

Episode 5: The Marketing & Front Desk Connection

COREY JOHNSON: Hello and welcome to *Dialed In*, a podcast by Call Box. My name is Corey Johnson and today my guest is John Schwind, Marketing Director at Freedom Dental Management. Hey, John!

JOHN SCHWIND: How's it going, Corey?

COREY: Good, thank you. Excited to have you on.

JOHN: Excited to be here. Thanks for the opportunity – I appreciate it.

COREY: Yeah! So I wanted to start at the beginning, or at least the beginning in terms of your experience in the dental world. Can you talk to me a little bit about your background and what really got you interested in dental? How you came to be working at Freedom Dental Management?

JOHN: I think, like many people in dental, I fell into it accidentally. I was able to work at a shop in an advertising agency in Allentown, Pennsylvania through college. Finishing that, I was looking to come home and, at that point, Freedom Dental Management officially formed in 2015 and we created our ideas out. And we were looking for a head of marketing at that time, and I came in as the marketing and media coordinator.

COREY: Good deal. You mentioned your time in Allentown. So you worked both within dental and outside of dental, kind of on the agency side and outside of the agency. What are some of the biggest challenges that you saw, centered around marketing?

JOHN: I think a lot of the marketing challenges are very similar – niche to non-niche within dental and non-dental. It really does come down to the internal stakeholders really trusting what you're going to be doing. When you introduce something new, sometimes internal stakeholders can be a little nervous about it. It's just not something they understand, so educating the internal stakeholders on the value and what kind of results to expect, that's really what it comes down to. Again, whether it's dental or non-dental, it's pretty much the same thing.

COREY: That's interesting. So when you're putting a plan in place, or you've kind of got a theme to your marketing campaigns, how often are you discussing that with team members? How involved are they in these decisions? What does that look like?

JOHN: So, team members – I have two other marketers that work for me. We have four office managers that are very crucial at taking what we're doing with marketing and making sure that the front desk knows what's going on. I regularly talk to the office managers, that's going to be three or four times a week, normally it's almost daily, just about different things are happening, things they're hearing from patients, and different upcoming marketing initiatives.

COREY: That's useful. That's actually an interesting take. I haven't, in my time in dental and in other industries, haven't really heard the idea of having the front lines be involved or even made aware of the marketing campaigns. That seems like maybe even step one, but that's an interesting take.

JOHN: For us, it's truly important. What we want to do in terms of Freedom with our marketing department is we don't want to create that silo effect where we in marketing think that we have the best ideas and this is what patients are going to respond to and we come up with all these different questions and things like that we're posing in these different advertising venues. But then the people in the front lines that are getting these patient phone calls that are actually interacting, they're the ones that really know what's happening. So to not use that, just didn't seem like something that made a lot of fun stuff. So yeah, for us, the front lines – the office managers and the people answering the phones, the receptionists and the dental assistants, the entire clinical staff – that's the most important thing in the practice.

COREY: That is certainly... I don't want to cut this short, but that's the highlight for me so far. That's a really cool take. I'm going to use that going forward. Can you walk me through – let's get specific – can you walk through some of the campaigns you're currently working on and just talk to us about some of those?

JOHN: I'd be happy to. Our new office, our fourth location, is off the ground and then we're seeing patients, and something that we're doing for that office is something we did in our last office, office number three. And that's a campaign centered around our in-house down membership plan. It's \$299 per year, 15% off. In dental, a lot of people are doing in-house memberships. For us, it made a lot of sense. In Delaware, we're in a little bit of an oasis. But anyway we can not have to deal with the struggle of insurance companies, it made a lot of sense to us. So that's something that is an absolute new patient driver. It saves the patient a ton of money, and you get a patient already in the chair. So once they come into the practice, you have that opportunity to show them how great it is and how important their dental care is. Getting them in is the first step.

COREY: Okay. The fourth practice you mention, is that de novo? Did you acquire that one?

JOHN: De novo, yes. Opened late 2018. Yes, we're actively seeing patients right now.

COREY: That is awesome. So the idea of the membership plan, I've been hearing more and more about that. I've actually kind of brought it up to our HR. Is that a potential substitution for insurance? I think mine is kind of expensive. When you're marketing that idea, is it more education-based? Because I know that idea of membership is probably new to the patient, to the consumer.

JOHN: Yes. The way we position it is as the affordable alternative to dental insurance. So if you either don't have insurance, which is a lot of who we're marketing to – people that either used to have dental insurance through their company, a lot of senior citizens, it's a really great way to bring them in the practice because they had dental insurance for 30 to 40 years and now, all of a sudden, they don't. And they don't have a dental home, most of them, so this is a way again for us to say, "Hey we care about your dental health. We'd love for you to come in the office."

COREY: We've run into quite a juxtaposition here. We are marketing a brand new type of service to folks who are traditionally maybe harder to reach with innovative marketing avenues, let's say – the senior. How would you tackle that combination?

JOHN: Just the specific advertising tactics?

COREY: Yeah.

JOHN: It is what I think you would expect from a lot of senior citizens or older patients that aren't as tech-savvy. Traditional media still works when you're trying to reach people that are in that 60 to 70 or 75 range. Newspaper ads are still a thing and we've seen, at least in Delaware in our experience, we have seen success with more traditional media with the older patients.

COREY: Interesting, interesting. So the membership plan, the marketing is working there. Any other big successes you want to talk about that our listeners should know about?

JOHN: Really something that any in-house marketer should strongly consider – crunching the numbers. It does make sense. That’s honestly what we keep going back to. Also for our new office, it’s a de novo and it is big and beautiful and shiny, and then that’s been a very strong marketing point for us.

COREY: How much of a culture within your patient base and within the office has the membership plan allowed you to create? I’m sure there’s some sort of maybe monthly touch or emails and things like that. Does it give you better avenues to communicate with your existing patient base after they’ve signed up or something like that?

JOHN: We do it once a year, so we do it where it’s charged once a year. Yes, normally every six months, we put in the queue where if you haven’t been in the office to receive a cleaning, just a quick, “Hey, want to make sure you’re getting the use out of this.”

COREY: Okay, all right. I’m sure it’s not all roses. Any funny flops that we could hear about?

JOHN: I think every marketer has a couple, being honest. Yes, we ran a campaign centered around dental implants and it was called “Implants that Impact Your Life.” We received a great amount of traffic, great amount of phone calls, and this is where we learned about how important it is to make sure the front lines know what’s going on. We had patients calling in asking about their fifteen-minute free consultation, as mentioned in the ads. The front desk knew nothing about it.

We had a couple unsatisfied patients. We were able to remedy that, but that was an absolute... that was when we shook everything up and really centered around not just making sure the office manager, because the office managers – I’m sure as everybody in Dallas is aware – they’re wearing fifteen different hats, doing a thousand different things. Just, again, delegating it to the office manager to tell them, but explaining why we’re doing this, why it’s important, what the fifteen-minute consultation consists of to get some internal buy-in. But also to make sure when patients call and ask about it that they’re well-versed with it and can schedule them in Eaglesoft.

COREY: Yeah, talk about handling and trying to do your job with one hand tied behind your back. But it’s great that you guys were nimble enough to be able to pivot and get that figured out.

JOHN: Yeah, definitely a learning opportunity.

COREY: So the frontline staff is super involved in, it sounds like, all aspects of the marketing. So what tools, be it from them or from your database and your software, are you using to track the success of your campaigns? And then how do you end up leveraging that data?

JOHN: Just a very straightforward, something within... we use Eaglesoft in our practices. Something that’s very easy to get through Eaglesoft and then also Dental Intel, we use that as well. Looking into strictly new patients and production. That’s something, just a very quick thing, you can look at that a lot of the dentist partners are looking at. But next level, we’re looking at Google Analytics and, of course, we’re using Call Box to track what’s happening through our different marketing avenues.

COREY: Okay, awesome. I guess we can toot our own horn for a second – what parts of Call Box have you been using specifically in those efforts?

JOHN: The phones. Tracking the phone lines. So we’re putting out... we use it a lot in our digital avenues. So through our Google Adwords, we place the specific tracking numbers, or if we do a one-off kind of specialized – we did it for implants, our implant ad. So that’s something we’re really using. I think getting a handle on effectively scheduling time for the front to carve out to use that Pursue option. That’s one of the main things that we’re really... we understand the value, we’re using it, but making sure we build it in as a streamlined process for the front. So we’re playing around a couple of different ways to do that to make it as easy as possible.

COREY: Okay, all right. And for those who aren't familiar, the Pursue option is when Call Box identifies a potential missed opportunity, just from human error or a price concern, alerting the proper staff and making sure they're able to rescue that opportunity.

JOHN: Yes, and looking at if you have a hundred patients that have called the office and didn't schedule, even a 10% return we're talking about real, real numbers. And that's something that we're looking at. If they're already making an effort to call us, then to not obviously pursue them doesn't make a lot of sense on our end.

COREY: Sure. The phone call has got to be the best lead still, correct?

JOHN: Yes.

COREY: So if you're not exhausting every effort to schedule that opportunity, you in the back in marketing, you have got to be pulling your hair out about those situations.

JOHN: Yeah, it's good to start tracking it. And that's the thing; there's not a lot of options to see where marketing a lot of times will say, "Oh, we've got the phone call, hands off. We got that lead to come in." But it's that next level is where I think we've been able to see a lot of growth and success is, "Okay, they've called. How do we make sure they're converting? Are certain staff members not converting? Is it something in the verbiage we're using? Are patients asking the same questions? So then maybe we need to put some kind of content on the website or change the verbiage in the advertising to answer those questions ahead of time."

COREY: So I think that leads us into the idea of the return here. So how are you keeping tabs on, if I heard you right, the phrase and the way that you track it is Return on Ad Spend or ROAS. Is that how you're keeping track of it?

JOHN: Yes, the way we do it is a big, giant spreadsheet.

COREY: Help us first with the difference between ROAS and ROI?

JOHN: Yeah, so Return on Ad Spend is a global metric to look at, in dental specifically, production compared to advertising spent and this is normally shown in a ratio. So that's if you're talking to another marketer, talk about what's your return on ad spend, you're most the time going to give a ratio. To give you a prime example, if you receive \$5,000 in production from \$1,000 in advertising, that's a 5:1 Return on Ad Spend. We like to see 10:1. Right now we're around 25:1, so we've seen a lot of success so far. But Return on Ad Spend is used, again, as a global metric, but it's to factor in things that sometimes aren't easily trackable. So you're thinking more traditional means of billboards, of radio ads, things like that don't have either specific tracking pixels in your website like a lot of digital ads would. But it's a way to look at it again – bigger. ROI is what I use to look at more of our trackable aspects. If you're looking at pay-per-click, looking at click through rates so that "I spent this much money for this result."

COREY: Gotcha, gotcha, okay. And so is 25% just unsustainable? I mean that seems like home run after home run. Is 10% a long-time realistic goal? Not 10% – 10:1.

JOHN: 10:1 is more of our "let's not go below that." We have been very fortunate to receive... I'll be very honest with you and very candid. We have had a lot of success in negotiating our media deals in terms of our pricing is going down, and I think that's something that you run into as a DSO begins to scale or a group practice. We're in that emerging markets and we're across the state of Delaware, so we're buying from a lot of the same people and consolidating your buys like that. Of course you don't want to put every egg in one basket, but if you're buying billboards, instead of buying five billboards for one practice and two for another, you're able to buy ten total and use the same creative and, again, leverage that buy.

COREY: Yeah, yeah, go after those economies of scale in the leverage that you have. Is there a difference... so for a listener out there, I'm sure 10:1 is probably an industry standard goal we should all be striving for. Any differences from what you've seen between a de novo, a new practice, and an established office? What are your comparisons there?

JOHN: Yes. In a new office, we're going through this right now. For our new office, we are spending a lot more in advertising than we are for our mature practices. Now all of our mature practices are still looking for that bigger growth, so we're not just looking for 30 to 50 new patients; our typical practice is looking between 150 to 250 new patients a month. So that's the kind of number. There's still a heavy ad buy, but when you're coming into a new market where there is no patient base, think about it, no hygiene recall to pull from, you just open an office, you have to spend a good amount, especially in a crowded market which is where our fourth office is.

COREY: So how do you take your ROAS and make it more efficient? Is it all about getting costs down? Or can you also control the production from the marketing that you're putting out there?

JOHN: Yes, you can do both. If we are advertising for more profitable procedures or more productive procedures, so thinking of moving your advertising from "Come to dental office A" to "Dental office A is proud to have one of Delaware Today's top dentists who has been performing dental implants for 20 years." That's a pretty compelling ad to come get your dental implant done here. So that's something that you can move that metric that way. Also consolidating your spend. We are fortunate enough to be big enough where we also partner with an advertising agency, ironically the same one I worked for because that's just how it happens in marketing. So we're able to leverage a lot of the economies of scale. I have a great relationship with the guys at Keenan-Nagle, so we a lot of times will leverage our buy with some of their other clients, which is something to really consider. Essentially think of like a supply group where you're buying many of the same things, so you all just say, "Wait, I'm buying two of this. You're buying four of this. Let's combine it and together we're buying six." So the two pieces together work really, really well.

COREY: Okay, cool. So you touched on it earlier, but just, again, even outside of dental, what we're seeing in marketing is that we're kind of shifting from offline to more online advertising. Is that true across the board in dentistry? I mean I guess there's some specific subsets of patients that you've kind of got a mix for.

JOHN: Yes, I do think as a whole we are moving more to online. But the way we look at it internally is we can test our assumptions, but for us, again, specifically one of our locations is in a very rural community where technology is not a centerpiece. So we're seeing a lot of traditional billboards, radio ads, direct mail that absolutely kills down there, but the digital avenue of things just it absolutely is a flop. Of course, as a whole, we understand that that's moving to online, but I think as a marketer it's really important for us to remember that our patients and our bottom line is going to tell us what we should and shouldn't be doing.

COREY: Okay. Just because it's easier maybe to go online, you have got to look at your patient base to see if that's warranted.

JOHN: Yeah, don't be afraid to test. Again, the specific markets, even in Delaware with the four locations, the media mixes are very different. So we may be 40% traditional in one office and 70% traditional in another office. It's just, again, testing it - seeing if digital works. Use a different AB testing in different iterations of different kinds of digital aspects. But, again, the market will tell you what you should and shouldn't be doing.

COREY: When I used to live in Delaware everyone called it the "Slower Lower." Is that still... is that a term of endearment or is that one that you shouldn't say in public?

JOHN: That's the Delaware native thing! But yes, it is no secret that outside of the beach communities there is a very strong agriculture base and, again, not a lot of tech, not a lot of new shiny things. Traditional

works and, again, on our end it makes very little sense to ignore that.

COREY: Definitely. So one thing that we run into, and I don't know if it's a trend, but with the presence of the DSO is that our dentists are starting to outsource sometimes even their entire marketing program to an external agency. Can you talk... I'm sure you have a long list of disadvantages for such a setup... but any words of caution or encouragement for someone who's thinking about something like that?

JOHN: I mean some of the advantages are very simple. The dentist or office managers don't have to do it onsite. I know a lot of non-DSO-based practices of one to two locations around 30 to 40, maybe 50, new patients a month. That's still doable for them to run it internally, but, again, it's very out of the scope of the traditional office manager and dentist. Of course there are exceptions to the rule, but it is a lot to be in negotiations with sales reps, especially as your buys start to increase, as your needs change as you scale. So one of the disadvantages would be that they have to learn, either the dentist or the office manager, has to learn enough about marketing to feel confident that sales person A or B won't come in and take advantage of you. And of course not every sales person is like that, but you have to keep your head up to make sure you're not getting bamboozled.

COREY: Definitely. I'd say even something that you mentioned before where if you don't have a "John" in your office who's able to properly explain the marketing plan, but also step in when you quickly see that something's not going the way it's supposed to, be able to create that culture and that confidence in what you're doing. I can see how there's a huge advantage to having that team internal.

JOHN: I think it depends on your scale. Again, up to around 50 new patients a month, one or two locations, I think you can get away with the office manager or the dentist meeting with an external group once a month, which is traditionally how they do it. You do your monthly check-ins. But once you get in that three to four locations, or that emerging markets, DSO classification, I really think at that point, that's what we did is you move in-house. And you have a team in-house or at least one person, depending on, again, our needs are a little different where we're looking at 150 to 250 new patients a month. We need a lot more marketers, so we have three and we also use a Keenan-Nagle, the external agency, to handle a lot of the bigger creative for us – so website design, things like that. I think the blend of the two is key. As you get bigger, I think you bring more of those things in-house because they're more controlled. But at least at our size – four offices and a dental assisting academy – having three people in-house to handle day-to-day and to understand the goals of what the group's trying to do and then have the agency able to build multi-tactic or multi-medium campaigns. That, I think, is where you leverage that fact that you have people in-house staffers, but you also don't have the overhead of the entire agency.

COREY: Sure. Yes, so it's all about optimizing the expertise of current staff and the other resources that are available.

JOHN: It depends on where you are in the growth process.

COREY: Yeah! Rewind maybe a couple years back to 2015. Let's look at the one or the two-top office group that you mentioned who is using an external marketing group. What sort of advice would you have? Are there any specific metrics? Because, like you said, the doctor, the office manager, it's probably not their area of expertise. What should they be looking for today – check marks, all-around we're doing a great job, let's keep going here?

JOHN: The first thing, I think, would be remembering that you, the dentist or the internal decision maker meeting with the external marketing group, has to remember that you're the client. You are paying this group to provide a service to you, so you do have that power. It's to make sure that, one, your goals are not unrealistic. We've had it before where "I want 150 new patients for \$500 a month." That's not realistic, and if your marketing partner says "absolutely" and takes your money, in my opinion, that's not a good partner for you. But if you come and say with a clear goal of "I'm doing five implants a month. I want to move to 25 implants a month and I want to spend \$10,000 on that." Think about the return on one implant case where

the ROI is through the roof. So that's something that you've got to figure out your goals, come to them and say, "This is what I want to do." And then for them to say, "Okay, so we can achieve this by this." And the next step is are they measuring the leads or are they measuring actual procedures billed? If they're measuring just leads, taking a look very in-depth at what is a lead. Is it just somebody that called for five seconds? Because there are some sketchy ways to do that and they can say, "Well, we got you 67 leads for \$20." I'm telling you guys that's not realistic. So it's making sure that makes sense and that you are... look at the ADA codes. If you're billing implants, look at the code so you will be able to tell if you are increasing that procedure that you're marketing for.

COREY: Okay. So we need, even going out of the house, we need metrics. This needs to be concrete. You need to be specific – it sounds like just as specific going into this sort of partnership as what you're looking at after you sign.

JOHN: Yeah and you're looking... I am always afraid of the year-long deal. I prefer to try before you buy. You don't go buy a \$30,000 car without test driving it. And if your partner, in my opinion, is very against a short-term deal to show – I think six months is realistic – three to get the results is pushing it. But not having that year-long commitment with clear expectations, it can be dicey.

COREY: Sure. Yeah and even just the confidence in the partner. A year-long contract can be scary.

JOHN: Yes.

COREY: Cool. Talk to me a little bit about some of your goals coming up for 2019. Any big swings coming for John and Freedom Dental?

JOHN: Yes. Well, for me, my goal was to speak on a podcast, so I appreciate the opportunity, Corey. Thank you very much, you and the guys at Call Box. For our group, one of our goals is to produce a million dollars for our new location, which so far so good. We're looking good.

COREY: I was going to say, let's rewind back your last piece of advice of being specific and realistic. We're on track?

JOHN: Yes, so far so good. Yes. One of our other goals is to settle on the location of our fifth office.

COREY: Okay. Exciting.

JOHN: We're looking forward to it!

COREY: Yeah, that's a busy 2019. We sticking in Delaware? Am I going to be able to visit all five of these when I come back to UD?

JOHN: Absolutely. Yes, that's what our plan is to stay in Delaware and be the dental group in Delaware.

COREY: That's awesome. That's great. John, I really appreciate having you on today. If any of our listeners have any questions for you or wanted to talk with you further, what would be the best way for them to get in touch?

JOHN: I'm on LinkedIn – John Schwind. If any specific questions, you can email me at jschwind@freedomdentalmgmt.com.

COREY: We'll get that in the summary of the podcast link. Well, thanks so much, John! Good luck to you in 2019. I hope that you knock these two goals out of the park. I'm Corey Johnson, and this has been *Dialed In*.