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. This leads to a principle for our time: the right to have the right to compete for the right to gain attention without competing for it.

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, 18,000 new films, 30 billion blog posts and 353 billion Tweets. Google handles 55 billion e-mails every day alone, and 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% of which is currently invisible to our computers; however, with the IBM Watson project, the company intends to use cognitive computing to bring that data into a usable domain. With global health care data expected to grow by 90% 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 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 of digital marketing in dentistry are the winners in the race to attract that poverty of attention without competing for it.

1. Use good search engine optimisation (SEO) to optimise your position in Google’s organic search. SEO is a technical skill that has to be delivered by experts. Google changes its own goalposts regularly 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 reviews via proprietorial sites like WhatClinic.com, NHSChoices and CompareTheTreatment.com in the UK. In September 2016, Google changed the rules twice, first by including external reviews alongside its own in search and second by allowing its own search criteria to favour businesses with in excess of 100 Google reviews. It is necessary that your marketing activity be adjusted to reflect such changes?

3. Connect to your patients through a well-maintained social media channel like Facebook or Twitter (remember daily human interest content). Remember that those 1.8 billion photographs uploaded 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 patients can tell about the difference that you have made to their lives.

5. Collect visitors’ e-mail addresses and consent to e-mail via white paper marketing. A coffee shop, hotel or airport exchanges free Wi-Fi access for an e-mail address and permission to keep one informed. You can do the same by exchanging useful information (free guides).

6. Nurture long-term relationships with patients and pros-

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Walking among giants
Marketing dentistry in the global connected economy
By Chris Barrow, UK
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 4 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...