Dental branding, Subway and guided surgery: three truths about what is really important

By James McAnally, DDS

Lots of national consultants spend time talking about “mission statements,” coming up with your “brand identity” and having a pleasant “logo.” You’ll even hear many state that branding will help you perform more complex services like Teeth in an Hour® or help move more ImPlantDirect, Nobel, Zimmer, etc. brand of implants off the shelf.

You’ll never hear me uttering those things nor any of our successful member doctors at Big Case Marketing. Why? Because there are fundamental truths about branding and “image” that aren’t getting shared with dentists, and here they are.

Truth No. 1: mission statements

Honestly, patients could care less. Patients, and actually everyone, are tuned to their favorite station whose call letters are WII-FM — What’s in it for me?

Here are five things patients truly want instead of framed mission statements:

1) no pain,
2) to understand what you propose in simple terms,
3) options (but not too many),
4) the “Wizard,” and
5) respect

Truth No. 2: logos and brands

What about logos? The only thing less important to your patient than your logo is your mission statement. If you will feel good spending a month’s advertising budget on your logo, then by all means, spend $5K on the design, but you’d be better off investing those dollars on a well-designed direct response ad to make the phone ring with patients you wish to treat — those needing guided surgery!

More honesty about logos. Logos can be useful if gracing a popular product on a shelf, backed by multi-millions of dollars in advertising. Then it has real value. In fact, when that kind of money is spent on a brand/logo, even when the brand dies, it still has value due to the dollars originally spent.

Brin coffee is an example. It’s slated for a return years after the product was no longer sold because those millions created a lasting effect. Is that your situation? Is that any dental situation of even the largest group practices or “chains” of clinics? Highly doubtful.

When that level of money is spent, even when dead, a brand still has value. Is that your situation? Is that the situation of even the largest group practices or “chains” of clinics? Doubtful.

A logo can also be useful when a niche culture or sub-culture wears it on their polo shirt. In triathlons I’ve seen IronMan® logos tattooed on some fellow racers. That’s true power in branding. No one is queuing up to get our logos as tattoos though.

Logos won’t make or break us. Patients don’t lie awake eagerly anticipating your newest logo design or, really, any company’s. The patient simply doesn’t care.

Recently, people on the street were shown the Subway® logo — the real one and four fakes all on the same sheet of paper. With millions in franchise fees annually spent on marketing only 6 percent could pick out the real logo! Doctor, do you think your logo backed by a few thousand dollars a year is going to beat that dismal result and actually create cases? If patients actually care about our logo, I’d contend they’re mentally deranged.

Truth No. 3: The doctor is the brand (especially when performing elective or complex cases)

The bigger the dollar amount involved, the more important you become. Patients need who you are, not what you are, and you in the consult room is the brand.

With the right marketing, patients can call a practice, know very little about the doctor and still be powerfully motivated to seek treatment with that office because they were offered solutions to problems, not logos, brands or mission statements. Patients want and need who you are, not what you are.

“You” as the brand becomes important after the patient receives promotional information from the practice and schedules a live appointment. Then, the brand of “you,” becomes very important.

Are you offering solutions to problems or simply wasting time, energy and money on logos, branding and mission statements?

About the author

Dr. James McAnally is CEO of Big Case Marketing, a global leader in providing turn-key marketing for the complex case patient and in teaching a trademarked sales system to dentists who treat elective reconstructive and dental implant patients. Big Case Marketing doctors are on three continents and programs are conducted worldwide. He holds several implant fellowships and maintains a two-day per week part-time practice focusing on reconstructive and implant dentistry in Seattle, Wash. For more information, go to www.bigcasemarketing.com or e-mail info@bigcasemarketing.com.