

Marketing : External and Internal

Lawrence Thal

You can tell the ideals of a nation by its advertisements.

Norman Douglas *South Wind*

Like a nation, the ideals of an optometric practice can probably be determined by its advertisements. However, advertising should not be confused with marketing. Comparing the definition of these two terms illustrates their differences. As applied to optometry, marketing can be defined as “the total of activities by which the provision of services and transfer of materials from optometrist to patient are effected.” In comparison, advertising would be defined as “the art or practice of calling public attention to one’s product, service, needs, or related matters—especially by paid announcements in newspapers and magazines or over radio, television, or other media.”

As these definitions indicate, an advertisement is a message—printed in a newspaper or magazine, broadcast on radio or television, sent to individuals through the mail, or disseminated in some other fashion—that attempts to convince readers or listeners to favor a particular optometrist or buy a particular product. Surveys of optometrists have revealed that 27% of patients choose their optometrist or ophthalmologist on the recommendation of relatives or friends and, for an established practice, more than 65% of patient flow is derived from previous patients. In many practices, therefore, advertising could be used only to compete for the remaining 8% of patients. This might explain why many practitioners have concluded that advertisements in the long run do not really increase earnings. Recent studies have shown that television, radio, and newspaper advertising produces only 5.6% of new patients and Yellow Pages advertising produces 4.6%.

It is because of marketing, not advertising, that the majority of patients continue to return to optometrists year after year for care. The goal of marketing is to acquire, satisfy, and retain patients. It is clear that optometrists who understand the needs of their patients and seek to satisfy them tend to be more successful than optometrists who do not. Even though marketing has evolved into a potentially complex and diverse field, which includes a wide variety of special functions, such as advertising, public relations, market research, and so on, the basic needs of most patients usually are not complex. Their needs are best satisfied by listening, providing education, and being able to convey a caring attitude. It is unfortunate that

patients usually are not qualified to determine how much a practitioner knows. It is easy, however, for a patient to gain a sense of how much a practitioner cares.

EXTERNAL MARKETING

The most commonly used external marketing technique is advertising.

Advertising

The aim of advertising is to influence consumer choice. A magazine, television program, or any other advertising medium is judged by an advertiser according to “exposure opportunity” or the number of people who might see the advertisement and “message opportunity” or the way an advertisement communicates via a particular medium.

In considering “exposure,” advertisers speak of “reach,” which signifies the number of people who see or hear the advertisement at least once, and of “frequency,” which is the average number of times each person is “reached.” An advertisement’s total impact is indicated by its number of “gross impressions” or reach times frequency. A further aspect of exposure is cost, which usually is stated as “cost per thousand gross impressions” (CPM). Another aspect is “target reach,” which is the number of people within a specific audience who have seen the advertisement. Often, advertisers want to reach only one segment of an audience, for example, women, teenagers, presbyopic individuals, or new residents of a particular community. Exposure, reach, and frequency are factors that influence the selection of advertising media, including television, radio, newspapers, magazines, or direct mail.

Television provides high exposure and low CPM. It is not efficient for specific targets. Because it supplies sound, pictures, and movement, it offers the most complete message opportunity. Unlike printed media, however, its messages are ephemeral, disappearing after being broadcast. Television receives approximately 28% of total advertising expenditures in the United States.

Television is the most striking communications medium in the world today, and radio is listened to as never before.

Exposure through broadcast media reaches an extensive audience. Television and radio stations often allot time for public service programming, including interviews and listener call-in shows. These formats are excellent opportunities for participation as an eye care expert.

Radio is good for targeting various geographic, age, or interest groups. Its CPM is very low. Like television, its messages are conveyed only when being broadcast. Because radio offers nothing but sound, it is the most limited medium. Radio receives approximately 3% of the total advertising expenditures in the United States.

Broadcast promotion is expensive and requires considerable expertise in writing, production, and media selection. To be effective, broadcast promotions must air for a sustained length of time. Intermittent announcements are costly and often ineffective. With the exception of practitioners who have practices in extremely competitive environments, most optometrists find the paid use of broadcast media to be expensive and unnecessary.

Newspapers have much lower exposure than television or radio but reach a higher percentage of the areas they cover. They are excellent for geographic targeting. Newspapers used to receive the highest proportion of total advertising expenditures but now approximate only 4%. Many optometrists have instituted media relations programs, which consist of sending short news releases to local newspapers on a regular, year-round basis. The news release usually offers helpful eye care advice or provides information on optometric public service activities. By sending out releases on a regular basis, optometrists establish visibility and credibility among editors, increasing the probability that they will be written about in newspapers or consulted on eye-related articles.

Optometrists have received positive media exposure by supplying eye care columns for local newspapers. The American Optometric Association (AOA) offers a series of columns with accompanying artwork for this purpose.

Paid announcements in large newspapers and magazines usually are not necessary for most optometric practices. When used, announcements must be published for a substantial period to attract attention, gain acceptance, and foster recall. Many optometrists find that other, more targetable communications are more effective.

Magazines provide less exposure than does television, radio, or newspapers but are highly selective with respect to audience interests. Magazines reproduce more attractively than newspapers, but newspapers are printed more frequently. Magazines receive approximately 7% of total advertising expenditures in the United States.

Direct mail is not inexpensive, but it is the most selective of all media. The advertiser typically uses mailing lists containing only the names of people within the selected audience. Listings are chosen for particular features such as age, geography, sex, income, or other characteristics. Direct mail can offer lengthy messages, but it has the disadvantage of being easily discarded by the recipient before being examined. Direct mail receives the largest share, approximately 32% of total advertising expenditures in the United States.

(The remaining shares of advertising expenditures are Yellow Pages 1%, Internet 4%, and the remainder which includes outdoor advertising 20%.)

A variety of printed materials can be used effectively to keep the optometrist's name visible to current patients and to raise his or her profile in the community. Some proven strategies include the use of brochures and pamphlets, literature published by the AOA, letters and mailings, news releases, practice newsletters, personal letters, and telephone listings.

Brochures and Pamphlets

Distributing educational brochures is an excellent way to increase patient and community awareness of professional services, to build an identity with civic and community organizations, and to educate and inform individual consumers. Sending brochures not only gets eye care information into patients' homes but at the same time reminds them that the practitioner is a concerned professional. Patients might pass the brochure on to neighbors or friends—all potential patients.

Regardless of where or when literature is distributed, it is important for it to contain the practitioner's identity. Literature should be tastefully printed with the optometrist's name, office address, and telephone number, making it easy for a recipient to obtain more information or make an appointment.

American Optometric Association Literature

An excellent source of educational literature is the AOA. Member optometrists can obtain professionally written and designed materials covering nearly every aspect of eye care.

Letters and Mailings

Another effective technique for keeping a continuous flow of information to patients is to create special mailings. Birthdays, holidays, and other special occasions offer opportunities for optometrists to personalize their relationship with patients.

News Releases

Many optometrists have found that sending news releases to local newspapers is an effective public relations strategy. A news release might focus on a new staff member or associate, a new service, a screening that the optometrist is sponsoring, or a human interest story about the optometrist or one of the optometrist's patients.

Practice Newsletter

Newsletters are versatile, economical, and well-received marketing tools. They help the optometrist keep in touch with patients between office visits and provide information about the office staff, patients, new products and services, and advances in eye care.

Personal Letters

Personal letters or announcements, sent to patients and referral sources, are good vehicles for announcing a new location, additional services, a new partner or associate, or expanded office hours. Direct mail adds importance to an announcement that otherwise might be hidden in a newsletter.

In general, printed media—newspapers, magazines, or direct mail—offer a significant advantage: they can be saved for future reference.

Telephone Listings

Another form of printed media is the telephone book. The Yellow Pages is the one form of advertising that all optometrists use. There are two types of Yellow Pages listings: trademark listings and display advertising. The trademark listing is a 1-inch × 1-column advertisement that can include a name line, a certain number of words, and the logo of a society, with a listing of local members beneath it. A display advertisement is frequently up to half a page in size and can inform readers of particular services offered by the practice. Whether an optometrist chooses to use a display advertisement, a trademark listing for the local optometric society is often considered a necessity.

Even though advertising is a very effective method for reaching a large audience quickly, it is an extremely expensive option for most health care professionals. By effectively using less aggressive and less costly communication techniques, many optometrists find that a telephone directory listing is the only form of paid promotion they need to market their practice. If a practitioner decides to use some form of advertising, however, it will be necessary to devise a marketing plan.

COMPONENTS OF A MARKETING PLAN

Components of a marketing plan consist of a mission statement, goals, and strategies. A sample marketing plan is illustrated in Box 27-1.

Mission Statement

The mission statement describes the basic purpose of the practice and what the optometrist seeks to accomplish through it. The marketing goals break down the mission statement into the 4 or 5 major tasks that the practitioner must accomplish to achieve or come close to achieving the mission. Once the practitioner has set these goals, the ways in which they will be met can be established. These methods constitute the practitioner's marketing strategies which, once set, lead to a tactical plan to implement each strategy.

Marketing Goals

Before a practitioner decides on marketing goals, the current marketing situation must be analyzed. For example, the practitioner might want to work with young children and increase the number of patients seen so that more than 50% of the practice is devoted to pediatric care. If the school population is decreasing, however, and if there are several other optometrists in the community who specialize in pediatric care, this goal might not be realistic. Therefore goals must reflect reality, including the opportunities and problems that affect the practice.

Suppose, for example, that a department store chain is going to offer eye care at a shopping mall near a practitioner's office. The optometrist might see this as a real threat—patients

BOX 27-1

Sample Marketing Plan for an Optometric Practice

MISSION STATEMENT

To provide high-quality, reasonably priced primary eye care with special emphasis on services for children and to educate patients and the community about the importance of ongoing, routine eye care.

GOAL #1

Attract 50 patients (younger than 12 years old) during the next 6 months by improving communications with parents of school-aged children.

- *Strategy:* Write articles for practice newsletter on eye conditions that affect children. Emphasize the practice's special expertise in diagnosing and treating these problems.
- *Strategy:* Write a news release for the local newspaper discussing children's eye problems and treatments.
- *Strategy:* Volunteer to speak at a meeting of a parent-teacher organization or other community group whose members are parents of school-aged children.

- *Strategy:* Organize a children's eye screening at a local shopping center or participate in community-wide health screening or "Save Your Vision Week" event.

GOAL #2

In the next 12 months, make children's frames account for 20% of dispensary business.

- *Strategy:* Increase by 20% the number of children's frames in the dispensary.
- *Strategy:* Create a children's corner in the dispensary with special decor and display area.
- *Strategy:* Write an article for practice newsletter on children's frames (e.g., special features, how to select children's frames).
- *Strategy:* Create an attractive "fact sheet" using this same information and display it prominently in the office or use as a handout to parents of school-aged children.

Modified from *Pathways in Optometry*, Irvine, CA, 1994, Allergan, Inc.

could be lost to the store. In response, the practitioner might set a goal to minimize the risk that the store represents to the practice. On the other hand, the optometrist might see department store eye care as an opportunity. It could be a chance for the practitioner to highlight and contrast the services being offered by his or her practice compared with those offered by the store. By having this store nearby, the practitioner can capitalize on the differences. Either way, the practitioner has identified the effect that this external factor has on the practice and can plan a response to it.

Marketing Strategies

Strategies are the way that a practitioner meets the goals that have been set. Strategies are based on target markets and the marketing mix.

Before selecting a strategy, two things must be decided about the current market. First, is the practitioner going to provide services to all segments of the market, or will the practitioner concentrate marketing efforts on one particular target segment? Second, should the practitioner choose to target one or more market segments, and which would they be? The major benefit of target marketing is that it allows the practitioner to concentrate marketing efforts and resources.

Another factor that affects the selection of strategies is the marketing mix. There are four basic considerations. An optometrist's "service" is eye care, "place" is the setting in which that care is delivered, "price" is the fee charged for services, and "promotion" refers to the way the practitioner communicates with current and potential patients. The practitioner analyzes each of the four areas and looks for ways to enhance them when formulating marketing strategies.

Only after a practitioner has analyzed the market and formulated goals is he or she ready to begin marketing activities. Participating in marketing activities without a clear set of goals is a scatter-shot approach, one that can keep the practitioner busy without producing significant results.

ADVERTISING EFFECTIVENESS

A 1991 study of the amount spent on advertising by 3,432 California optometrists in solo practice found several characteristics to be statistically significant.

Practices that spent the most on advertising had the following results:

- More patients seen per week
- More total time spent fitting contact lenses
- Less time spent with individual patients receiving contact lenses
- Higher gross income
- More technicians employed
- Lower fees
- Less time spent per patient examination
- Less time spent on health portions of examinations
- Patients on a more frequent recall schedule

Practices that spent the least on advertising had the following results:

- More time spent per patient examination
- Higher net-to-gross income ratio
- Larger patient backlog

Because many studies of advertising effectiveness have been performed, with highly variable results reported, it is left to each practitioner to determine how to use advertising within a specific community. Since an advertisement conveys the ideals of a practice, a practitioner must be very careful not to damage an otherwise good public impression. Advertising actually can be destructive if it is aimed at a target audience but is considered inappropriate by that audience. Most Americans have seen advertising that they find to be offensive. Although it can be assumed that an advertisement in poor taste will alienate consumers from the product, the advertiser who uses it has apparently been convinced that this method of advertising is, in fact, effective.

An example of advertising with a poor effect is "price advertising." Lower prices are thought to be synonymous with lower quality. As some ophthalmic chains have found, the power of advertising—when based strictly on cost—does not well serve the advertiser in the long run. Although price advertising is known to be effective in building a short-term response, it also can destroy the consumer's perception of the advertiser's professional abilities, hindering the advertiser's capacity to develop a loyal patient base for the long term. As a result, the traditional means of attracting patients to chains—advertising low prices, convenience, and variety of products—has not met with long-term success.

Some of the commercial chains have chosen to abandon the discount market—a small and low-profit segment of the industry—in favor of advertising campaigns aimed toward the value market, which is made up of patients who desire quality care. This market belongs largely to private optometrists. In 2008 optometrists as a whole performed approximately 70% of all examinations, and ophthalmologists performed 30%.

State laws and board rules can include specific regulations about advertising. They should be consulted before an advertising program is initiated as part of a marketing effort.

LEGAL AND ETHICAL ASPECTS OF ADVERTISING

Optometry boards have a long history of opposition to advertising. Despite the advent of precedent-setting decisions by the US Supreme Court recognizing the right of professionals to advertise, boards may continue to initiate actions to prevent unfair or deceptive advertising of ophthalmic goods or services.

The ban on advertising by professionals began in the 1930s. In the 1950s the US Supreme Court stated that it could "see no constitutional reason why a state may not treat all who deal with the human eye as members of a profession who should use no merchandising methods for obtaining customers." In the majority of states, the high court's opinion resulted in laws or board rulings that prohibited or restricted advertising by optometrists.

Deceptive tactics that led to these restrictive state statutes and regulations included "bait and switch" advertising.

Cut-rate prices would be advertised by the business, but the low-priced items would be either “unavailable” or “unsuitable” for the potential purchaser, who would end up buying an expensive item instead. Another reprehensible tactic was “capping and steering,” in which advertising was used to lure people seeking ophthalmic materials to an unscrupulous practitioner. After the practitioner had “capped” the individual by determining the spectacle prescription, the individual was “steered” to the business for the sale of expensive eyewear. Underlying these and other despicable practices was the power of advertising, which, although undeniably abused, achieved its single purpose—to attract business. Advertising is not profitable unless a volume business is sought, and it is this fundamental purpose of advertising that is at odds with the concept of professionalism and quality of care.

Since the 1970s the Supreme Court has recognized that certain commercial advertising by professionals should be afforded constitutional protection. However, states are still allowed to set reasonable restrictions to ensure that consumers receive truthful and nondeceptive advertising (Box 27-2). Exact provisions vary from state to state, and state laws and board regulations must be consulted to determine the specific restrictions in any particular jurisdiction.

COMMUNITY OUTREACH

A community outreach program involves offering eye care and education. Among the most common and proven methods for community outreach are participation in eye care events and health fairs and the use of public speaking.

BOX 27-2

Examples of State Restrictions on Advertising

- Optometrists must be able to substantiate all claims made in advertisements and any claims must be accurate. It is unlawful to disseminate any form of public communication containing a false, fraudulent, misleading, or deceptive statement.
- Guarantees, if stated, must be adhered to and spelled out.
- Reference to price in an advertisement should be exact. Terms such as “from \$19.99,” “as little as,” or “as low as” should not be used since these are potentially misleading.
- If costs of services are mentioned, they should be clearly identifiable. All variables and other material factors should be specifically disclosed.
- Advertising professional superiority or advertising that an optometrist performs professional services in a superior manner is prohibited.
- It is illegal to employ or use solicitors (cappers or steerers).
- The price advertised for products should include charges for any related professional services, including dispensing and fitting services, unless the advertisement specifically and clearly indicates otherwise.

Data from the authors' review of state optometry laws, 2009.

Eye Care Events

A well-organized special event can focus much attention on eye care in a short period, and it offers many opportunities to inform consumers about optometry.

There also are several national eye care events that provide optometrists with an ideal opportunity to build public exposure while offering a much-needed public service. The AOA-sponsored “Save Your Vision Week” is announced by presidential proclamation each year and takes place during the first full week of March. A major focal point of an event can be to promote volunteer services for working individuals who are in need of eye care but not covered by insurance, or for the unemployed who can't afford glasses but also can't find employment without them. Such events are often sponsored in conjunction with state or local optometric associations and ophthalmic laboratories.

The AOA offers several tools to help practitioners participate in such events. Planning guides for national events, such as “Save Your Vision Week” and “Older Americans Month,” are included periodically in the AOA News.

Especially effective are screenings for vision problems, cataracts, and glaucoma. Screenings attract positive attention from the media, as well as from potential patients. Target populations, such as high school athletes, children, or older adults, are excellent choices for screening programs. Good locations for vision screenings include schools, senior centers, banks, and shopping malls. Even though such screenings are wonderful opportunities to gain name recognition in a community, they should not be used as a source of patients. “Self-referral” may not be ethical in such an environment and may conflict with state law.

Different opportunities for exposure also arise at other times of the year. For example, an optometrist can volunteer to screen local high school football and basketball players. In many states, high school athletes must be given a physical examination before the start of the season. The optometrist might be able to work with local physicians and other health care providers in providing this service.

Health Fairs

Health fairs present excellent marketing opportunities for optometrists. Most health fairs are sponsored by at least one health-oriented group, such as a hospital or health organization. National Health Fair Week, which takes place in the spring, is supported by thousands of national, regional, and local groups that represent all levels of government; media; business and industry; and health, academic, and civic organizations.

Speaking Engagements

As a doctor of optometry, a practitioner is considered an expert in eye care in the community. As part of a public relations program, optometrists should endeavor to speak to as many groups as possible. To obtain speaking opportunities, practitioners can volunteer to be part of the speaker's bureau of a state or local optometric association.

Speaking engagements offer the advantage of a meeting with a large audience. The practitioner can promote optometry in an informal yet educational way that can result in new patients, while raising the level of consciousness about the need for eye care in the community. To help optometrists become effective speakers, the AOA developed the *Optometric Speaker's Guidebook* (see Bibliography), which contains helpful statistics and guidelines for speech preparation.

In addition to public education, an aim of community outreach is to positively influence the way practitioners and the services they provide are perceived. This means enhancing the image of optometrists as providers of quality eye care.

INTERNAL MARKETING

Internal marketing involves the dissemination of information to an existing patient population to educate them about services, ophthalmic materials, new developments, and related matters that will motivate patients to return for further care.

Patient Perceptions

Patients can perceive changes. The most common and obvious change is when the practitioner decreases the time spent with patients. When this “quality time” begins to diminish, patients often remark, “When the doctor started the practice, he spent time with me. The doctor cared for his patients, but now the doctor is just too busy.” The underlying message is that the practitioner is too busy to care anymore and perhaps is “chasing the dollar.” Today, it is very common to hear patients openly complain about “greed among doctors” and how they miss their “old” doctor, “old” optometrist, or “old” dentist. They feel that these practitioners cared more about their patients, always had time, and showed compassion for them. It is a sad commentary about our generation of health care providers: they are perceived as technically more skillful but lacking in care and compassion for their patients.

The key to successful internal marketing is to adopt a philosophy that is committed to furthering the best interests of patients, to treating patients in the same manner as we would all wish to be treated, and to maintaining that philosophy.

Public opinion surveys regarding doctor-patient relationships come to the same conclusion again and again. Patients are most infuriated when practitioners convey an impression that they do not care. Such an attitude is indicated when patients comment that a practitioner does the following:

- “Doesn’t care about the patient’s feelings or personal comfort.”
- “Is impressed with his or her own importance.”
- “Is cold, distant, and patronizing.”
- “Acts as though he or she knows everything.”
- “Is a terrible listener.”
- “Made me wait too long to get an appointment—obviously does not care about the patient’s needs or convenience.”
- “Causes undue waiting, with no respect for the patient’s time.”
- “Is abrupt, rude, and rushed.”

- “Turns patients over to a technician.”
- “Has bad personal habits and mannerisms.”
- “Gave the impression that I was just another patient and didn’t remember my name.”
- “Had an overcrowded waiting room.”
- “Used too many technical terms.”
- “Has inconvenient hours, parking, and location.”
- “Speaks too fast or too slow, has pauses that go unnoticed, repeatedly clears the throat, speaks in a monotone; has a high-pitched voice, uses sloppy speech patterns; drops consonants, and slurs pronunciation.”
- “Makes it seem like an assembly line: interested in money not in patients.”
- “Is disrespectful to patients and staff.”
- “Didn’t listen or give me enough time.”
- “Belittled me and treated me like a child.”

How to Obtain Patient Referrals

It has been said that a satisfied patient is one who gets what was bargained for (competent and skilled services) and that an enthusiastic patient is one who gets more than was expected—something “extra.” When a patient receives more in return than was given, that patient not only feels that something is owed in return but also feels motivated to reward the practitioner. An enthusiastic patient does this by providing the best form of “advertising” by recommending the practitioner to family and friends, which results in patient referrals.

Extras can make a big difference in the way people feel and respond. Common examples of this difference include the courteous waiter who supplies water, coffee, and other service without being asked and the hotel staff member who performs all the extras that make a stay or vacation a pleasant experience. Many success stories in business have been built on this concept of providing more than was expected. To provide extras, a practitioner should be creative. Being creative does not require genius. It means thinking of those little things that make a difference. For top-quality hotels, it means leaving a newspaper each morning outside the guest’s door and allowing easy access to coffee service. For practitioners, it can include keeping a good supply of current magazines in the reception area, allowing patients to take home a magazine if they want to finish it, putting coins in the reception room with a sign: “For the Parking Meter,” having the receptionist call patients to let them know that appointments are running late, and similar courtesies intended to provide that something extra.

A patient fully expects a professional examination. Even if a practitioner has the best technical skills, however, a patient is not competent to judge them. It also is difficult to impress a patient with professional skills because the patient is inevitably more aware of the results than the techniques. If all that is provided is a professional examination, the patient will not complain, but the patient will probably not become an advocate for the practice and an active source of referrals. Taking that extra step makes for an enthusiastic patient. Because of this often subtle distinction, the line can be very thin that separates a successful practice from a mediocre practice.

To increase patient referrals, a practitioner must learn to reinforce services by adding psychological value. For example, if appreciation is shown to a patient for having made a referral, it will increase the likelihood that the patient will recommend the practitioner again. The more unique, personal, and individual a practitioner can make each “thank you”, the more the patient will feel appreciated. One reason a “thank you” provides powerful reinforcement is that gratitude itself is an “extra” or bonus. Also, if a patient is a frequent source of referrals, something extra is truly required such as flowers, a plant, or some other small gift that shows appreciation for the patient’s support. It is important to send “thank you” notes to professional colleagues who provide referrals. In such cases, the practitioner should endeavor to turn the referred patient into an “enthusiastic” patient because the referring professional’s reputation also is at stake.

Another way to increase referrals is by hiring friendly, outgoing assistants. This can help build referrals in two ways. First, the assistant is usually the first one to provide a greeting when the patient enters the office and the last one to say goodbye. Having a cheerful assistant can leave a good, lasting impression on patients. The cheerful assistant also helps others in the office become more cheerful and friendly. The second way the assistant helps is outside the office. When the assistant talks about the practice to family, neighbors, and friends, a positive message is conveyed about the practitioner and optometry.

Internal marketing involves sharing information with patients. Various means can be used to provide this information. The most common have already been identified: brochures, newsletters, personal letters, and the like. However, more personalized means of marketing involve the sharing of information and time with patients, often while the patient is in the office. Examples include the following:

- Showing consideration for a patient’s time.
- Providing a sympathetic and caring demeanor in direct ratio to the concerns and fears of each patient.
- Being available to come to the telephone.
- Giving what is free to give (pharmaceutical samples will be much more appreciated by patients than by family members or personal friends).
- Giving what is not free to give (e.g., a magazine that the patient did not get to finish reading).
- Charting a patient’s personal interests and family situation.
- Being effusive in acknowledging gifts from patients.
- Having a duplicate set of patient education materials in each examination room and in the patient consultation room.
- Keeping a suggestion box in the office for both patient and staff use.
- Being on time.
- Learning all that can be learned about the patient.
- Impressing the patient with a cohesive team.
- Taking the time to teach the patient habits for better health, even if not eye related.

- Having a good physical appearance and dressing professionally.
- Offering something more in the waiting room than old magazines (Do not overlook a professional journal that is less technical.)
- Avoiding patient surprises by explaining what is going to be done before it is attempted
- Communicating clearly and honestly.
- Treating patients as equals.
- Having the receptionist convey an attitude of appreciation (A patient needs to hear a sincere “thank you” after paying the bill.)
- Touching patients (Practitioners should make it a point to greet patients with a handshake or pat at the first and last encounter in the office.)

Having a good bedside manner will result in a direct positive financial impact on the practice. Patients will be retained longer, and a higher rate of patient referrals will be generated.

Other suggestions for that something extra to increase patient enthusiasm include the following:

- Before performing any procedure, explain in advance what is going to be done, why it is going to be done, and what the patient can expect to happen. Always explain the benefits of a procedure to the patient.
- Provide an extra service. If it is late and if it is appropriate, ask where the patient is parked and offer to provide an escort. If there is an emergency in which the patient needs new glasses and lives near the office but cannot come in, offer to deliver the glasses to the patient.
- The finishing touch of any eye examination or office visit is a “thank you!”

Today, most patients want information from their optometrists. They desire to take an active role and participate in their own well-being. They want a sense of control, which includes the use of options and alternatives. Many polls and surveys indicate that consumers feel that the “best doctors are those who explain in a manner that the consumer understands.” It also is true that most patients who are dissatisfied will not return to complain.

In contemporary health care, decreases in reimbursement rates, decreases in “market share” due to competition, rising costs of operating a practice, costs of expensive technological instrumentation, economic recession, and other economic factors have forced many practitioners to decrease the time spent with patients. This can “dehumanize” the practice. In such practices, the practitioner allocates time to solve the patients’ optometric, medical, or dental problems, but the time to “bond” with patients is significantly reduced or eliminated. The result is that the patient perceives the practitioner to have a “quantity” practice rather than a “quality” practice.

The major difference between a quality practice and a quantity practice is that in a quality practice, the range of services is emphasized to a limited number of patients, whereas in a quantity practice the emphasis is on patient volume, with limited services and procedures being provided. In a quality

practice, growth results in an upward curve that accelerates at an increasingly faster rate until the demands on the practitioner reach a point of diminishing returns, resulting in a slowing and eventual flattening of growth. As the quality of services begins to deteriorate, there inevitably will be a decline in the number of referrals, and patients will begin to seek services from other practitioners. The reason will be the “dehumanization” of the practice, brought on by the demands of quantity and the resultant decreased time and attention for each patient.

CONCLUSION

Marketing is a useful tool to help build and maintain a patient base. Through the use of external and internal marketing techniques, the practitioner can communicate with patients, prospective and established, while conveying a positive image of the practice and the profession. The use of marketing plans is an accepted part of professional practice, and practitioners should make use of external and internal marketing techniques as appropriate for their setting and circumstances. It should never be forgotten, however, that the most successful practices are built on the basis of service and that such practices provide something extra that sets them apart from their competitors. There are no marketing techniques that can satisfy patients and motivate them to return for future care if this highly personal element inherent in the doctor-patient relationship is not provided.

ACKNOWLEDGEMENTS

The authors of this chapter in the first and second editions of *Business Aspects of Optometry* were Lawrence Thal and Craig Hisaka.

BIBLIOGRAPHY

- American Optometric Association: *Optometric speaker's Guidebook*, St. Louis, 1978.
- American Optometric Association: *Caring for the eyes of America—a profile of the optometric profession*, St. Louis, 2008.
- Bagdasar S, Chew I, Smith C, et al: *The relationship between practice characteristics of solo practices and amount spent on advertising: an analysis of the California survey of 1988*, Unpublished thesis, Berkeley, 1991, University of California, School of Optometry.
- Berkowitz EN: *Essentials of health care marketing*, Gaithersburg, MD, 1996, Aspen Publishers.
- Elmstrom G: *Advanced management for optometrists*, Chicago, 1974, Professional Press.
- Morrisey M, editor: *Managed care and changing health care markets*, Washington, DC, 1998, American Enterprise Institute Press.
- Pathways in optometry*, Irvine, CA, 1994, Allergan, Inc.
- Pinto JB, Shepard DD: *Marketing your ophthalmic practice*, Thorofare, NJ, 1987, Slack.

Website

www.aoa.org. Website for the American Optometric Association and a source for AOA publications.