In an information-rich world, the wealth of information means a dearth of something else: a scarcity of whatever it is that information consumes. What information consumes is rather obvious: it consumes the attention of its recipients. Hence a wealth of information creates a poverty of attention. These prophetic lines were shared by Nobel laureate and social scientist Dr Herbert Simon in 1971. It seems incredible to think that his words predate the Internet by 20 years. Simon lived in a world in which advertisers tried to gain our attention with billboards, newspaper advertisements and television commercials. At the same time, the local ma-and-pa business prospered through convenience and human interest.

The connected economy and growth in population have created statistics that are beyond our comprehension. There were 60 trillion websites at the last count and every year the Internet grows by eight million new songs, two million new books, 16,000 new films, 30 billion blog posts and 182 billion tweets. Google handles 35 billion e-mails every day alone, and 1.8 billion photographs are uploaded to the Cloud from everywhere around the globe. I speculate as to how many of those photographs are of happy, smiling faces.

IBM tells us that we are “a world awash in data”, 80 per cent of which is currently invisible to our computers; however, with the IBM Watson project,
The MGUIDE system features user-friendly software to ensure accurate planning and an open design template that allows for a greater field-of-view and irrigation for easier implant placement. Learn more about the MGUIDE and MIS at: www.mis-implants.com

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the company intends to use cognitive computing to bring that data into a usable domain. With global health care data expected to grow by 99 per cent in the next 12 months, the search is on to find a new unified theory that will bring all of this information to the fingertips of government, business and individuals.

The question is, can we cope with this? In his book *Homo Deus: A Brief History of Tomorrow*, Israeli author Prof. Yuval Noah Harari visualises a completely connected world in which “Data-ism” dominates. There he writes: “Sapiens evolved in the savannah thousands of years ago and their algorithms are not built to handle 21st Century data flows. We might try to upgrade the human data-processing system, but this may not be enough. The Internet-of-all-Things may create such huge and rapid data flows that even upgraded human algorithms won’t handle it. When cars replaced the horse-drawn carriage, we didn’t upgrade horses—we retired them. Perhaps it is time to do the same with Homo Sapiens.”

A rather grim and ominous suggestion perhaps, but by jolting our sensibilities, Harari makes us pause for thought. Let us narrow our field of vision from these impossible numbers and facts. Pundits suggest that you and I are interrupted by advertising and brand exposures 5,000 times in an average day and mentally register around 350 of these. We note 150, think briefly about 80 and pause at 12 to think about whether they are relevant to us at this time.

Thus, the challenge facing the dental marketer is how to become one of 12 out of 5,000 at the right time, on the right day, for the right person.

Big business has a simple solution to this problem; it is called big money. Whether it is a Super Bowl television commercial, a giant billboard on a motorway or, nowadays, massive expenditure on Internet visibility via paid media, those with the deepest pockets offering the best products and services are the winners in the race to attract that poverty of attention first mentioned in 1971. So where does this place the independently owned dental practice? You are a mouse, wandering between the legs of a herd of bull elephants, all trumpeting their mating call. No matter how loudly you squeak, at best your sound will be drowned out and at worst you may be trampled in the rush.

I have watched the world of digital marketing in dentistry very carefully over the last five years and have reached some conclusions that are likely to land me in trouble with traditional digital marketers. However, I did not get where I am today without stepping on the fenced-off grass every now and then, running along the side of the swimming pool.

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**Template for end-of-treatment protocol**

So Mr Patient, now that we have arrived at the end of your course of treatment, I’d like to ask a couple of questions:

- Are you happy with the clinical outcome?
- Are you happy with the customer service that the team delivered?

If so, I’d like to ask some favours:

1. We are growing the practice at the moment and we would like to see new patients and would love to see more people like you, because we like you! Would it be OK to give you three of my referral business cards to pass on to any family, friend or colleague who may be interested in visiting our practice?
2. We have noticed that online reviews are growing in importance and would like to invite you to submit a review of your experience on Google, Facebook or any other review site that you may be connected to.
3. We love to collect testimonials from happy patients. They are great for our marketing and can give confidence to others who may be nervous. We find that 90% of those who do consent to a testimonial prefer a written commentary, as they are uncomfortable with a video camera recording, whereas 10% are happy to be filmed and photographed. May I ask, are you a 90%’er or a 10%’er?
4. If a 90%’er, I’d love to organise a written testimonial from you.
5. If a 10%’er, we would like to invite you to one of our quarterly video testimonial evenings here at the practice. Every three months, we set aside some time early evening and invite four to six of our 10%’ers to come along for some light refreshments and to have their photograph taken professionally (at our expense) and to be filmed for four minutes or so. The questions we ask on video are: How did you find us originally? What was it that had you looking? How was your customer service experience? What difference did the treatment make? It would be lovely to invite you to our next event. The dates are...
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and tearing up the rule book. So, here is my recom-
mended list of actions to be taken by the independ­
ent dental practice in order to gain attention:

1. Use good search engine optimisation (SEO) to op­
timise your position in Google's organic search. 
SEO is a technical skill that has to be delivered by 
experts. Google changes its own goalposts regu­
larly and the savvy SEO guru will know that and 
take appropriate action quickly.
2. Massively encourage the collection of Google 
reviews, user reviews via Facebook and critic re­
views via proprietorial sites like WhatClinic.com, 
NHS Choices and Comparethetreatment.com in 
the UK. In September 2016, Google changed the 
rules twice, first by including external reviews 
with its own in searches and second by altering 
s its own search criteria to favour businesses 
with in excess of 100 Google reviews. It is neces­
sary that your marketing activity be adjusted to 
reflect such changes.
3. Connect to your patients through a well­main­
tained social media channel like Facebook or 
Twitter (and deliver daily human interest content). 
Remember that those 1.8 billion photograph up­
loads per day include the inevitable selfies. Many 
of my clients now take a patient selfie at the end 
of a course of aesthetic dental treatment. To quote 
again from Harari’s new book: “If you experience 
something—record it. If you record something— 
upload it. If you upload something—share it.”
4. Build a website that engages the visitor through 
video and visual testimonials. Your most powerful 
marketing collateral is the stories that your pa­
tients can tell about the difference that you have 
made to their lives.
5. Collect visitors’ e­mail addresses and consent 
(to e­mail) via white paper marketing. A coffee 
shop, hotel or airport exchanges free Wi­Fi access 
for an e­mail address and permission to keep one 
informed. You can do the same by exchanging 
useful information (free guides).
6. Nurture long­term relationships with patients 
and prospects by publishing a monthly human 
interest e­mail newsletter.
7. Deal with initial enquiries directed through the 
Internet, by telephone or in person in a polished 
manner.
8. Create a memorable new patient experience from 
initial consultation all the way through to treat­
ment delivery.
9. Employ a strict end­of­treatment protocol to 
capture reviews, testimonials and social connec­
tions (as well as plan membership).

I have given you nine marketing actions designed 
especially for the smaller business. Actions that 
should be avoided by the independent dental prac­
tice are seeking to gain attention by paying through 
the nose for Google or Facebook advertising, broad­
casting non­human interest material or selling 
services on price, discount or special offer. This 
is because every week I hear from dentists and 
their marketing teams that advertising to strangers,

“Our wealth of information creates a poverty of atten­
tion.” We end where we began. The challenge is for 
the mouse to gain attention without competing 
with the bull elephants. You can only do that by 
stepping away from the herd of elephants and de­
ivering your story in a different way and a different 
place. For me, that means human interest, personal 
service and recommendation, and so when I am 
working with clients on their marketing plans, we 
focus on and mobilise their most valuable asset: 
the goodwill of their existing patients.

Contact

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