Any years ago, the orthodontist would enter the consult room and a hush would fall over the treatment coordinator, parents, and patient. There was this sense that things were now serious. The orthodontist, you see, is a specialist. This isn’t your regular doctor. He or she would simply utter that the patient would benefit from treatment and that was that, contract signed that day. You remember the time before price shopping, reputation comparison, and the google-empowered consumer. We need to replace that missing “shock and awe” feeling that permeated the initial patient contact. Let’s begin by identifying where the patient first meets the doctor.

Google has chipped away at the credibility of a patient or even dental referral. Now, when a patient is referred to your practice, there is a series of credibility checks that have to be passed. You’ve seen it on a smaller scale. Imagine that last time you recommended a film or restaurant. The online reviews were likely either mentioned by the friend you were making the referral to, or were predicated by your referral. Everyone can remember the, “Suzy, you have to see this film, it is getting great reviews!” The alternative, wherein we recommend a product, service, or doctor that is then revealed to have negative reviews hurts our credibility as a referrer. We want our friends to trust our opinion. Unfortunately that opinion must match the online consensus. Our take away here is that your online footprint is the first point of contact between patient and the doctor. This is your first moment to prove that you are the best practice.

When that referred patient searches for your practice online it is vital they find a professional but unique space. The practice’s social media needs to balance what I call “billboarding” with authenticity. Billboarding refers to a series of manicured posts. These posts should always be accompanied by at least one picture. An example post would introduce a new staff member alongside a tiny question and answer. We’ve had success mixing questions concerning their education or experience with fun questions like, “Which superpower would you choose?” Posts shouldn’t sound too corporate. When this happens the patient doesn’t really leave our social media space with more information regarding the practice. All we have done is add to the cacophony of advertising noise found online. Consider what your practice is going to sound like. How can we capture that same sort of awe that used to permeate the consult room?

Perhaps we can’t. Many years ago, an overly energetic personal trainer explained to me his recent bump in sales. He explained that his strategy shifted away from hushed, solemn, pitches. This trainer had implemented a system dubbed “Smile and Delight”. He would explain his knowledge in between moments of friendliness, authenticity, and goal setting. You should weave this same smile and delight method into that first online meeting. Your posts will mix ortho knowledge, patient engagement, and real stories about your staff and doctor. The last bit is always a major hurdle. Ask your staff what they are up to. Is someone rebuilding a classic car? Is someone painting something? Is someone’s child a secret genius, running for election, planning world domination? You get the idea!

Patients want to get to know you! Let’s make that easy for them. Patients enter our practice wanting to learn more about our hobbies, interests, and achievements. At this point we have already moved the conservation past our expertise. They trust us; now they want to continue getting to know us.

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by Ryan Hyman
About the Author

Ryan Hyman is the Chief Consultant and author behind RKS – a creative agency. Ryan brings his real world practice management experience into your online marketing strategy. He is presenting at the 2016 Users Group Meeting in Las Vegas.