the majority (who), we want to increase the number of referrals (what) by 5% (how much) in the next 2 years (when).**

Now write your own business goal(s):

Sample Targets/Business Goals

To provide you with some further examples, endodontists who completed the **AUDIENCE AUDIT WORKSHEET** and **MARKETING AUDIT WORKSHEET** as well as followed the business goal development process have identified the following types of target audiences:

- General dentists who used to regularly refer, but no longer do so
- Female B referrers in practice 6-15 years (see **REFERRER PRIORITIZATION** for definitions of A to E referrers)
- New dentists who have referred to the practice for the first time
- Larger clinics
- Practices that are insurance-dependent
- Dentists within X-mile radius of office
- Dentists who have purchased practices in the last five years
- Dentists who refer less than two patients per quarter
- Split referrers (dentists who typically refer to two or more endodontists)
- Established practices that refer to other endodontists

Following are examples of a full set of endodontic practice business goals developed using our recommended guidelines. **Your business goals will be unique to your practice. These examples are simply to give you a point of reference for the kinds of business goals other practices developed after they completed their strategic due diligence.**

Practice A

- Among B referrers, increase the number of referrals by five percent over the next year, and convert at least two of these dentists into A referrers.
- Among C referrers, convert at least three into B referrers over the next 18 months.
- Establish a relationship with five new dentists over the next year.
- Among A referrers, sustain their A status in the next two years and going forward.

Practice B

- Among newer dentists, increase the number of referrals by 10 percent in the next two years.
- Among female dentists, increase the number of referrals to two per month in the next year.
- Among military dentists, increase the number of referrals by five percent in the next two years.

**Practice C**

- Among female dentists in our area, increase the number of referrals by 20 percent in the next year.
- Among the dentists in [geographic] area, add three new referral offices in the next year.

Practice D

- Among good referring dentists, increase referrals by five patients a quarter.
- For B referrers, increase by five patients a year and for C referrers, increase by three patients a year.
- Overall, increase production by 10 percent in year one to get back to pre-recession production through aggressive marketing. Increase five percent every year after that.

Measurable Marketing Activity

Once you have identified your business goals and begin developing your marketing plan, you can develop marketing-specific metrics that help achieve your business goals. These metrics will help you to define what success looks like and what you hope to accomplish through your efforts.

To measure marketing and PR activity, you need to start with benchmark KPIs and goals that set a baseline expectation. Thus your original marketing goals may not reflect movement (*e.g.*, an improvement from X to X), but rather an initial desired level of performance. Benchmark marketing goals can be written as follows:

Among _____ (who), we want to _____ (what/ how much) by _____ (when).

Turn to the next page for examples of benchmark marketing goals.



Sample benchmark marketing goals

AUDIENCE	ALL	DENTISTS	PATIENTS
Tactic	Develop a website.	Conduct dentist office outreach.	Execute satisfaction survey.
Activity Goals	For all audiences, we will create a website by January 20xx that we update every 6 months. Your goal(s):	For 12 key dentists we identify, we will conduct an office visit for each once during 20xx. Your goal(s):	For all patients who come to our office in 20xx, we will give them a satisfaction survey. Your goal(s):
Output Goals	For 25% of all audiences who visit our website, they will spend 5 minutes or more there. Your goal(s):	We will secure at least 10 dentists to attend each of our 4 lunch and learns during 20xx. Your goal(s):	10% of patients will return our patient satisfaction survey in 20xx. Your goal(s):
Outcome Goals	Among 70% or more of patients and dentists, how we partner with dentists will be viewed favorably or highly favorably, as determined by a satisfaction survey and assessment survey. Your goal(s):	In our practice assessment survey with participating dentists, 70% or more of the average responses will be a positive “agree” or “strongly agree.” Your goal(s):	In our satisfaction survey, among patient surveys completed, 70% or more of average responses will be 4 or 5 on a scale of 5. Your goal(s):

Once you have benchmark data in place, your marketing goals will reflect the intended change that you would like to see from your marketing activities over time. You will still want to identify the “who,” “what/how much” and “by when,” but now you have benchmark data that gives you a point of reference for how you might adjust your original goals. For instance, you might find your original goals were too ambitious or not ambitious enough based on what you learned from conducting your efforts. In context, think of the annotated formula as:

Among _____ (who), we want to _____ (what/how much) [to move from benchmark goal to new goal] by _____ (when).

Let’s use an outcome goal as an example of this: In our practice assessment survey with participating dentists, 70% or more of the average responses will be a positive “agree” or “strongly agree.” If in the initial, benchmark survey you find that 80% of average responses are “agree” or “strongly agree,” feasibly your expectation would be that you stay at that level or get stronger. So your revised goal the following year might be to achieve an 85% positive response.

However, also know that you can reach a saturation or high point with a goal that you want to sustain versus expecting you can increase it. Satisfaction surveys are a good example. Many variables go into determining what the optimal response is to expect in a survey such as your own benchmarking for your area and practice, and efforts that involve direct marketing that allow you to very personally reach your targets. But generally speaking, when you reach 90% or better positive responses (*i.e.*, agree or strongly agree), that is usually considered to be very good among research experts. So your goal could become to sustain that high level of satisfaction.

Measurement Tools

It's one thing to have a series of marketing and business metrics. But you need efficient, cost-effective ways to gauge the things you're trying to measure. Here are tools and methods to consider for the different categories of KPIs, depending on what you identify as your business goals and key elements of your marketing plan.

Output KPIs* tools/methods

- **General marketing:** Pending your **MARKETING PLAN** development and what you determine to be the best, most effective tactics (activity KPIs), there are any number of quantitative ways to measure the success of your efforts relative to what happened as a result of the activity (output KPIs). Here are some examples of how you can measure the impact of your activities:
 - **Events** (*i.e.*, open house, CE course, lunch & learn, etc.): At the end of an event, distribute the **NETWORKING/EDUCATION SEMINAR EVALUATION FORM** or create your own short survey that probes things such as how useful and compelling the event was. You also could set goals for number of attendees.
 - **Dentist/patient materials** (*i.e.*, newsletter, brochure, etc.) + **dentist outreach:** Include question(s) in your dentist (**PRACTICE ASSESSMENT SURVEY** or **DENTIST FEEDBACK FORM**) and **PATIENT** surveys that address the effectiveness of your materials (*i.e.*, how compelling, how informative, etc.) as well as outreach efforts such as office visits (*i.e.*, how useful those visits are, what the dentist would like to get out of the visits, etc.).
 - **Surveys:** Set goals for the number of dentists or patients you want to fill out the surveys. You might even more specifically identify key targets you want to hear from in the surveys. A high volume of respondents may be less of imperative than getting a strong cross-section of the dentists or patients with whom you're trying to gauge reactions.
- **Website Analytics:** Working with your website developer, someone on your staff familiar with web analytics or AAE-endorsed web vendor PBHS, you can determine the effectiveness of your website through various output KPIs such as:
 - **Visits:** A visit is initiated when somebody asks to view any page on your site and lasts until they leave. They may ask to see many pages over the course of a single visit, but it only counts as one visit.
 - **Unique Visitors:** This is the total number of different people who have visited your site at least once in the specified timeframe – usually monthly. This is the standard metric for comparing popularity of different sites.
 - **Pageviews:** A pageview is measured when someone loads a single page on your site. It can be tracked at the page level (how many times a single page was viewed) or in aggregate (how many times several defined pages were viewed in total).
 - **Average visit/view duration:** At the page level this is how long, on average, someone stayed on the page before leaving. In aggregate, it is the average time a user spends on your site as a whole.
 - **Conversions:** A conversion is an action a website visitor takes on your site (*e.g.*, mailing list signup, patient or dentist form completion, etc.). In lieu of a specific web-based action, your website conversions could be defined as spending a certain amount of time on the site or reaching a specific piece of content.

* What happened as a result of the activity, such as the number of people who attend an event or how much time people spend on your website

Outcome KPIs* tools/methods

- **Practice Assessment Survey:** The **PRACTICE ASSESSMENT SURVEY** provides a quantitative look at how general dentists view your practice relative to key referral drivers such as quality of care, patient service, partnership and responsiveness/communications. Done at an interval such as annually or every 18 months, this survey can help you identify how you are progressing on outcome KPIs related to dentist perceptions and preferences.
- **Patient Survey:** As referenced in the **PATIENT RELATIONS** section of Marketing the Endodontic Practice Part II, patient surveys are a strong method for measuring patient satisfaction. They can indicate key outcome KPIs for patients relative to perceptions and preferences, just as the dentist practice assessment survey does.

* How you changed audience awareness, perceptions and/or preferences, such as improving how referring dentists think you partner with them

Business Results KPIs* tools/methods

Many endodontic offices are familiar with practice management software to manage patients' appointments, radiographs and reports, prescriptions, insurance and payments, but such software also can be a valuable tool to track referrals. You likely already use software in your practice, so harness it to track your referral relationships and help you deliver personalized services and targeted marketing.

- **Assigning referral categories:** Use features in your practice management software that allows you to assign profiles to general dentists based on the number or percentage of patients referred to you from each dentist. The **REFERRER PRIORITIZATION** section outlines the typical categories of A through E referrers commonly used by endodontists. Labeling your referrers not only allows you to make individual decisions (e.g., patients you're willing to see after hours versus the referrer who sends frequent no-shows) but helps new staff understand your referral pool. If you're a new practitioner, determining referral categories will take some time, but using a tracking system from the start of your practice will give you a good sense of where your patients are coming from more quickly.
- **Dentist and patient tracking:** Some practice management software allows you to track specific information about your referring partners, such as their communication preferences, which is important in maintaining a positive relationship that is responsive to each person's unique needs. Use your software or any other consistent system to track how referrers prefer to receive follow-up information about their patients, notify dentists about cancellations and no-shows, and to share reports and other patient information.

Consider providing each of your referrers with a monthly status report on all of his or her patients you treated. It will serve as a reminder to the dentist to schedule patients for restorations and provides you with another touch point in your relationship.

- **Reporting:** Most software allows you to run a variety of reports relating to patient source. Specific reports you choose to run will depend on your specific business KPIs and goals, but you should plan on regular measurement of some key metrics such as total dollar volume, number of patients and types of cases per *individual referrer*. If you are not monitoring trends regularly, you may lose referrals and not notice until the negative impact on your practice becomes significant. Don't wait until you feel the pain to look at the numbers! Once you lose a referrer, replacing him or her can be difficult and costly. Here are some tips and suggestions for reporting:
 - **Frequency:** You could run monthly or more frequent reports to keep an eye on your business and watch for extreme, short-term anomalies. However, it is most helpful to look at patterns every three to six months to observe larger trends. If you've conducted any specific outreach to referrers in that time period, be sure to look for changes in their referral pattern to see how effective your activities are. If you see decreases in referrals, look to your marketing plan to identify opportunities to reach out to those dentists who may be dropping off.
 - **Comparative analysis:** Running a trend report every six months and comparing it to the prior six-month period, or the same period in the preceding year is helpful to track changes in referral patterns as well. Again, note the timing of any marketing outreach you conducted, or other significant events, to see how patient volume may have been affected.
 - **New hires:** Run referral reports whenever a new associate is hired. It will set a benchmark for the practice that allows you to see how the additional capacity affects referrals. The reports will also help facilitate discussion about opportunities that are best matched to the associate's strengths and personality.
 - **New/prospective referrers:** Did you treat an emergency case for a dentist who never referred to you before? Start tracking that dentist to see if he or she starts referring regularly. These dentists should also be the targets of personal contact at least few times a year.

* Business results such as the number of patients referred by a general dentist or the number of new referrers

Key Message Testing

KEY MESSAGES serve as a critical, core foundation of any communications effort. They are a constant resource and guide for both the spoken and written word in every form communications may take – from your practice letters and newsletters to speeches and seminars.

Part I takes you through research-based considerations to include in your messaging. Chief among those, it is important to develop messages that include highlights about your practice in the areas of 1) expertise, 2) patient satisfaction and 3) partnership. Partnership, in particular, emerged as a consistent point of emphasis in the AAE's referral research and has become the AAE's central theme – **Endodontists: Partners in Patient Care.**

For those who have developed their practice key messages using the **MESSAGING WORKSHEET** or otherwise and want to determine the effectiveness of those messages with a higher level of sophistication and definitiveness, here we recommend how to do that by conducting your own focus group(s) either led by your staff or with the help of marketing communications support.

General Overview

- First, know that this as an opportunity not only to test your key messages but also to market your practice. By the very act of asking dentist's opinions about messages that speak to your practice's positive attributes, you are embedding with them the benefits of referring to you. You may be reinforcing an existing referrer to be more of an unofficial, word-of-mouth advocate on your behalf or convincing a new referrer that they should work with you.
- As you embark on doing a focus group, you will be able to set up and conduct a simple focus group modified to fit your practice setting and circumstances. You don't need special amenities associated with a high-end focus group such as a conference room with two-way mirrors and special recording devices. But you do need an area with a table to accommodate your staff and attendees. Depending on your layout, this could be set up in the lobby of your offices before or after hours, or you could rent a room at a local hotel, as needed. Privacy is key, however, whatever the setting.
- We recommend a focus group size of 5-8 dentists. You could start by inviting approximately 15 dentists, expecting a fraction of those will choose to participate. And from those who commit to attend, you can expect at least 1-2 dentists to not end up coming by the time of the focus group.
- Depending on your unique practice situation (including insights you identify from your **AUDIENCE & MARKETING ASSESSMENTS**), you might choose to invite current referrers you know better who you believe will provide thoughtful, honest insights; dentists new to your practice; or some other combination. Also, depending on the outcome and value of your initial focus group, you certainly could do a second one to get additional insight or to target a different segment of dentists. For instance, you could do one focus group targeted at existing referrers and a second targeted at potential referrers. However, we realize your time and resources are limited, so consider a second focus group option only in the context of your **MARKETING PLAN** and what makes the most sense for your practice marketing.

- As with formal focus groups, there needs to be an incentive to participate. Examples of incentives could be a \$100 gift card to a popular, local restaurant; a free root canal treatment in the future to a patient of theirs in particular financial need; free admission to a CE course you are conducting, etc. You also should provide snacks or a meal, depending on the timing and length of your focus group.
- Logistically have one member of your practice (such as an office manager) moderate the discussion and another person take notes. Know that moderation can simply involve you leading a conversation based on the key questions you write up as part of your **DISCUSSION GUIDE**. Have the note-taker keep track of time so you stay on track.
- Following the focus group, consider the feedback you received. Remember that this is a qualitative, sub-set of your total dentist population and not a quantitative, scientific test. That said, you can get strong directional guidance from a focus group on modifications to make to your messages based on the input you've received. You may hear reactions to your messages that you hadn't considered relative to how compelling (or not) they are, or points from existing referrers about positive attributes you hadn't considered including.

Discussion Guide

Following is a simple, sample template set of questions the focus group moderator could use to guide a recommended 60- or 90-minute focus group discussion.

1. Introductions:
 - Share your name, years in practice (5 min.)
2. For each of these attributes, what are the first things that come to mind as most important for an endodontist to deliver on for you? (20/30 min.) [*You could also provide this as a 1-page hand-out with space to write for each, and allow people to jot down thoughts on paper before they comment with the whole group. And you would ask people to leave these papers with their thoughts behind, which will give you additional insight beyond what is shared out loud.*]
 - Expertise
 - Patient satisfaction
 - Partnership
3. For each of the following statements [*your 3 messages, starting with your main point then sharing your 3 support points*], how would you rate them on a scale of 1 "very much so" to 5 "not at all" as to being the following (and explain why). (30/50 min.) [*Again, we recommend you put these down on paper for participants as well with the option for them to take 2 minutes to write down their thoughts. Start with 1 message at a time per part of the discussion and per hand-out, and discuss the following 3 elements.*]
 - Differentiating – compared to other endodontists
 - Pertinent – is relevant in terms of things that matter to you
 - Compelling – would motivate you to want to refer more to this endodontist
4. Conclusion: (5 min.)
 - Any other thoughts about positive attributes about our practice? [for participants who are referrers]
 - Any other final, parting thoughts?
 - Thank you!

Dentist Relations

The AAE's 2009 and 2012 **GP REFERRALS STUDIES** provide helpful insights into the dentist mindset and how best to relate to that colleague through communications. Primary among the findings was that general dentists are more likely to refer to an endodontist if the dentist perceives that you are a partner in delivering quality patient care and that your services are worth the cost.

Direct outreach to existing and prospective referrers is an effective way to communicate that you respect their role as the patient's treatment manager and provide care indicative of your unique experience and technology.

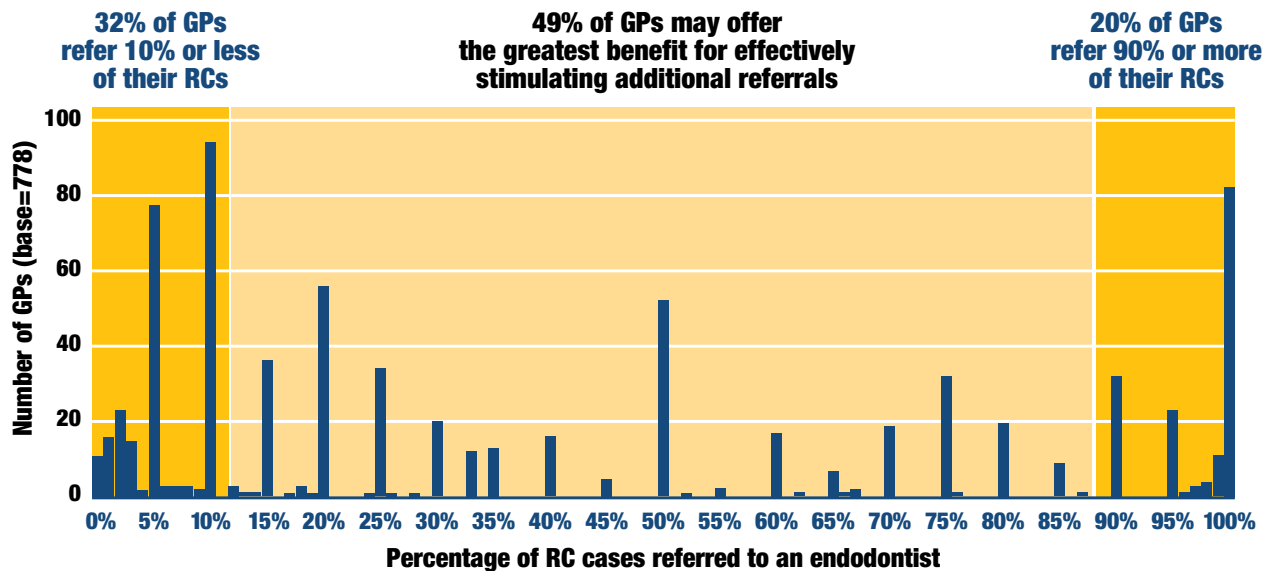
Through a variety of marketing efforts, you can develop strong relations with general dentists by making them aware of your practice and the kind of quality care that you, as a specialist, can provide to their patients. As you gain their trust and create strong and lasting relationships, you also increase the potential that those same dentists will promote you by word-of-mouth to other dentists they know.

Part I speaks to specific dentist **OUTREACH** considerations in areas such as getting feedback, individual contact, getting personal, group gatherings (*e.g.*, open house, small group dinner), networking, education and written correspondence. Here we're going to take a look at thinking behind how you might prioritize different types of referrers.

Referrer Prioritization

As reflected in the chart below, about half (49 percent) of your referrers give you the most potential for increasing patient volume. This is the group we call the critical core, as they are neither the dentists who refer the most (those with whom you arguably have the most solid relationship) nor those who refer least (those who already have a disinclination to refer for a variety of reasons).

Percentage of GPs' total patients who need root canals that they refer to endodontists in a typical year



Among this group that refers more than 10 percent but less than 90 percent of root canal treatments to an endodontist, two groups stood out in the study as being most prevalent: female dentists and dentists with six to 10 years in practice. These two demographics thus represent the highest areas of growth potential for your practice. That is not to suggest marketing efforts should be solely focused on these demographics nor other groups ignored in favor of them. But it does provide strategic guidance to you when you make choices about dentist outreach.

This brings us to the question of how to prioritize different types of referrers. Let's start by using the following as working definitions to describe the A to E referrer:

- **A:** Dentist who refers all or nearly all patients to you
- **B:** Dentist who does simple root canal treatments but still refers most patients and might use a few different endodontists
- **C:** Dentist who does most root canal treatments and refers only the most difficult cases or patients
- **D:** Dentist who refers just a few cases a year, often when things have not turned out well in the dentist's initial treatment (*i.e.*, missed canals, separated instruments, perforation, etc.)
- **E:** Dentist who does not refer at all

As a marketing strategy, keeping your A referrers happy clearly should be a priority – they very much warrant your time and attention and should not be taken for granted. At the same time, focusing too exclusively on the A referrers creates vulnerabilities for your practice and doesn't set you up to grow. You don't want to be in a position where the loss of an A referrer – whether due to retirement, relocation or referring to someone else – has a financially crippling effect on your practice.

A more well-rounded marketing approach would be one where you dedicate certain resources and time to A referrers but balance that with targeted outreach also to your B and C referrers, as well as new (E) referrers. Don't let yourself fall into the trap that a B or C referrer is always going to be a B or C referrer. With some dedicated marketing to these referrers, you absolutely can upgrade a percentage of them on the referral hierarchy. In fact, including goals for what you're trying to achieve with these referrers should be part of your business metrics.

As you develop or revise your **MARKETING PLAN**, consider a diversified portfolio of outreach that gives an appropriate nod to your A referrers while also enabling you to grow and cultivate others. By way of example, a practice may do at least one effort that cuts across all referrers (e.g., a quarterly newsletter or clinical thought piece). In addition:

- **For A Referrers**, the practice may do some sort of monthly dentist or office direct contact, in the form of things such as a consultation about a patient or a personal visit
- **For B and C Referrers** the same practice may identify a top X number you believe show the greatest potential for some sort of monthly direct, personal outreach and send an email or postal mailing to the rest.
- **For D and E Referrers**, the practice may hold an open house twice a year.

The **AUDIENCE AUDIT WORKSHEET** and **MARKETING AUDIT WORKSHEET** will help you determine how you prioritize and reach your different referrers. Watch for referral pattern anomalies on at least a quarterly, if not monthly, basis to address any key, negative trends you see with individual dentists.

Otherwise, mid-year into your annual marketing plan, pause to address key elements such as: 1) outreach efforts that are far from achieving the desired goals you set (and consider real-time adjustments), 2) efforts you'd said you would be doing by now but haven't gotten started, and 3) new marketing ideas you consider to be so strong and potentially effective that you want to consider incorporating them (or substituting for something else) mid-year rather than wait for your annual planning. Then on an annual basis, formally revisit your assessments and your marketing plan to re-calibrate your targets and efforts based on what you've learned in the previous year.

Professional Relations Portfolio

Considering all the facets of dentist relations you might conduct, there is different value associated with something such as direct outreach versus a mass mailing. What you are looking to do is create a diversified portfolio of dentist relations efforts that is customized to and makes the most sense for your practice.

There are research and analysis methods to help determine what forms of outreach are most effective for your practice, including the **PRACTICE ASSESSMENT**, **AUDIENCE AUDIT** and **MARKETING AUDIT**.

You also will need to take into account your different types of priority and target referrers from A to E. To provide guidance on whether you should be doing a moderate or assertive marketing effort, the assessment below can provide you with some parameters.

How Much to Market Assessment

For the following, please select the option that most closely describes your situation.

1. My practice stage is most akin to:

- a. Just getting started, working to grow or recovering from referral losses.
- b. In a place where we would like to sustain the referrers and referrals we have.
- c. I'm about to sell the practice, retire or otherwise am winding down.

2. Referral patterns for our practice reflect:

- a. Referrals are down
- b. Referrals are steady/flat
- c. We're having to send patients to other practices because we're so busy

3. Relative to types of referrers:

- a. I'd like more A and B referrers
- b. I'd like to move some referrers "up" – from C to B, from B to A, etc.
- c. I can't handle any more A or B referrers

4. In general, I would describe dentists in my area as:

- a. Often inclined to do moderately complicated to complicated root canal treatments
- b. Somewhat inclined to do moderately complicated to complicated root canal treatments
- c. Rarely do moderately complicated to complicated root canal treatments

5. My marketplace is:

- a. Highly competitive, as in there are a high number of endodontists relative to the dentists
- b. Somewhat to moderately competitive
- c. Not competitive at all; I'm the only endodontist for miles

6. Relative to marketing and professional relations efforts, other endodontists in my area are:

- a. Pretty assertive about their efforts
- b. Putting forth a moderate amount of effort
- c. Doing nothing at all



As a general rule of thumb: If you answered mostly A's or mostly A's and B's, look at doing an assertive marketing effort. If you answered mostly B's and C's, look at doing a moderate marketing effort. If your answers were all C's, look at doing a moderate marketing effort to less, depending on additional variables associated with your practice. (For instance, you may be ready to retire, but are you transitioning your practice to someone else? If so, you may want to maintain the referral strength of your practice.)

Taking into account your How Much to Market Assessment intelligence, first consider the value of different types of outreach as illustrated below.

OUTREACH	FOR EXAMPLE	POINT VALUE
Feedback – direct	Feedback survey (practice assessment live)	3
Individual contact – concentrated	Visits, meal/meeting, extended call (15+ min.)	3
Getting personal – direct	Personal activity, go to event together (one-on-one)	3
Networking – involved	Dentist meeting, study club interaction (15+ min.)	3
Networking – brief	Dentist meeting, study club interaction (brief)	2
Education	CE course, duo presentation (led by your practice)	2
Group gatherings	Open house, office tour, small group meal	2
Written correspondence – personal	Personalized clinical notes, thank you note	2
Individual contact – brief	Clinical treatment call, passing visit	1
Feedback – indirect	Feedback survey (practice assessment in writing)	1
Getting personal – indirect	Send cards or treats, offer giveaways	1
Written correspondence – mass	Practice newsletter, repurposing clinical content	1



With that in mind, consider the following marketing mix based on assertive or moderate marketing and your practice. These are intended as guidelines to give you a sense of the volume of efforts you may be conducting. Beyond these guidelines, it's critical you consider your own assessments (e.g., **AUDIENCE ASSESSMENT** and **MARKETING AUDIT**) in how much more or less you may need to do to be effective unique to your situation.

Remember also the imperative of a marketing program that is ongoing. As you experience success with your marketing, you should continue or increase your efforts. A stop/start approach to professional relations will absolutely diminish the progress you've made to date and force you to regain traction broadly and with various referrers.

Assertive Marketing

TYPE OF REFERRER	ACTION POINTS PER QUARTER
A	22-27
B	31-36
C	3-9
D	1
E	22-27 (during solicitation/early relationship)

Moderate Marketing

TYPE OF REFERRER	ACTION POINTS PER QUARTER
A	16-21
B	22-27
C	1-3
D	1
E	16-21 (during solicitation/early relationship)



As you consider where you place your emphasis for your dollar and time resources, know too that in the business world it typically costs much less to keep a current customer than to acquire a new one. Thus there is an emphasis here on your top referrers to retain them, but also the greatest emphasis on B referrers to try to move them into the A position.

Also, it will cost more time and money to convert a non-referrer than to move an existing referrer up the referral chain. That said, your practice analysis will tell you a great deal about when you need to move on from focusing on certain referrers because it's clear they're not likely to refer more and when to focus on new referrers because you need to build a stronger pipeline.

Acknowledgements

The AAE Professional and Public Relations Committee oversaw development of the *Marketing the Endodontic Practice* series as part of the Association's Awareness Campaign program. *Marketing the Endodontic Practice Part III: Advanced Practice Marketing* is designed to help the more advanced practice marketer link all marketing actions to business results.

This publication is not intended or offered as legal or other professional advice and is for informational purposes only. Readers of this material should consult their own legal counsel or other qualified professional for such advice.



American Association of Endodontists

180 N. Stetson Ave., Suite 1500
Chicago, IL 60601

Phone: 800-872-3636 (North America) or 312-266-7255 (International)
Fax: 866-451-9020 (North America) or 312-266-9867 (International)

Email: info@aae.org Website: www.aae.org



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